

LOUISIANA DEPARTMENT OF HEALTH, OFFICE OF PUBLIC HEALTH CHILD CARE GUIDELINES

A Message to Child Care Providers:

COVID-19 is mostly [spread through close contact and inhalation of respiratory droplets](#) released when people talk, sing, breathe, sneeze, or cough. Although less common, it is possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own eyes, nose, or mouth. To slow the spread of COVID-19 in your community and facility, your child care program should fully implement and adhere to multiple [prevention strategies](#). Most early childhood programs serve children in an age group that is not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in early childhood programs. **First and foremost, it is very important that child care staff are encouraged to get [vaccinated](#) and receive boosters.** Requirements within these guidelines are underlined and must be followed.

The LDOE has also provided suggestions, examples of checklists, options, etc. in the appendices to assist child care programs in adhering to the guidelines and to improve upon their health and safety during this public health emergency.

NOTE: These guidelines may change depending on the [Centers for Disease Control](#) (CDC) and Office of Public Health updates and as the state changes phases.

CHECKLIST FOR OPEN CHILD CARE FACILITIES

- Staff must take [everyday precautions](#) to prevent the spread of COVID-19 such as: wear a mask (strongly recommended for facilities in a parish with a High [Community Level](#)), avoid close contact, avoid crowds and poorly ventilated areas, wash hands often, cover coughs and sneezes, clean and disinfect highly touched surfaces daily and monitor your health.
- Require sick children and staff to stay home. [See Appendix 1.](#)
- Plan isolation steps if a child becomes sick followed by cleaning and disinfecting processes. [See Appendix 2.](#)
- Mask requirements and recommendations. [See Appendix 3.](#)
- Implement social distancing strategies. [See Appendix 4.](#)
- Parent drop-off and pick-up processes and potential parent tours. [See Appendix 5.](#)
- Do not permit sick children or staff to enter your facility. [See Appendix 6.](#)
- Intensify cleaning and disinfecting efforts. [See Appendix 7.](#)
- Ensure [proper diapering techniques](#) are followed.
- Ensure proper washing, feeding, and holding of children. [See Appendix 8.](#)
- Ensure healthy hand hygiene. [See Appendix 9.](#)
- Ensure healthy food preparation and meal service. [See Appendix 10.](#)
- Address vulnerable/high risk groups. [See Appendix 11.](#)
- Ensure adequate ventilation. [See Appendix 12.](#)
- Report cases of COVID-19 identified in children or staff to the appropriate [Regional OPH](#) and facilities.

- ☐ Comply with public health investigations.

Appendix 1: REQUIRE SICK CHILDREN AND STAFF TO STAY HOME

Persons who have a fever of 100.4°F or above, or other signs of illness must not be admitted to the facility.

- Communicate to parents the importance of keeping children home when they are sick, steps being taken to ensure the health and safety of their children, etc. See this [sample letter](#) to families. The letter to families should outline all health and safety precautions taken by your facility. Another sample can be found from [Child Care Aware of America](#).
- Include asking the parent/guardian to confirm that the child has not been on fever reducing medication in the last 24 hours and does not have a sore throat, new uncontrolled cough that causes difficulty breathing (or change to usual cough if child with chronic allergic/asthmatic cough), diarrhea, vomiting, stomachache, or new onset of severe headache, especially with a fever. Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue, rash (other than diaper rash) or extreme/unusual fussiness.
- Communicate to staff the importance of being vigilant for [symptoms](#) and staying in touch with management if or when they start to feel sick.
- Follow procedures to ensure children and staff who come to the child care provider sick or become sick while at your location are placed in isolation and sent home as soon as possible.
- All symptomatic children and staff should seek testing for COVID-19, regardless of vaccination status.
- Staff will clean high-touch surfaces, such as door handles, light switches, faucets, toys and games that children play with at least twice a day.
- Staff will wash their hands and children's hands a minimum of every two hours.

Appendix 2: PLAN ISOLATION STEPS IF A CHILD BECOMES SICK FOLLOWED BY CLEANING AND DISINFECTING PROCESSES

There must be an isolation plan, including a cleaning and disinfecting process, for children who become sick.

- Have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
- Follow CDC guidance on how to [disinfect your building](#) if someone is sick.
- If a sick child has been isolated in your facility, clean and [disinfect](#) surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed or suspected in a child or staff member:
 - Identify close contacts (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) and communicate the requirement to quarantine per OPH and CDC Guidelines.
 - Early childhood education centers may utilize the CDC outlined quarantine guidance in the below table for staff and any children over the age of 2 who are able to wear a mask correctly and consistently. For those children who are unable to mask or wear a mask correctly and consistently through an entire day, early childhood education centers should utilize one of the below quarantine options.
 - **Safest Option (current CDC guidance):** All close contacts quarantine at home for 10 days.
 - **Safer Option:** Close contacts quarantine at home for 5 days. If they remain asymptomatic, they can return to the childcare center on Day 6 with a negative COVID-19 test administered no earlier than Day 5. A second COVID-19 test should be administered between Days 7 – 10.

Appendix 3: MASK REQUIREMENTS AND RECOMMENDATIONS

Masking is not required statewide; however, facilities can choose to require masking for staff, families, and visitors.

Universal masking is recommended for any child care site in a parish with a High [Community Level](#). [Community Levels](#) should be checked weekly to evaluate the need for masking in your site.

- While outdoors, individuals do not need to mask if they adhere to physical distancing requirements.
- It is strongly recommended that any child over two years of age wear a mask.

Appendix 4: IMPLEMENT SOCIAL DISTANCING STRATEGIES

Social distancing strategies must be implemented.

- Alter or halt daily group activities that may promote transmission. It is recommended that field trips and special events be halted during time of high transmission or until statewide incidence is below 200 infections per 100,000 people.
 - Field trips are allowed but should be held outside, whenever possible. Adhere to transportation capacity and group guidance as indicated below. Alter or halt field trips when transmission is high.
 - Special events, performances, or holiday events (such as, but not limited to, PreK Graduation, magic shows, Zoo to You, or Soccer Shots) are allowed but should be held outside, whenever possible. Adhere to the group guidance indicated below. Alter or halt special events when transmission is high.
- Children and staff should pass singly through entry and exit points.
- Ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Place children head to toe in order to further reduce the potential for viral spread. Masks should not be worn while sleeping.
- If possible, child care classes should include the same group each day, and the same child care teacher should remain with the same group each day. Consider creating a separate classroom or group for the children of healthcare workers and other first responders.
- Consider staggering playground times for groups of children.
- Transportation:
 - Buses and vans operated by public or private early childhood providers are no longer included in the federal mask requirement for transit.

Early childhood providers should use [Community Levels](#) to determine their policy for wearing masks on buses or vans, but can continue to require universal masking regardless of Community Level. [Community Levels](#) should be checked weekly to evaluate the need for masking in your site.

- Indoor and Outdoor groups:
 - Groups should be separated, but do not require a physical barrier.
 - The maximum group size that may convene indoors in a single room should be determined by physical distancing requirements:
 - At least 6 feet between static groups
 - At least 6 feet between staff
 - At least 6 feet between staff and parents or other adult visitors
 - Maintain static groups as much as possible to prevent quarantining additional children and staff.

Appendix 5: ADJUST PARENT DROP-OFF AND PICK-UP PROCESSES

Parent drop-off and pick-up processes may be adjusted.

Parents must be allowed in the building for full access to their children, to meet the teacher, etc. **It is strongly recommended that the parent wear a mask while inside the facility when the parish [Community Level](#) is High.**

A provider can have a parent drop-off and pick-up process at curbside to limit direct contact between parents and staff members. See the procedures below to screen children before the parent leaves the facility.

- Child drop off and pick up can be done curbside or in a room or foyer that does not allow the parent inside the center or does not lead the parent through the center. The parent is encouraged to wear a mask if they enter the room or foyer. Have child care providers come outside the facility to pick up the children as they arrive. The plan for curbside drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations. Allow center staff to sign in and out children.
- May consider staggering arrival and drop off times for parents.

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 and supervise its use. Keep hand sanitizer out of the reach of children before and after use.

ADJUST POTENTIAL PARENT TOURS

Tours for potential new parents or family members can occur physically during the day if the following occur:

- Only parents or family members from one household are allowed into the building at a time.
- All visiting parents or family members should wear a mask when the parish [Community Level](#) is high and socially distance.
- The parents or family members cannot enter a classroom or area where children are present. If children are outside, the parents can enter the empty classroom for a tour.

Consider offering tours virtually or before and after center operations.

Appendix 6: STAYING HOME WHEN SICK AND GETTING TESTED

Children and staff who have symptoms of COVID-19 should stay home and be referred to their healthcare provider for testing and care. Children and staff who have a fever of 100.4°F or above or other symptoms of infectious illness must not be admitted to your facility.

- Children should be screened for fever upon arrival as well as throughout the day. Include asking the parent/guardian to confirm that the child has not been on fever reducing medication in the last 24 hours and does not have a sore throat, new uncontrolled cough that causes difficulty breathing (or change to usual cough if child with chronic allergic/asthmatic cough), diarrhea, vomiting, stomachache, or new onset of severe headache, especially with a fever. Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue, rash (other than diaper rash) or extreme/unusual fussiness.
- Educate yourself, staff and parents on [Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#).
 - Children, adolescents, or young adults who develop certain symptoms after having COVID-19 might have MIS-C. They should see a doctor if they had COVID-19, or have been in close contact with someone who had COVID-19, within the past 6 weeks and now have the following.
 - Ongoing fever AND one of the following:
 - Stomach pain, diarrhea, vomiting, skin rash, blood shot eyes, dizziness or lightheadedness

Appendix 7: INTENSIFY CLEANING AND DISINFECTING EFFORTS

- At least twice a day, clean surfaces, bathrooms, and objects that are frequently touched, such as doorknobs, light switches, classroom sink handles, countertops, toilet training potties, etc.
 - In most situations, regular cleaning (at least twice a day) is enough to sufficiently remove viruses that may be on surfaces. However, if certain conditions apply, you may choose to clean more frequently AND disinfect surfaces and objects if certain condition apply which may include:
 - High transmission of COVID-19 in your community.
 - The space is occupied by people at [increased risk for severe illness from COVID-19](#).
- Schedule and follow additional procedures for cleaning and disinfecting including cleaning and sanitizing toys and bedding. All cleaning materials must be kept secure and out of reach of children.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to another.
- Clean and sanitize toys.
 - Reduce the number of toys in classrooms.
 - 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.
 - Children’s books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Clean and disinfect bedding.
 - 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 at a minimum of weekly or before use by another child.
- Plan to sanitize transportation. Consider guidance from the Center for Disease Control on [Cleaning and Disinfecting Vehicles](#) to ensure that shared equipment like vehicles are regularly sanitized.

Appendix 8: ENSURE PROPER WASHING, FEEDING AND HOLDING OF CHILDREN

Proper washing, feeding and holding of children must be ensured.

- It is important to comfort crying, sad, and/or anxious children and they often need to be held. When washing, feeding, or holding children, teachers can protect themselves by washing their hands frequently.
- Teachers should wash their hands, neck and anywhere touched by a child’s secretions.
- Teachers should change the child’s clothes if secretions are on the child’s clothes.
- Infants, toddlers, and their teachers should have multiple changes of clothes on hand in the child care center.

Appendix 9: ENSURE HEALTHY HAND HYGIENE

- All children and staff should wash their hand with soap and water at the following times:
 - Arrival and exit of the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after handling infant bottles
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors or in sand
- After handling garbage, **Wash hands** with soap and water for at least 20 seconds or use hand sanitizers with at least 60% alcohol before and after:
 - Touching your eyes, nose, or mouth
 - Touching your mask
 - Touching an item or surface that is frequently touched by other people such as door handles
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing, staff should also wash their hands.

Appendix 10: ENSURE HEALTHY FOOD PREPARATION AND MEAL SERVICE

Healthy food preparation and meal service must be ensured.

- If cafeterias or communal dining halls will be used, ensure separate “classrooms” or cohorts remain 6 feet apart while eating. Consider staggering when classrooms eat, so children can maintain their small groups. Clean and disinfect tables, chairs, and highchairs between each use. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- If feasible, remove or limit additional staff coming into classrooms during mealtimes.
- As feasible, have children and staff eat meals outdoors or in well ventilated classrooms or while maintaining distance as much as possible.
- If meals are typically served family-style, plate each child’s meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Teachers must ensure children wash hands prior to and immediately after eating.
- Teachers must wash their hands before preparing food and after helping children to eat.

Appendix 11: ADDRESS VULNERABLE AND HIGH RISK GROUPS

Vulnerable and high risk groups must be addressed.

- Based on current information, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors. If you have staff members or teachers aged 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home. It is important to encourage vaccination among all eligible groups, especially those at high risk for severe illness.
- COVID-19 usually cause mild symptoms in children. However, a small but growing percentage of children have been reported to have more severe illness. See Appendix 6 for information on MIS-C. If you have children with underlying health conditions, talk to their parents about their risk for COVID-19. Follow children's care plans for underlying health conditions.
- If you have children with disabilities, talk to their parents about how their children can continue to receive the services they need.
- Employers should also understand the potential mental health strains for workers during the COVID-19 pandemic. Early childhood program administrators should educate workers on mental health awareness and share available mental health and counseling services. Employers should provide a supportive work environment for workers [coping with job stress and building resilience](#), and [managing workplace fatigue](#).

Appendix 12: ENSURE ADEQUATE VENTILATION

Adequate [ventilation](#) must be ensured.

- Consider how you can bring in as much fresh air into your child care center as possible. Bringing fresh, outdoor air into your center helps keep virus particles from concentrating inside.
- Bring in as much outdoor air as possible.
 - If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat. Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms).
 - Use child-safe fans to increase the effectiveness of open windows. Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
- Consider having activities, classes, or lunches outdoors when circumstances allow.