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

April 3, 2020

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
check the [CDC website](https://www.cdc.gov) and the [KDHE website](https://www.kdhe.gov) (COVID-19 Resource Center)
periodically for updated information and guidance for a variety of settings as well as
public health and health care professionals. Visit the [KDHE Child Care Licensing website](https://www.kdhe.gov) for more information about facilities and regulations.

**KDHE’S POSITION ON CONTINUING OPERATIONS FOR CHILD CARE**

At this time, KDHE supports continuity of operations for child care. KDHE will
communicate updates should our recommendations change. Child care facilities (family
child care and center-based care) that are willing and able to continue to operate are
providing an important service for parents who must continue to work, particularly those
whose jobs are considered essential for the well-being of the community. 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 business and may operate in all counties, child care licencees may independently decide to temporarily close based on their own situation.

Governor Kelly issued a statewide stay-at-home order effective March 28, 2020,
(Executive Order/EO 20-16 [https://governor.kansas.gov/executive-order-no-20-16/](https://governor.kansas.gov/executive-order-no-20-16/)) in response to the rapidly increasing number of confirmed COVID-19 cases and to
increase uniformity in requirements across the state. 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 state
public health officer. Prior to the issuance of EO 20-16, several local health officers
exercised this authority and issued local county stay-at-home orders. However,
pursuant to Section 5 of the EO, the order supersedes previously issued local/county
orders through April 19, 2020, or until the statewide order is rescinded. Local officials
retain the right to issue isolation and quarantine orders. Any local order extending
beyond the effective date of the statewide order will go back into effect upon expiration
of the statewide order.

KDHE encourages providers to remain in close communication with their local public
health department as situations regarding COVID-19 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

- 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. We await federal guidance on any waivers for requirements related to background checks and initial health and safety training.
- Existing child care facilities are required to continue to operate within the terms of their licenses and to comply with licensing laws and regulations.
- 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.
- Consider prioritizing care to children of health care workers and first responders. If your facility has multiple classrooms/units consider creating a separate classrooms/units just for the children of health care workers and first responders. 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 know when you have vacancies and are able to care for children of health care workers and first responders.
- Facilities closing temporarily must submit a timely renewal application to ensure there is no gap in licensure and that the license remains in effect and valid.
- 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 (http://www.kdheks.gov/bcclr/download/county_contacts.pdf).

Planning and Preparedness Recommendations for Licensed Child Care Facilities

The most important thing that child care facilities can do now is to prepare for the possibility of community-level outbreaks. Licensees should take the following steps to help stop or slow the spread of respiratory diseases, including COVID-19:

- Stay informed and know where to go for the most current information. Sources of accurate information include the CDC, KDHE, and your local county health department.
- Develop or update emergency preparedness plans to address possible disruptions in learning and program operations. Your local licensing surveyor is available to provide technical assistance.
o Determine how to deal with high absentee rates among children and staff.
   o Identify critical functions and positions and plan for alternative coverage in
     the event of staff absences or closure.
   o Identify methods to communicate with staff and parents in the event of
     closure.

- Review your policies for the exclusion of sick children and staff. Caring for Our
  Children, National Health and Safety Performance Standards
  (https://nrckids.org/CFOC ) has information related to managing illnesses,
  including inclusion/exclusion guidelines. Established exclusion guidelines may
  need to be updated based on what is known about the symptoms and spread of
  COVID-19.
  o Make sure that parents of children in care and staff are aware and follow
    the policies.
  o Encourage parents to plan now in the event their child becomes sick. Sick
    children should not be taken to another child care program or other group
    setting, even temporarily.
  o Develop flexible sick leave policies that encourage staff to stay home
    when sick or when caring for sick family members.

- Review children’s files and update health assessments and contact information.
- Develop a communication plan with parents and staff in the event of a COVID-19
  case occurs in a staff or child.
- Make plans for the isolation and supervision of sick children until their parents
  can pick them up.
- Implement monitoring systems to track children and staff absences.
  o Understand the usual absenteeism patterns for your facility.
  o Alert your local health department about large increases in absenteeism
    due to respiratory illnesses.

Recommendations for Preventing the Introduction of COVID-19 INTO the Facility
Please review the CDC’s Supplemental Guidance for Child Care Programs that Remain

- 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.
- Post signs outside the entrance restricting entry to anyone with symptoms of
  illness/respiratory infection.
- 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).
- 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.
- Limit parents/guardians to one per child during drop-off and pick-up. Ideally, this should be the same individual each day.
- Work with parents/guardians to stagger drop-off and pick-up times to avoid overcrowding of children and parents/guardians in a confined spaces. If possible, greet parents at the door or outside.
- Screen children and staff daily before admittance for signs and symptoms of illness. Ask questions, observe for signs of illness, and check for fever. When checking temperatures, to the extent that you are able, do the following:
  o Perform hand hygiene.
  o Wear personal protective equipment (mask, eye protection, gown/coveralls and a single pair of disposable gloves).
  o 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.
- Individuals who have a fever or other signs of illness should not be admitted.
- Exclude individuals with history of COVID-19 exposure, including travel within the last 14 days in a state, county or country identified as a hot spot for COVID-19, and those showing signs of illness.
  o Children who are sick, with the typical reasons kids get sick (vomiting, rash, diarrhea, pink eye etc.) should be excluded in accordance with your policies.
- 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 meal times.
- Avoid over-crowded conditions. Encourage children to spread out during story and circle times.
• 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. 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:
  o Wearing an oversized, button-down, long sleeved shirt. Keep long hair up off the collar in a ponytail.
  o Washing their hands, neck and anywhere touched by a child's secretions.
  o 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.
  o Placing contaminated clothes a plastic bag until washing it in a washing machine. Providers, like children in care, should have multiple changes of clothing on hand.

  o 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, desks, chairs, cubbies, and playground structures.
  o 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.

• 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.
Recommendations for Child Care Facilities in Communities with Laboratory-Confirmed Cases of COVID-19 Infection

The guidance provided in this section is based on current knowledge of COVID-19. This guidance may be updated as additional information becomes available about the virus, how it spreads, and how severe it is.

If public health officials report that there are cases of COVID-19 in the community, child care facilities may need to take additional steps in response to prevent the spread in the facility. The first step is to talk to local public health officials.

Determine if, when, and for how long child care facilities may need to be closed.
- Licensees should work in close collaboration and coordination with local public health officials and the local licensing surveyor to make closure decisions. Facility closures may be recommended for 14 days or longer. The nature of these actions (geographic scope, facility type, and duration) may change as a local outbreak situation evolves.
  - Immediately notify the local health department and your local licensing surveyor if someone who is infected (child, staff or resident of family child care home) has been in the facility. The local health department will help determine a course of action for the facility.
  - Follow the instructions of local public health officials to determine when children and staff who are well but are sharing a home with someone with a case of COVID-19, should return to the facility.
  - Work with local public health officials to communicate about a possible COVID-19 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.
- When child care facilities are temporarily closed, children and staff should stay home—away from gatherings, crowds, and other social settings.
- 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.

More Information

KDHE Resources
- COVID-19 Resource Center
- Information Line 1-866-534-3463 (1-866-KDHEINF) Monday – Friday 8 am to 5 pm

CDC Resources
- Coronavirus Disease 2019 website
• Health Alert Network: Update and Interim Guidance on Outbreak of Coronavirus Disease 2019
• Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 Exposure in Travel-associated or Community Settings
• About Coronavirus Disease 2019 (COVID-19)
• What to Do If You Are Sick with COVID-19
• Interim Guidance for Persons Who May Have Coronavirus Disease 2019 (COVID-19) to Prevent Spread in Homes and Residential Communities
• Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020
• Coronavirus Disease 2019 Information for Travelers
• Do Your Part. Slow the Spread of Germs
• Don’t Spread Germs at Work
• Stay Home if You’re Sick
• Information on COVID-19: Pregnant Women and Children
• Guidance for People at Higher Risk for COVID-19
• Reducing Stigma and Promoting Resilience

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 and Safety in Child Care and Early Education
• Caring for Our Children: National Health and Safety Performance Standards for Early Care and Education Programs

Child Care Aware of America
• Coronavirus: How Does It Impact Child Care Providers and CCR&R’s?