

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

Created August 22, 2022; Updated August 30, 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.

Please review the DROP IN LINKS, including the CDC's [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support In-Person Learning](#), periodically for updated information for a variety of settings, as well as public health and health care professionals. In addition to this guidance, 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 DROP IN LINK.

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.

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.
- Specific licensing questions should be referred to your local licensing surveyor. For more information about local licensing contacts, visit our website at [DROP IN](#)

LINK and click on *DROP IN LINK*.

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.
- Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces.
- Communicate regular updates about COVID-19 with staff and families of children in care, including updates to policies/procedures.

PREVENTION STRATEGIES FOR EVERYDAY OPERATIONS

Please review the CDC's [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support In-Person Learning](#). The information found there and included below are not requirements from KDHE, rather strong recommendations for increasing health and safety.

Vaccines

Child care programs should promote equitable access to vaccination. Staying up to date on [routine vaccinations](#) is essential to prevent illness from many different infections. COVID-19 vaccination helps protect eligible people from getting severely ill with COVID-19. For COVID-19, [staying up to date with COVID-19 vaccinations](#) is the leading public health strategy to prevent severe disease. 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.

Staying Home When Sick

People who have symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting, or diarrhea, should stay home. Testing is recommended for people with [symptoms of COVID-19](#) as soon as possible after symptoms begin. People who have [Factors That Affect Your Risk of Getting Very Sick from COVID-19](#) who test positive should consult with a healthcare provider right away for possible treatment, even if their symptoms are mild. Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people.

When to Isolate

Regardless of vaccination status, **you should isolate from others when you have COVID-19. You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have [test](#) results.** If your results are positive, follow the full CDC isolation recommendations at [Isolation and Precautions for People with COVID-19](#):

- If you test positive for COVID-19, stay home for at least 5 days and isolate from others

in your home. You are likely most infectious during these first 5 days. You may end home isolation if you have been fever free for at least 24 hours without the use of fever reducing medication and other symptoms have improved.

- Day 1 of home isolation begins the day after your symptoms start.
- If you had no symptoms, you may end isolation after 5 days.
 - Day 1 of home isolation for someone who does not have symptoms starts the day after their positive result.
- Everyone is recommended to wear a high-quality, well-fitting mask around others indoors and in public spaces and to avoid places where you are unable to wear a mask.
- A test-based strategy can be used to determine when to stop masking. If the person obtains two consecutive negative antigen test results taken 48 hours apart, they can discontinue masking.
 - If you have access to antigen tests, as an option to end masking sooner, you may remove your mask after Day 5 (between Day 6 and Day 10) with two sequential negative tests 48 hours apart. The soonest that you can test is Day 6 and, if you meet the testing criteria, the soonest that you could stop masking is Day 8.
- If a person cannot or will not mask, they should remain in home isolation for a minimum of 10 days after onset of symptoms, or sample collection if asymptomatic, and can be released after fever-free (without the use of fever reducing medication) for at least 24 hours and improvement in other symptoms, whichever is longer.

Ventilation

When COVID-19 Community Levels increase or in response to an outbreak, child care programs can take [additional steps](#) to increase outdoor air intake and improve air filtration. For example, safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters, are strategies to improve ventilation. Schools and ECE programs may also consider holding some activities outside if feasible when the COVID-19 Community Level is high.

Daily Routines

To the extent possible, maintain daily schedules/routines for children.

- Ensure frequent handwashing and cough etiquette (coughing and sneezing into elbow).
- Meticulously follow diaper changing procedures.
- 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.
- 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.

Cleaning and Disinfecting

- Intensify cleaning and disinfection routines. Child care programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. For more information, see [Cleaning and Disinfecting Your Facility](#) and child care programs should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids. See [Caring for Our Children](#).
 - 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.
 - 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.
 - Set aside toys children have placed in their mouths or otherwise contaminated with bodily fluids until they have been cleaned and sanitized.

COVID-19 COMMUNITY LEVELS

CDC COVID-19 Community Levels provide a basic guide for understanding your community risk and use of precautionary measures related to COVID-19. CDC's [COVID-19 Community Levels](#) help communities and individuals make decisions about what COVID-19 prevention strategies to use based on whether their community is classified as low, medium, or high. These levels take into account COVID-19 hospitalization rates, healthcare burden, and COVID-19 cases. Recommendations outlined for the COVID-19 Community Levels are the same for child care programs as those for the community. When the COVID-19 Community Level moves to a lower category or after resolution of an outbreak, child care programs can consider removing prevention strategies one at a time, followed by close monitoring of COVID-19 transmission within the program and the COVID-19 Community Level of their community in the weeks that follow.

Community Level Prevention Strategies:

Masking: At a high COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as it is in the community at-large. Anyone who chooses to wear a mask or respirator should be supported in their decision to do so at any COVID-19 Community Level, including low. At a medium and high COVID-19 Community Level, people who are immunocompromised or at risk for getting very sick with COVID-19 should wear a mask or respirator that provides greater protection.

- 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.
- 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.

Testing:

- Diagnostic Testing: Schools and ECE programs can offer [diagnostic testing](#) for

students and staff with symptoms of COVID-19 or who were exposed to someone with COVID-19 in the K-12 or ECE setting, or refer them to a community testing site, healthcare provider, or to use an at-home test. Each COVID-19 test with an [emergency use authorization \(EUA\)](#) has a minimum age requirement. Schools and ECE programs should only use tests that are appropriate for the person being tested.

- Screening Testing: [Screening testing](#) identifies people with COVID-19 who do not have symptoms or known or suspected exposures, so that steps can be taken to prevent further spread of COVID-19. Child care programs that choose to rely on at-home test kits for screening testing should ensure equal access and availability to the tests; establish accessible systems that are in place for ensuring timely reporting of positive results to the program; and communicate with families the importance of following [isolation guidance](#) for anyone who tests positive.

Management of Cases and Exposures: Children or staff who come to a child care program with [symptoms](#) or develop symptoms while at the program should be asked to wear a well-fitting mask or respirator while in the building and be sent home and encouraged to get tested if testing is unavailable onsite. Symptomatic people who cannot wear a mask should be separated from others as much as possible; children should be supervised by a designated caregiver who is wearing a well-fitting mask or respirator until they leave the program.

- Programs should develop mechanisms to ensure that people with COVID-19 [isolate](#) away from others and do not attend until they have completed isolation. Once isolation has ended, people (ages two or older) should wear a well-fitting mask or respirator around others through day 10. Testing is not required to determine the end of isolation or mask use following COVID-19 infection; however people can use the test-based strategy outlined in the [isolation guidance](#) to potentially shorten the duration of post-isolation mask use. If you have access to antigen tests, as an option to end masking sooner, you may remove your mask after Day 5 (between Day 6 and Day 10) with two sequential negative tests 48 hours apart. The soonest that you can test is Day 6 and, if you meet the testing criteria, the soonest that you could stop masking is Day 8. If using the test-based strategy, people should continue to wear a well-fitting mask or respirator in the child care setting until testing criteria have been met. People who are not able to wear a well-fitting mask or respirator should either isolate for 10 full days or follow the test-based strategy to determine when they can safely return to the child care setting without a mask, continuing to isolate until testing criteria have been met. If a person with COVID-19 has been inside a child care facility within last 24 hours, the space should be cleaned and disinfected. For more information, see [Cleaning and Disinfecting Your Facility](#).
- Quarantine is no longer recommended for people who are exposed to COVID-19, regardless of their vaccination status, except in certain high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes. In child care settings, which are generally not considered high-risk congregate settings, people who were exposed to COVID-19 should follow [recommendations](#) to wear a well-fitting mask

and get tested. Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask.

- Test to Know. CDC's updated recommendations rely heavily on masking to prevent transmission. Please find updated guidance for Test to Know in schools here: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2400/COVID-19-School-Guidance-Updates-081622-PDF>. This guidance is appropriate for child care settings.
- Students/teachers/staff who choose to **wear well-fitting masks daily for at least 10 days** after exposure **can be** tested on day 5 following their exposure.
- Students/teachers/staff **who cannot or who choose not to mask, can be** tested upon notification of their exposure and then every other day through day 7:
 - Using rapid antigen tests (Point of Care or Over the Counter): minimum of 3 tests with at least one test occurring on day 5 or later OR
 - Using rapid PCR (Point of Care): minimum of 2 tests with at least one test occurring on day 5 or later
- Accommodations may be necessary to preserve access to in-person attendance for exposed people, such as children under age 2, who cannot wear a mask or are too young to test using most OTC tests. Early Care and Education (ECE) programs can consider other prevention strategies, such as improving ventilation and limited crowding and class size. For example, safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters, and frequent cleaning and disinfection are strategies to improve ventilation and prevent transmission. It is not recommended that children, regardless of their immunity status, who cannot mask and/or cannot be tested via most OTC tests be kept in home quarantine.
- Child Care settings can utilize point of care (POC) tests (testing at the facility) or can have parents test children at home using over the counter tests (OTC)
- Child Care facilities can work with their local health departments to get testing supplies (over the counter antigen tests).
- Child Care facilities are encouraged to promote access to testing by posting/sharing Project ACT information (parents can go to the website and put in their zip code to see if they are eligible for free tests. Please find information on ProjectAct here: <https://accesscovidtests.org/> . Please find poster links below:

English - <https://www.kansasvaccine.gov/DocumentCenter/View/469/20220526-Project-ACT-Flyer-approved-FINAL-English-QR-Code>

Spanish - <https://www.kansasvaccine.gov/DocumentCenter/View/468/20220526-Draft-Project-ACT-Flyer--Spanish---Final-QR-Code>

Responding to Outbreaks: If a child care program is experiencing a COVID-19 [outbreak](#) they should consider adding prevention strategies regardless of the COVID-19 Community Level. Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks or respirators, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing. Early identification of cases to ensure that they stay home and isolate is a critical component of outbreak response. Programs may also consider suspending high-risk activities to control an associated outbreak. Child care programs that are experiencing an

outbreak should work with their state or local health department in accordance with state and local regulations.

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)

