



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Guidelines for Child Care Centers

This public health guidance is intended to provide licensed child care facilities with guidance for operating a facility during the Novel Coronavirus (COVID-19) pandemic. Every licensed child care facility should have a plan to protect staff, children, and their families from the spread of COVID-19. This guidance covers policies and procedures providers should implement during the COVID-19 pandemic. Moreover, it provides licensed child care facilities with guidance on how to handle a positive COVID-19 case or exposure to a positive COVID-19 case in child care facilities.

Child care facilities that continue to remain open or that are preparing to reopen should follow current Mississippi laws, Regulations Governing the Operation of Child Care Facilities, Executive Orders, Health Officer Orders, local ordinances, and guidance issued by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). The guidance details the steps providers should follow in order to mitigate the impact of COVID-19 on child care facilities. This guidance is based on recommendations from the CDC, along with current knowledge of the virus, and is subject to change. Health and safety guidelines for child care facilities are outlined in this document. Please visit [MSDH](#) and [CDC](#) for the most up to date information on COVID-19.

Topics addressed in this public health guidance include:

1. Reopening
2. Transmission and symptoms of COVID-19
3. Practices, policies, and procedures for consideration
4. Staff actions to help prevent the spread of COVID-19
5. Routine disinfection/sanitization procedures
6. Social distancing in the child care setting
7. Face masks
8. Dealing with confirmed positive COVID-19 cases and exposure to COVID-19
9. Reporting
10. Additional resources

Reopening

Child care providers should understand the aspects of reopening or continuing to operate during COVID-19. Additional policies and procedures must be put in place to protect the health and safety of children in their child care settings while maintaining a safe environment for child care

staff and families. The CDC has developed a [school decision tree](#) to assist in operating and reopening decisions. Child care providers should review and plan for the implementation of the CDC and MSDH guidelines before reopening. MSDH suggests that child care providers develop and publicly post their implementation strategies to mitigate the further spread of COVID-19 and inform parents of new procedures and expectations.

Transmission and Symptoms of COVID-19

COVID-19 is mostly spread through respiratory droplets released when an infected person talks, coughs, or sneezes. It may be 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 mouth, nose, or possibly their eyes. Prevention practices and proper environmental cleaning and disinfection are important principles that are covered below.

People with COVID-19 have a constellation of symptoms reported – ranging from mild symptoms to severe illness. [Symptoms](#) may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Practices, Policies, and Procedures for Consideration

All public health guidance below is strongly recommended in order to adhere to the guidelines published by the CDC and MSDH.

Drop-off/Arrival Procedures

- Child care programs should post signage in drop-off/arrival area to remind staff and children to keep six feet of distance whenever feasible.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, individuals with [underlying medical conditions](#) should not pick up children as they are at increased risk of severe illness from COVID-19.
- Set up hand hygiene stations at the entrance of the facility, so that children, staff, and parents 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 next to parent sign-in sheets.

- Keep alcohol-based hand sanitizer out of children’s reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
- Consider greeting children outside as they arrive.
- Consider designating a staff person to be the drop-off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
- When possible, transport infants in their car seats.

Transportation

If you must provide transportation, create space between riders *if possible*. For example, for larger busses, one rider per seat and in every other row. Keep windows open to help reduce the spread of the virus. Masks can be worn to reduce the spread of germs. Clean and disinfect as much as possible in between pick-up and drop-offs. Keep windows open to prevent the buildup of chemicals that cause eye and respiratory problems. Avoid activities and events such as field trips and special performances. Drivers or other staff members should visually check the child before they enter the vehicle. A screening process is recommended before anyone is allowed on the vehicle.

Use an [EPA registered](#) disinfectant when wiping down surfaces. Each vehicle should be wiped down after each run, including the morning run, afternoon run, and any special runs. Items to be wiped down include the entry handrail, the fronts, and backs of seats, and any hardware or accessories, windows, window handles, and walls. In addition, wipe the exterior surfaces and hardware of the entry door as well as driver controls of the bus such as the steering wheel, mirrors, etc.

Screening Procedures

The best way to prevent the spread of COVID-19 is to prevent it from getting inside the facility.

Child care providers should:

- Require sick children and staff to stay home.
- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at the facility are isolated and sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Conduct a daily health screening of any person entering the building, including children, staff, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19.
- Not allow staff and children to enter the child care facility if:
 - They have tested positive for or are showing COVID-19 symptoms.

- They have recently had [close contact](#) with a person with COVID-19.
- Continue to monitor staff and children’s health throughout the day
- Immediately isolate a child or staff member that develops fever, chills, shortness of breath, new cough, or new loss of taste or smell and send them and any family members home as soon as possible.
- While waiting for a sick child to be picked up, have a staff member stay with the child in a place isolated from others. If the child has symptoms of COVID-19, the caregiver should remain as far away as safely possible from the child (preferably six feet) while maintaining supervision. The caregiver should wear a mask. If the child is over the age of two and can tolerate a mask, the child should also wear a mask
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection are not necessary.
- Continue routine cleaning and disinfection.

Note: Persons who have a fever of **100.0 degrees Fahrenheit or above**, or other signs of illness should not be admitted to the facility. Encourage parents to be alert for signs of illness in their children and to keep them home when they are sick. Remind staff that they should not come to work when sick.

Staff Actions to Help Prevent the Spread of COVID-19

- Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty for at least 20 seconds.
- Remember to supervise young children when they use alcohol-based hand sanitizer to prevent swallowing alcohol.
- Clean and disinfect frequently touched surfaces.
- Cover cough and sneezes.
- Cover your mouth and nose with a mask when you go out in public.
- Masks should NOT be put on babies and children under age two because of the danger of suffocation.

Routine Disinfection/Sanitization Procedures

Child care facilities should post signs in highly visible locations (e.g., facility doors, lobby, restrooms) that promote everyday protective measures and describe how to stop the spread of COVID-19 including proper handwashing and properly wearing a mask.

- Resources for signage for [hand washing](#)
- Signage for [masks](#)

CDC has workplace resources such as posters with messages for staff about:

- [Staying home when sick](#)
- [How to avoid spreading germs at work](#)

[Caring for Our Children](#) (CFOC) provides national standards for cleaning, sanitizing, and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

Intensify cleaning and disinfection efforts:

- Facilities should develop plans to ensure adequate supplies to support good hand hygiene behaviors and routine cleaning of objects and surfaces.
- Facilities should develop a schedule for cleaning and disinfecting. See an example of the [National Health and Safety Performance Standards](#)
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.
- Use the cleaners typically used at your facility. [Guidance](#) is available for the selection of appropriate sanitizers or disinfectants for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common [EPA-registered](#), fragrance-free household disinfectants should be effective against the virus that causes COVID-19. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- All cleaning materials must be kept secure and out of reach of children per regulations.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling potentially toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- 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. Clean with water and detergent, rinse thoroughly, sanitize with an EPA-registered disinfectant, rinse thoroughly again, and air-dry. You may also clean in a mechanical dishwasher.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dishpan with soapy water or put in a separate container marked for “soiled toys.” Keep dishpan and water out of the reach of

children. Washing with soapy water is the ideal cleaning method. Try to have enough toys so that the toys can be rotated through cleanings.

Clean and Disinfect Bedding

- Use bedding that can be washed. Keep each child's bedding separate, and consider storing it 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 weekly or before use by another child.
- When possible, bedding should be laundered by the facility to reduce the back and forth transportation between the child's home and the facility.

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- If you have staff members or teachers age 65 or older, or with [underlying health conditions](#), encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.

Social Distancing in the Child Care Setting

Where possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. Facilities should consider creating a separate classroom or group for the children of healthcare workers and other first responders. Cancel or postpone special events such as festivals, holiday events, and special performances.

Consider whether to alter or halt daily group activities that may promote transmission.

Keep each group of children in a separate room.

Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.

If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally six feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

Provide each child with individual meals and snacks. Do not serve family style meals.

Face Masks

Child care staff should wear masks. Children over the age of two should wear masks. Masks should **not** be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Exceptions:

- If a child is outdoors and able to consistently maintain a social distance of at least six (6) feet from individuals who are not a part of their household, they do not need to wear a mask.
- If a parent, guardian, or responsible person has been unable to place a mask safely on the child's face, they should not do so.
- If a child over the age of two is unable to remove a mask without assistance, the child is not required to wear one.

MSDH recognizes that getting younger children to be comfortable wearing masks and to keep them on may create some difficulties. Under these circumstances, parents, guardians, licensed child care providers may consider prioritizing the wearing of masks to times when it is difficult for the child to maintain a social distance of at least six (6) feet from others who are not part of their household (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper mask size and fit and providing children with frequent reminders and education on the importance and proper wearing of masks may help address these issues.

Dealing with Confirmed Positive COVID-19 Cases and Exposure to COVID-19

For confirmed positive COVID-19 cases:

- If the child is in care when the test results are confirmed positive, the child must be isolated until the parent/guardian arrives to pick them up.
- The operator shall inform parents of enrolled children when there is a suspected outbreak in the facility
 - An Outbreak is defined as 3 or more confirmed positive COVID-19 cases in children and/or staff.
- After closure, wait up to 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- The facility should develop a process to inform child care staff of positive COVID-19 cases.
- The facility must notify the Bureau of Child Care Licensing.
- Follow the “**Discontinuing at Home Isolation/Quarantine**” guidance below for timelines on returning to the child care facility.

Exposure to a Person Who Tests Positive for COVID-19

Exposure is defined as being within six (6) feet of the individual who tests positive for COVID-19 for a period of 15 minutes or more. Persons who test positive are considered infectious 48 hours before the onset of symptoms. Persons testing positive but do not have symptoms are considered infectious two days after exposure (if known) or starting two days before the test date (if exposure is unknown).

If a staff person or a child is exposed to an individual who tests positive for COVID-19:

- MSDH recommends close contacts be excluded from the child care setting and be under quarantine at home for a full 14 days after last exposure even if they test negative.
- What counts as close contact?
 - You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more.
 - You provided care at home to someone who is sick with COVID-19.
 - You had direct physical contact with the person (hugged or kissed them).
 - You shared eating or drinking utensils.
 - They sneezed, coughed, or somehow got respiratory droplets on you.
- If a child becomes ill at the facility, the operator shall notify the child's parents as soon as possible.
- The operator shall inform parents of enrolled children when there is a positive case
- The facility must report when a staff person or child is exposed to a positive COVID-19 case to the Bureau of Child Care Licensing.
- The facility should develop a process to inform child care staff of possible exposure to a positive COVID-19 case.
- Follow the “**Discontinuing at Home Isolation/Quarantine**” guidance below for timelines on returning to the child care facility.

Discontinuing At-Home Isolation/Quarantine

The Centers for Disease Control and Prevention (CDC) has provided options to shorten the 14-day quarantine period after exposure to a COVID-19 infected individual based on symptom and/or testing strategies. In both alternatives, the post quarantine transmission risk is 12% or less. See [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing | CDC](#) for full guidance.

MSDH recommends a time and symptom-based strategy for the discontinuation of isolation and transmission-based precautions for patients with COVID-19.

For confirmed cases of COVID-19:

A staff person or child who is 10 days past the onset of symptoms (or test date if no symptoms) and has been fever free for 24 hours can be allowed to return to the child care facility. They are otherwise to remain isolated at home for the full 14-day period. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>. A negative test should

not be required to return to the facility. It is also recommended that a note from the healthcare provider should not be required.

For close contacts to confirmed COVID-19 cases:

The Mississippi State Department of Health (MSDH) continues to strongly encourage a 14-day quarantine period for individuals who are exposed to a person infected with SARS-CoV-2 (COVID-19), especially household contacts and those in congregate settings. With an understanding of the need to provide alternatives to shorten the quarantine period under certain circumstances, MSDH is modifying the current quarantine recommendations to include the following alternatives to a 14-day quarantine period.

Acceptable options for reduced quarantine period:

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring, **OR,**

- *If testing is available,* then quarantine can end after Day 7 if an **RT-PCR** diagnostic specimen is negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.

Persons can discontinue quarantine at these time points only if the following criteria are also met:

- No symptoms of COVID-19 have been identified during the entirety of quarantine up to the time at which quarantine is discontinued.
- Daily symptom monitoring continues through quarantine Day 14.
- Individuals continue to adhere strictly to mask use and physical distancing through quarantine Day 14.
 - They should be advised that if any symptoms develop, they should immediately self-isolate and receive testing for COVID-19.
- **A negative test collected prior to 5-7 days should not be used to determine the modification of quarantine.**

Essential employees may be allowed to work while under quarantine as previously outlined, but should adhere to the following for a **full 14-day quarantine period:**

- Remain asymptomatic.
- Daily monitoring of temperature and symptoms.
- Always wear a mask while at work.
- Essential employees who continue to work should self-quarantine at home at all other times during their quarantine period based on the above options.

Reporting

In all instances when reporting to the Bureau of Child Care Licensing, provide:

- The name of the facility
- The address of the facility including the county
- The number of cases

- Information on whether the positive case is in a staff person or child

This information must immediately be reported to the Bureau of Child Care Licensing at: (601) 364-2827 or by email to ChildCare@msdh.ms.gov.

For questions regarding COVID-19, isolation, and quarantine, please contact the Office of Epidemiology at (601) 576-7725.

Additional Resources

- [Guidance for Child Care Programs that Remain Open](#)
 - This information is intended for child care programs that remain open and should be used in conjunction with CDC’s guidance for administrators of child care programs and K-12 schools. This guidance does not supersede state and local laws and policies for child care programs.
- [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)
 - Guidance to help childcare programs, schools, and their partners understand how to help prevent the transmission of COVID-19 within childcare and school communities and facilities.
- American Academy of Pediatrics
 - Information on [germ prevention strategies](#)
 - [Reducing the spread of illness in child care settings](#)
- [Caring for Our Children](#)
 - National Health and Safety Performance Standards/Guidelines for Early Care and Education Programs
- [Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)
 - EPA listed products for use against SARS-CoV-2, the virus that causes COVID-19.

Next Steps

Child care providers must:

1. Read this public health guidance and share it with appropriate staff.
2. Develop, communicate, and implement policies and procedures to prevent the spread of COVID-19 in child care facilities.
3. Develop a process and procedures for timely reporting to the Bureau of Child Care Licensing and notifying staff and parents.
4. Ensure staff becomes familiar with CDC guidance.