

Interim Guidance for Child Care Facilities Licensed by the Kansas Department of Health and Environment (KDHE)

March 7, 2022

This guidance is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). The purpose of the guidance is to prevent the spread of COVID-19 among child care facilities, families, and communities. KDHE will provide updated guidance as necessary based on the changing situation.

Please review the [CDC COVID website](#), [CDC guidance](#), and [KDHE COVID-19 Resource Center](#) periodically for updated information for a variety of settings as well as public health and health care professionals. In addition to this guidance, FAQs for child care facilities are available on the KDHE COVID Resource Center. Visit the [KDHE Child Care Licensing](#) website for more information about child care facilities and licensing regulations for all program types. Other information and help are available on the [Kansas COVID-19 Response and Recovery website](#).

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KDHE'S POSITION ON CONTINUING OPERATIONS FOR CHILD CARE

At this time, KDHE supports continuity of operations for child care. Child care facilities (family child care and center-based care) that are willing and able to continue to operate are providing an essential service for working parents and are a crucial economic support to communities. Licensed child care, with its emphasis on healthy and safe daily routines, provides a stabilizing and often familiar setting for children while parents are away at work. Although child care has been identified as an essential support for families and communities, licensees may independently decide to temporarily close based on their own unique situation.

KDHE has not placed any restrictions or limitations on operations, so facilities may continue to operate within the terms of current licenses. However, it is important to note that the Kansas public health system supports state and local shared responsibility and decision making in response to a public health emergency. Local health officers have the statutory authority (K.S.A. 65-119, K.S.A. 65-129b, K.S.A. 65-202) to make decisions independently from the KDHE/state public health officer. Additionally, local officials have the authority to issue community stay-at-home orders and/or to place additional requirements on individuals and employers/businesses as necessary to ensure health, safety, and to prevent the spread of COVID-19 (e.g., mask mandates). Local officials also have the authority to issue isolation and quarantine orders.

KDHE encourages providers to remain in close communication with their local public health department as situations are changing frequently. Local health officials are able to provide community level guidance and recommendations that support the efforts of child care providers to maintain healthy and safe environments.

Important Things to Keep in Mind

- Licensed child care facilities are required to continue to operate within the terms of their licenses and to comply with all licensing laws and regulations.
- KDHE Child Care Licensing will not issue blanket exceptions to increase capacity or eliminate other health and safety requirements as part of the COVID-19 response. This includes issuing temporary licenses for an existing facility to operate in an alternate location.
- If a facility's license is issued for a location that is closed (e.g., school, church, community center), the licensee cannot legally operate at an alternate location because the authorization to care for children only applies to location/address printed on the license.
- In the absence of more restrictive guidance from either state or local health officials, new enrollment is permitted in accordance to the terms of the current license (ages of children, group sizes, total capacity, etc.). When enrolling new children, it is critical that health screening happens prior to entry and ongoing for all new and existing children. NOTE: Screening and monitoring for signs and symptoms of illness have always been a part of maintaining a healthy and safe environment. Screening should happen prior to entry and on an ongoing basis for all children and staff. Strong exclusion policies and increased sanitation is

essential. These provisions are in place in order to prevent the spread of infectious disease.

- If your facility has multiple classrooms/units, consider creating a separate classrooms/unit just for the children of health care workers and first responders. This is not required. No additional screening or exclusion policies apply to health care workers' children or to children living in counties with confirmed cases.
- Let your local resource and referral agency know when you have vacancies and are able to care for children of health care workers and first responders.
- Specific licensing questions should be referred to your local licensing surveyor. For more information about local licensing contacts, visit our website at <http://www.kdheks.gov/kidsnet> and click on *Local County Contacts* ([Local County Contacts PDF](#))

Ongoing Recommendations for Licensed Child Care Facilities

- Stay informed and know where to go for the most current information. Sources of accurate information include the CDC, KDHE, and your local health department.
- Maintain children's files including health assessments and current contact information.
- Update an emergency contact lists for families, staff, and key resources and ensure the lists are accessible in key locations in your facility.
- Continue to monitor children and staff absences.
 - Understand the usual absenteeism patterns for your facility.
 - Alert your local health department about large increases in absenteeism due to respiratory illnesses.
- Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty obtaining these supplies, contact your local licensing surveyor and/or your local resource and referral agency.
- Communicate regular updates about COVID-19 with staff and families of children in care, including updates to policies/procedures.
- Intentionally and persistently combat stigma. Misinformation about COVID-19 can create fear and hostility that hurt people and make it difficult to keep everyone healthy. Take advantage of factual information to prevent, interrupt, and respond to stigma. More information is available here: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>. Dispel rumors and stop the spread of misinformation using FEMA's resources here: <https://www.fema.gov/disaster/coronavirus/rumor-control>.

PREVENTION STRATEGIES FOR MAINTAINING A HEALTHY & SAFE ENVIRONMENT

Please review the CDC's [Guidance for Operating Child Care Programs](#). The information found there and included below are not requirements from KDHE, rather strong recommendations for increasing health and safety.

Drop-off and Pick-Up

- Post signs outside the entrance restricting entry to anyone with symptoms of illness.
- Limit outside visitors. NOTE: This does not include the local licensing surveyor or necessary maintenance/repair worker. For those individuals, keep a log including date/time, name, and contact information (phone or email).
- While limiting the number of individuals entering the facility is important for reducing the risk of spreading COVID-19, consideration should be given to policies and practices that continue to support breastfeeding mothers and their infants.
- Set up hand hygiene stations at the entrance so that individuals can clean their hands before entering. Keep hand sanitizer out of children's reach and supervise use.
- Pens should not be shared. Ask parents/guardians to use their own pen when signing in or clean/disinfect between each use. If check-in is electronic, provide alcohol wipes and clean screens or keyboards between each use.
- Work with parents/guardians to stagger drop-off and pick-up times to avoid overcrowding of children and parents/guardians in a confined space. If possible, greet parents at the door or outside.
- Limit parents/guardians to one per child during drop-off and pick-up. Ideally, this should be the same individual each day. Consider recommending that parents/guardians who are health care workers identify someone else to do drop-off and pick-up, if possible.
- Parents/guardians who are self-quarantining due to close contact with a COVID-19 individual should not do drop-off or pick-up.

Screening

Screen children and staff daily before admittance for signs and symptoms of illness. Ask questions, observe for signs of illness, and check for fever. Additional information is available at the [KDHE COVID-19 Resource Center](#).

- Ask Questions
 - Has there been travel within the last 14 days in a state or country identified as a hot spot for COVID-19?
 - Has there been an exposure to someone diagnosed with COVID-19, either household or non-household contact?
 - Is the individual or anyone in the home showing signs of illness or who have the following:

- fever greater than 100 degrees (F)
 - cough
 - shortness of breath/difficulty breathing
 - sudden loss of smell or taste
 - other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)
- Observe for signs of illness
 - New or worsening cough
 - Shortness of breath/difficulty breathing
 - Other signs of illness (tiredness/lethargy/weakness/extreme exhaustion, flushed cheeks, rash, runny nose, drainage from eyes)
- When taking temperatures, to the extent that you are able, do the following:
 - Perform hand hygiene.
 - Wear personal protective equipment (mask, eye protection, gown/coveralls and a single pair of disposable gloves).
 - Be sure to use a fresh pair of gloves for each individual and that the thermometer is thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before each check. In non-contact thermometers are used, they should be cleaned routinely as recommended by the CDC for infection control.

Note: For more information on how to protect child care workers while conducting temperature screening please review the [CDC Guidance for Operating Child Care Programs](#).

Exclusion

- Individuals who have a fever or other signs of illness should not be admitted.
- Exclude individuals with history of COVID-19 exposure and those showing signs of illness.
 - Children who are sick, with typical childhood illnesses (vomiting, rash, diarrhea, pink eye etc.) should be excluded in accordance with your policies.
 - Individuals should be fever free for at least 24 hours, without the use of fever-reducing medications (Tylenol® or Advil®) before returning.
 - Current information about when individuals who have been exposed to COVID-19 or individuals with symptoms consistent with COVID-19 should stay home is available on the [KDHE COVID-19 Resource Center](#) and on the [CDC COVID website](#).

Quarantine of Individuals Exposed to COVID-19

[CDC](#) and [KDHE](#) guidelines recommend that individuals exposed to COVID-19 quarantine to reduce the risk of infection to others – [KDHE Guidance for Isolation & Quarantine](#).

- CDC Guidance Update: “COVID-19 Guidance for Operating Early Care and Education/Child Care Programs” [CDC ECE Guidance](#)
 - If staff and children ages 2 years and older are presumed or confirmed to have COVID-19, they should isolate for at least 5 full days. After isolating for 5 days, if they are asymptomatic or their symptoms are resolving (without fever for 24 hours), they can return to the ECE program and wear a well-fitting mask consistently to minimize the risk of infecting others. Similarly, staff and children who were close contacts but not up to date with COVID-19 vaccinations or did not have confirmed COVID-19 in the past 90 days should quarantine for 5 days and then return to ECE and wear a well-fitting mask consistently for an additional 5 days. For staff and children who cannot wear a mask (including all children under 2 years of age), the safest option is to isolate or quarantine for 10 full days. ECE programs can consider multiple factors to determine isolation and quarantine policies.
- Individuals told to quarantine should remain at home and not attend work, school or other settings during the quarantine period.
- To the extent possible, distance yourself from others in the home.
- Monitor yourself for symptoms.
- Notify your health care provider or local health department if you develop symptoms, have questions regarding testing or when you may resume normal activities.

COVID-19 Cases in the Facility

- Refer to [KDHE Guidance for Isolation & Quarantine](#) for the latest guidance.
- As of February 1, 2022 Covid-19 contact outreach and monitoring, otherwise known as contact tracing, operations will be discontinued at KDHE. Individuals who are positive for COVID-19 will now be responsible for letting their close contacts know about their potential exposure. Additionally, if the individual with COVID-19 exposed others at high-risk settings such as schools, correctional facilities, long-term care facilities, homeless shelters, daycares and churches, KDHE or the local health department will notify the setting. **The setting will be responsible for identifying close contacts and notifying them about the potential exposure.**
- Communication to parents of children in care and to staff members should align with the facility’s emergency preparedness plan. When communicating information, it is critical to maintain the confidentiality of any ill child or staff member.
- Identify strategies to support families in continuing their child’s learning in the event of facility closure.
- Understand that the length (duration), criteria, and public health objective of child care facility closures may be re-assessed and changed as the situation evolves. Licensees should follow the advice of KDHE and local public health officials.

Daily Routines

- To the extent possible, maintain daily schedules/routines for children.
- Ensure frequent handwashing (<https://www.cdc.gov/handwashing/index.html>)

and cough etiquette (coughing and sneezing into elbow).

- Meticulously follow diaper changing procedures.
- Care for children in small stable groups. Children should be kept in the same group with the same provider/staff every day. Ideally, this means groups of the same 10 or fewer children/staff, if/when possible.
- Facilities enrolling more than one group/unit are advised to maintain separate rooms for each group/unit. Adults, children, and staff assigned should try to remain in their designated rooms/units (avoid co-mingling or sharing space), including during drop-off/pick-up, indoor/outdoor activities, and mealtimes.
- Avoid over-crowded conditions. Encourage children to spread out during story and circle times.
- Rearrange the room to promote individual play and set up more individual play activity stations.
- Limit item sharing to those items that can be easily cleaned and disinfected at the end of the day or more frequently if needed.
- Playdough can't be cleaned or sanitized. Consider individual containers labeled with names or discontinue use.
- Do not use group sensory or water tables.
- Allow as much room as possible between cribs, cots, and sleep mats. At least six feet is recommended. Place cribs, cots, and sleep mats so that children rest "head to toe" rather than "face to face".
- Get plenty of fresh air. Children of all ages should have an opportunity for daily outdoor play, weather permitting. In good weather, consider moving the majority of indoor learning activities outdoors. Indoor rooms should be well ventilated. To promote air circulation, open windows whenever weather permits or when children are out of the area.
- It is important to comfort crying, sad, and/or anxious young children and they often need to be held. To protect themselves, providers should consider:
 - Wearing an oversized, button-down, long sleeved shirt. Keep long hair up off the collar in a ponytail.
 - Washing their hands, neck, and anywhere touched by a child's secretions.
 - Changing the child's clothing if secretions are on the child's clothing. The provider should then change their button-down shirt, if there are secretions on it, and wash their hands again.
 - Placing contaminated clothes in a plastic bag until washing in a washing machine. Providers, like children in care, should have multiple changes of clothing on hand.
- Conversations about a child's day are encouraged to be done by phone with parents/guardians. Providing daily notes or progress reports are other recommended ways to support information sharing and social distancing.

Cloth Face Coverings/Masks and Face Shields

- "[Your COVID-19 Community Level](#)" provides a basic guide for understanding your community risk and use of precautionary measures related to COVID-19.

- Low (green) - Wear a mask based on your personal preference, informed by your personal level of risk
 - Medium (yellow)– If you are [at high risk for severe illness](#), talk to your healthcare provider about whether you need to wear a mask.
 - High (red) - Wear a [mask](#) indoors in public.
 - At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.
- Children ages 2 years and older can wear masks or respirators to protect themselves and others from COVID-19. In particular, attendees/staff who are older or immunocompromised should consider wearing a mask indoors.
 - Local health officials and employers can require the use of masks in child care settings.
 - For more information on the use and care of masks visit (Updated 2/25/2022): [Use a nd Care of Masks masks.html](#).
 - Wearing a mask provides a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people. Without a mask, an individual may unknowingly spread the virus to others while talking, coughing or sneezing.
 - When masks are worn, care should be taken to avoid touching the eyes, nose, and mouth when removing and to wash hands immediately after removing.
 - Masks should be washed if visibly soiled and/or every day of use and before being used again.
 - Staff wearing masks should consider the speech and language skills of young children as visual access to caregivers' mouths is critical to infant/toddler speech development. Consider wearing a clear mask, one that covers the nose/mouth, provided it does not cause breathing difficulties or overheat the wearer.
 - Be aware that young children may try to touch or remove the mask from their caregiver which could result in contamination.
 - Licensees should consult with parents about children routinely wearing masks in care, in accordance with the public health guidance.
 - Masks should not be placed on anyone—adult or child—who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove their mask without assistance.
 - Additional recommendations if children wear masks:
 - Adults should wash their hands or use hand sanitizer before/after helping a child put on or adjust a mask.
 - Children wearing masks should be closely supervised.
 - Masks should not be worn during meals and naptime.
 - Masks should not be worn if wet. A wet mask may make it more difficult to breathe.
 - Masks should be labeled with the child's name or initials to avoid confusion/mixing them up. Masks may also be labeled to indicate top/bottom and front/back.
 - When not being worn, masks should be stored in a space designated for each child: individually labeled containers or paper bags, lockers or

- cubbies.
 - Masks should be washed if visibly soiled and/or every day of use and before being used again.
- Consider keeping extra masks on-hand for staff, children and visitors or in-case a back-up mask is needed during the day and to facilitate daily washings of masks.

Face shields made of a see-through material and covering the entire face are not recommended for normal everyday activities or as a substitute for masks. It isn't known if face shields provide any benefit as a control measure to protect others from the spray of respiratory particles.

Cleaning and Disinfecting

- Intensify cleaning and disinfection routines. *Caring for Our Children, National Health and Safety Performance Standards* (<https://nrckids.org/CFOC>) has nationally recognized standards for cleaning, sanitizing, and disinfection.
- Clean and disinfect surfaces and objects that are frequently touched, especially toys and games. This includes cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, handrails, electronic devices, countertops, nap pads, desks, chairs, cubbies, and playground structures. Depending on the ages and numbers of children in care, this may mean cleaning surfaces several times throughout the day.
- Surfaces should be cleaned using detergent/soap and water before disinfecting.
- Use the cleaners typically used at your facility. The CDC has detailed information at <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>. A list of EPA registered products is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. When choosing products be sure to read the label and carefully follow directions.
- Cleaning products should not be used near children and staff should ensure that there is adequate ventilation when using products to prevent inhalation of toxic fumes.
- Pay special attention to cleaning and sanitizing toys.
 - Toys that can't be cleaned and sanitized should not be used.
 - Set aside toys children have placed in their mouths or otherwise contaminated with bodily fluids until they have been cleaned and sanitized.
 - Machine washable toys should be used by one child at a time or should not be used at all. These toys should be laundered before being used by another child.
 - Children's books, like other paper-based materials such as mail or envelopes, are not considered high-risk for transmission and do not need additional cleaning or disinfection procedures.
- Stock sinks and restrooms with soap and paper towels.
- Place boxes of facial tissues and waste containers for used tissues throughout the child care area and in places readily accessible to children and staff.

Vaccination

People 5 years and older are now eligible for COVID-19 vaccination. The primary source of information about vaccines is the [KDHE/KS Vaccine Official Website \(kansasvaccine.gov\)](https://www.kansasvaccine.gov). The website provides information about safety, access/availability, and FAQs. Programs can promote vaccination among staff and families, including pregnant women, by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. Programs can visit [vaccines.gov](https://www.vaccines.gov) to find out where staff and families can get vaccinated against COVID-19 in the community.

Additional resources to help address potential barriers unique to the workforce and recommended policies and practices are available from CDC here: [Workplace Vaccination Program](https://www.cdc.gov/workplacevaccination/).

Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. For more information about ventilation, refer to the following resources.

- [Ventilation in Schools and Child Care Programs](#)
- [Ventilation FAQs](#)
- [Improving Ventilation in Your Home](#)

MORE INFORMATION

KDHE Resources

- [COVID-19 Resource Center](#)
- [COVID-19 Vaccination Information](#)
- [COVID-19 Testing Information](#)
- Information Line 1-866-534-3463 (1-866-KDHEINF) Monday – Friday 8 am to 5pm

CDC Resources

- [COVID-19 \(Main Website\)](#)
- [COVID-19 Vaccines](#)
- [Variants of the Virus](#)
- [Schools and Child Care Programs](#)
- [Guidance for Operating Child Care Programs](#)
- [Use of Masks to Slow the Spread](#)
 - NOTE: Per the CDC guidance, 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.
- [Public Health Guidance for Potential COVID-19 Exposure Associated with Travel](#)
- [Guidance for Different Groups of People](#)
- [Guidance for Workplaces and Businesses](#)
- [Travel Information](#)
- [Prevent Getting Sick](#)
- [Breastfeeding and Caring for Newborns if You Have COVID-19](#)

- [Preventing Misinformation and Rumors About COVID-19](#)
- [Reducing Stigma and Promoting Resilience](#)
- [FAQs](#)

Other Federal Agency and Partner Resources

American Academy of Pediatrics (AAP)

- [Hand Washing: A Powerful Antidote to Illness](#)
- [Reducing the Spread of Illness in Child Care](#)
- [Germ Prevention Strategies](#)
- [When to Keep Your Child Home from Child Care](#)

National Resource Center for Health & Safety in Child Care and Early Education

- [Caring for Our Children: National Health & Safety Performance Standards for Early Care and Education Programs](#)

Child Care Aware of America

- [Coronavirus Hub for CCR&Rs and Child Care Providers](#)



OPTIONAL COVID-19 HEALTH SCREENING TOOL FOR LICENSED CHILD CARE FACILITIES

Screening children daily before admittance for signs and symptoms of illness and monitoring health throughout the day are important steps to reduce the spread of illness within a child care facility. This optional COVID-19 screening tool is intended to support existing policies a facility may have regarding managing illness, including inclusion/exclusion policies. Although intended for use with children, the tool may also be used to screen adult staff.

Important Reminders	<ul style="list-style-type: none"> • If possible, set up a screening area near the entrance or outside the facility. Work with parents/guardians to stagger drop-off and pick-up times to avoid overcrowding of children and parents/guardians in a confined space. • Perform hand hygiene before and after each screening. To the extent possible, wear personal protective equipment (PPE) including a mask, eye protection, gown/coveralls and a single pair of disposable gloves.
How Do I Screen?	<p>Ask questions:</p> <ul style="list-style-type: none"> • Has there been travel within the last 14 days in a state or country identified as a hot spot for COVID-19? Yes/No • Has there been an exposure to someone diagnosed with COVID-19, either household or non-household contact? Yes/No • Is there anyone in the home showing signs of illness or who have the following: <ul style="list-style-type: none"> ○ fever greater than 100.4 degrees (F) Yes/No ○ cough Yes/No ○ shortness of breath/difficulty breathing Yes/No <p>Observe:</p> <ul style="list-style-type: none"> • New or worsening cough Yes/No • shortness of breath/difficulty breathing Yes/No • other signs of illness (tiredness/lethargy, flushed cheeks rash, runny nose, drainage from eyes) Yes/No <p>Check temperature: Fever greater than 100.4 degrees (F) Yes/No</p>
Exclusion	<p>Do not admit the child:</p> <ul style="list-style-type: none"> • If the answer to one or more of the questions is Yes • If there is a fever • If other signs of illness are present <p>Advise parents to:</p> <ul style="list-style-type: none"> • Follow the advice of their local health department concerning self-isolation or quarantine following travel to COVID-19 hot-spot or following an exposure to a confirmed COVID-19 case. • Contact their child’s health care provider if the child is sick or has symptoms consistent with COVID-19.
Find More Information	<ul style="list-style-type: none"> □ <i>Caring for Our Children, National Health and Safety Performance Standards</i> (https://nrckids.org/CFOC) has information related to managing illnesses, including inclusion/exclusion guidelines. □ Interim Guidance for Child Care Facilities, FAQs, and Supplemental Guidance for Child Care Programs that remain open are available on the KDHE COVID-19 Resource Center (https://www.kdheks.gov/coronavirus/toolkit/). □ Isolation and Quarantine FAQs and other COVID-19 related information is on the COVID-19 Resource Center (https://www.kdheks.gov).