

## EDUCATION 5.11.2020

### Sectors/subsectors included in this guidance: CHILD CARE

Consistent with Executive Orders issued thus far, licensed and licensed-exempt child care programs have been provided the following guidance and recommendations – these are not requirements. The guidance is consistent with CDC and the Division of Public Health Services recommendations.

CDC recommendations found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Although not required by Governor Sununu's Emergency Order #16 Pursuant to Executive Order 2020-04 - Temporary Prohibition on Scheduled Gatherings of 10 or More - DHHS provided the following recommendation to child care providers:

Child care programs can consider reducing group sizes to no larger than 10 people total, including children and adults (e.g., one adult and nine children, two adults and eight children, etc.). Keep groups together throughout the day, do not combine groups (e.g., at opening and closing). To the degree possible, you can decide to maintain the same groups from day to day.

Below information is an excerpt from <http://nh.childcareaware.org/wp-content/uploads/2020/04/ECCP-April-27-FAQS-Version1.2-Final.pdf> developed by DHHS for child care providers, regarding Health and Safety guidance:

### Safeguarding Guidance:

In addition to CDC guidelines, the State of New Hampshire recommends the Child Care industry establish measures to protect consumers and employees.

### Employee Protection

## Health and Safety

### Face Masks

#### 1. What does the CDC recommend?

- On April 3, 2020 the CDC announced the recommendation that cloth masks be worn in community settings.
- In consultation with NH Division of Public Health Services, DHHS has taken the CDC recommendation and has provided additional guidance for child care providers.

#### 2. Should child care providers wear face masks?

- DHHS requires all staff to wear reusable/washable cloth masks to cover their mouth and nose while at work, especially if 6 feet of social distancing is not able to always be maintained. It is not required at this time.

**3. What type of mask do I need?**

- If you choose to wear one, the CDC and DHHS are recommending child care providers to wear reusable/washable cloth masks.

**4. What should I do if I work with potentially vulnerable children, such as children with underlying health conditions or children with disabilities?**

- It is recommended that staff who care for potentially vulnerable children wear cloth masks to reduce the possibility of spreading the virus, even if you are currently asymptomatic.

**5. What is the purpose of wearing face masks?**

- The purpose of wearing a cloth face mask is to reduce the possibility of spreading the novel coronavirus by the person wearing the mask to others in the event that person has become infected but is not yet showing symptoms of COVID-19.

**6. How do I know I am wearing the face mask properly?**

- Guidance on how to wear masks and proper procedures to follow found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

I think I have COVID-19

**1. What are the symptoms?**

- Fever: Subjective (feel like you have a fever) or documented (use of a thermometer)
- Respiratory illness: Cough, sore throat, runny nose, shortness of breath
- Mild flu-like illness: fatigue, chills, muscle aches

**2. If I have the above symptoms what should I do?**

- Call your healthcare professional and they will determine if you need to be tested

**3. If I have the above symptoms and have not been tested what should I do?**

- Stay at home and self-isolate until:
  - At least 7 days have passed since symptoms first appeared AND
  - At least 73 hours (3 days) have passed since recovery
    - Recovery: A resolution of fever without the use of fever-reducing medications and improvement in other symptoms

**Consumer Protection**

**7. Should the children wear cloth face masks as well?**

- CDC guidance states, “Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”
- NH DHHS with the consultation of NH Division of Public Health Services does **not** recommend children wear masks at child care programs

**8. What make it unsafe for children to wear cloth face masks?**

- There are safety issues with young children having cloth, ties, elastics etc., around their mouths and necks.
- The effectiveness of masks is impacted by proper handling and use, and children are more likely to play with the masks, adjust them or remove them without washing their hands before or after touching the masks, touch their face, etc.
- Staff would also need to increasingly be in close contact with children to provide assistance with masks, which can be counter-productive to maintaining distance as much as possible.

**What to do if There is a Positive Case at your Center**

**1. Who do I contact if a child or staff test positive for COVID-19?**

- Contact the Bureau of Infectious Disease Control at 603-271-4496
  - They will advise on next steps such as communication, cleaning, suspending/pausing services, etc.
- Contact the Bureau of Child Development and Head Start Collaboration at 603-271-4242.
- Contact Child Care Licensing Unit at 603-271-9025 or [ccluoffice@dhhs.nh.gov](mailto:ccluoffice@dhhs.nh.gov)

**2. Can a child or staff return to the facility after they have COVID-19 symptoms?**

- Individuals who have had COVID-19 symptoms can return to the child care facility only if they following conditions are met:
  - At least 7 days have passed since symptoms first appeared *and*
  - At least 72 hours (3 days) have passed since recovery
    - Recovery: A resolution of fever without the use of fever-reducing medications and improvement in other symptoms

**Business Process Adaptations**

**COVID-19 and Daily Operations**

**1. Where can I find additional information and resources about how to adjust my daily operations due to COVID-19?**

- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

**2. How should I adapt outside play?**

- The CDC recommends that outdoor play occurs in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always wash hands immediately after outdoor play time.
- Increase time outside, if possible while keeping groups small.

### **3. How should I adapt meals and snack time?**

CDC Guidance:

- Keep group size small.
- Meals and snacks should be provided in the classroom if possible to avoid congregating in large groups.
- If meals must be provided in a lunch room, please stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts.
- Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs.

### **4. How should I adapt drop-off and pick-up?**

CDC Guidance:

- Do not combine groups in the morning or afternoon.
- You may wish to alternate drop off and pick up times for each small group to avoid a large number of people congregating outside the facility or in front of the facility. 4
- Wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
- Please see “Daily Screening Before Entry into Facility” section for additional guidance ([Can be found on page 12 of this document](#)).

### **5. How should I adapt hygiene practices?**

- Hand washing –soap and water for at least 20 seconds, and require handwashing when arriving at the center, entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Help young children to ensure they are doing it effectively.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available). Alternatively, cough or sneeze into elbows.

### **6. If I provide transportation, how should I adapt?**

CDC Guidance:

- 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 (e.g. one rider per seat in every other row).

- Keeping windows open might reduce virus transmission.

**7. How should I adapt my cleaning and disinfecting procedures?**

CDC Guidance:

- Increase the frequency with which you clean toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
- Use alcohol wipes to clean keyboards and electronics and wash hands after use.
- Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized.
- If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering this area.
- Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, toys, surfaces, etc.:  
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>.
- Staff cleaning should follow the disinfectant manufacturer's instructions:
  - Use the proper concentration of disinfectant.
  - Maintain the disinfectant for the required wet contact time.
  - Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.
  - Use disinfectants in a well ventilated space. Extensive use of disinfectant products should be done when children are not present and the facility thoroughly aired out before children return.
  - Child care facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
  - Parents and staff should not supply disinfectants and sanitizers.

**8. We use shared hands-on teaching materials at my child care center, what should we do?**

CDC Guidance:

- These items need to be cleaned at the end of the day
- Soap and water is the first step.
- Some items could then be sanitized.
- Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.
- Facilities should consider removing water tables, sensory tables, etc. from use for the time being and limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.

## Daily Screening before Entry into Facility

### 1. What symptoms must I screen for?

- Fever (subjective or documented)
  - Ask if the child or staff member has taken any fever reducing medications in the last 24 hours? – if yes, they should not enter the building
  - Subjective fever includes but not limited to: if an individual feels feverish but temperature cannot be verified or if individual has other symptoms but no fever
- Respiratory illness (cough, sore throat, runny nose, shortness of breath)
- Mild flu-like symptoms (fatigue, chills, muscle ache)

### 2. What risk factors must I screen for?

- Ask about any close contact with someone who is confirmed *or* suspected to have COVID-19 in the last 14 days (for child, staff and family)
- Ask about any domestic (within the US) or international (beyond the US) travel in the past 14 days (for child, staff and family)

### 3. What should I do if the answer is “yes” to any of the above screening questions?

- Person(s) with any of the listed symptoms or risk factors should **not** be allowed into the facility
- Person(s) with any of the list symptoms should contact their health care provider to determine if a test is needed
- Anyone with symptoms who is not tested can be managed by staying at home and self-isolating until
  - At least 7 days since symptoms first appeared AND
  - At least 72 hours (3 days) have passed since recovery (resolution of fever without the use of fever-reducing medications and improvement in other symptoms)