

## Austin Public Health

# COVID-19 Recommendations for Child Care Programs

August 30, 2022

This document contains requirements and recommendations for child care programs located in the City of Austin and/or Travis County that are designed to minimize the risk of coronavirus transmission and help keep staff, children, and families safe.

Child care programs can use the recommendations in this document to draft or update the program's health and safety plan. Each program should have and implement a health and safety plan that explains how the program is operating to control and reduce the transmission of COVID-19 and other infectious diseases, such as flu, RSV, and norovirus. The plan should include everyday prevention strategies and additional strategies that can be added when the [COVID-19 Community Level](#) increases or when there is an outbreak in a class or program. An electronic or hard copy of this plan should be shared with staff, parents, and guardians, or be provided upon request.

Austin Public Health (APH) also encourages child care programs to also review the Centers of Disease Control's (CDC) [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#). Per the CDC, when selecting strategies to prioritize for implementation, layered prevention strategies that are most suitable for young children should be given special consideration. Young children were the last group to become eligible for vaccination against COVID-19. Young children may also have difficulty masking consistently and correctly, and children under age 2 should not wear masks. For these reasons, the CDC recommends child care programs consider the following layered prevention strategies first:

- Encouraging staff and others around young children to get vaccinated and boosted
- Improving ventilation
- Avoiding crowded spaces

Programs may consider added layers of prevention strategies at any COVID-19 Community Level based on child care program-specific context (e.g., availability of resources, health status of the children and staff, age of the population served, and rates of absenteeism) and community context (e.g., Community Level indicators, pediatric hospitalizations, or other local information).

APH recognizes that programs may face barriers to implementing certain prevention measures. APH urges programs to focus on the prevention measures they are able to implement to keep children safely learning, and staff and parents safely working.

The latest local information on COVID-19 can be found at this City of Austin web site: [www.austintexas.gov/covid19](http://www.austintexas.gov/covid19). The APH COVID-19 web page for child care providers is <https://www.austintexas.gov/page/child-care-providers>.

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## I. State-Mandated Requirements

### A. Reporting COVID-19 Cases to Austin Public Health

Per the Texas Department of State Health Services' (DSHS) [Communicable Disease Chart and Notes for Schools and Childcare Centers](#), programs must report COVID-19 cases APH. Report COVID-19 case(s) within your child care program to APH via the online form available at this link: [APH Child Care COVID-19 Case Reporting Form](#). Report new cases to APH immediately or within no more than 48 hours of being notified of cases. Please report cases using the form no more than once per day.

### B. Reporting COVID-19 Cases to Child Care Regulation

[Contact Child Care Regulation](#) to report the presence of COVID-19 in your facility within 48 hours of being notified of cases.

### C. Notification of COVID-19 Cases

When a laboratory-confirmed COVID-19 case has entered a program, [notify all parents in writing](#) within 48 hours of becoming aware that a child or employee has contracted an illness deemed notifiable by DSHS. Align this communication with the communication plan in your center's operational policies. You must maintain confidentiality of the child or employee. Programs may find it useful to use the CDC's General Case Notification Letter template available [here](#) for this purpose.

## II. Special Considerations

APH urges child care programs to especially consider health equity, populations most at risk for getting very sick from COVID-19, and mental health of children, staff, and families when developing plans for implementing the prevention strategies outlined in this document.

### A. Health Equity

Child care programs play critical roles in promoting [equity](#) in learning and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19; these disparities have also emerged among children. For this reason, health equity considerations related to the child care setting are a critical part of decision-making about COVID-19 prevention strategies. Child care programs should actively apply an equity lens to the creation, communication, and implementation of health and safety plans. Child care administrators can do this by demonstrating to the program's community that comprehensive prevention strategies are in place to keep children, staff, and families safe and provide supportive environments for in-person early care and education. Prevention strategies should not disproportionately affect any group of people. **The following are ways child care programs can promote health equity at all [COVID-19 Community Levels](#):**

- Ensure health and safety plans and all COVID-19 related education and communication is distributed and made readily available to staff and families in their primary language and in accessible formats for people with disabilities

- Consider reasonable adaptations and alternatives to prevention strategies when serving [people with disabilities](#), so as to protect their rights and access to safe in-person learning, while also maintaining efforts to protect all children and staff from COVID-19
- Consider prevention strategies that protect the needs of people in the child care program that are most at risk for getting very sick from COVID-19
- Use positive, rather than punitive, approaches to promoting behaviors that help prevent the spread of infectious diseases
- Ensure COVID-19 prevention resources are distributed evenly across program sites and that families and staff are given equal access to COVID-19 resources

## **B. At Risk Individuals**

As mentioned above, considering the needs of students and staff at higher risk for worse COVID-19 outcomes is a key part of promoting healthy equity. Some students and staff may need additional protections to ensure they can remain safely in the classroom. The CDC advises people who spend time indoors with individuals at risk for getting very sick with COVID-19 to consider taking extra precautions, like wearing a mask, even when the COVID-19 Community Level is not high.

**APH advises programs to share the following information with staff and families that they can consider when thinking about their own risk levels and prevention measures:**

- Per the CDC, some people are more likely than others to become severely ill if they get COVID-19, which means they are more likely to be hospitalized, need intensive care, require a ventilator to help them breathe, or die. Those people include [older adults](#), people with certain [medical conditions](#), and [pregnant and recently pregnant people](#). Programs can let staff and families know that they can use the [APH Risk Calculator](#) to determine their risk level for getting very sick from COVID-19.
- People at higher risk for severe illness should talk with their healthcare provider about how best to protect themselves from COVID-19. [Staying up to date with COVID-19 vaccines](#) (getting primary series and booster) and following [preventive measures for COVID-19](#) are important. This is especially important for people who are older as well as those who have severe health conditions or more than one health condition.
- People who are unvaccinated are at greater [risk of becoming infected with and dying from COVID-19](#) than those who are vaccinated. A [January 2022 CDC report](#) found that during the period of Delta and the emergence of the Omicron variant, those who were vaccinated and had received booster doses had the lowest risk of becoming infected or dying from COVID-19. A [July 2022 CDC report](#) showed that boosters (third and fourth vaccine doses) provide important additional protection against moderate and severe COVID-19 illness in all age groups.
- Those who are at high risk for severe illness and those who are unvaccinated can take the following steps to protect themselves:
  - Get vaccinated and boosted as soon as eligible
  - Wear a [well-fitting mask](#)
  - Test early when [symptomatic](#) or exposed to someone with COVID-19
- For people who test positive for COVID-19 and have [one or more health conditions](#) that increase their risk of severe illness, [treatment may be available](#) that could lower their chance of becoming very sick. These people are advised to contact a health professional right away after a

positive test to determine if they are eligible for treatment, even if symptoms are mild. Treatment must be started within the first few days to be effective.

### **C. Mental Health, Coping, and Resilience**

The National Academies of Sciences, Engineering, and Medicine note that during the pandemic, in particular:

“The socioemotional and mental health needs of students and families will need to be a high priority. While much attention has been paid in the media to potential learning losses and the negative consequences for academic achievement, the collective trauma of the pandemic should not be underestimated. Particularly in the communities hardest hit by COVID-19, children may have experienced the extreme illness or death of multiple close family members even as their families and communities are facing the stress of serious economic setbacks.”

It is important to recognize that staff and administrators may be experiencing the same types of trauma and stress, as well, and will also need support.

Child care programs can support the mental health of children, families, and staff by:

- Sharing with staff and families the CDC’s [COVID-19 Parental Resources Kit](#) which includes tips about supporting the mental health of children birth through age 5
- Recognizing that children, families, and staff may need extra support
- Encouraging staff and families to take breaks from watching, reading, or listening to the news, including social media, if they are feeling overwhelmed or distressed
- Encouraging staff and families to eat healthy, exercise, get enough sleep, spend time outdoors, and find time to unwind
- Encouraging staff, children, and families to talk with people they trust about their concerns and how they are feeling
- Sharing crisis support information with staff and families available on the CDC [Coping with Stress](#) website
- Sharing the information in the [Suicide Prevention flier from Integral Care](#) with staff and families. The flier includes signs to look out for that indicate someone may be thinking about suicide and ways people can help.
- Making information about mental health supports such as the following readily, regularly, and widely available to students, staff, and families:
  - [Integral Care’s 24/7 HELPLINE](#) at 512-472-HELP (4357) for immediate support in a mental health crisis from a mental health professional.
  - Based on the nature of the call, hotline staff can direct callers (whether students, school staff, or parents) on the appropriate crisis services, including dispatching our mobile crisis intake team. Helpline staff can also help callers get appointments.
  - Call 9-1-1 and ask for a mental health officer
  - [Texas HHSC COVID-19 Mental Health Support Line](#) at 833-986-1919 to speak with a mental health professional for help dealing with stress, anxiety, depression, grief, or worry – Available 24/7
  - [988 Suicide and Crisis Lifeline](#): 988 is the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline
  - [National Suicide Prevention Lifeline](#): 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#)
  - [National Domestic Violence Hotline](#): 1-800-799-7233 or text LOVEIS to 22522
  - [National Child Abuse Hotline](#): 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453

- [National Sexual Assault Hotline](#): 1-800-656-HOPE (4673) or [Online Chat](#)
- [Veteran's Crisis Line](#): 1-800-273-TALK (8255) or [Crisis Chat](#) or text: 8388255
- [Disaster Distress Helpline](#): CALL or TEXT 1-800-985-5990 (press 2 for Spanish).
- [The Eldercare Locator](#): 1-800-677-1116 – [TTY Instructions](#)

It is also important to consider that some children, staff, or families may be experiencing stigma related to COVID-19. Stigma could come in many forms. In a school setting, some examples could be a child being teased or bullied because people think they may have COVID, for having COVID, or for taking preventive measures like wearing a mask.

Stigma can negatively affect the emotional, mental, and physical health of stigmatized groups and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public embarrassment. Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in their communities. Stopping stigma is important to making all communities and community members safer and healthier.

Child care programs should actively work to prevent and address stigma related to COVID-19 and educate staff and families by:

- Correcting negative language that can cause stigma by sharing accurate information about how the virus spreads
- Helping connect staff and families who have experienced stigma or discrimination with mental health or other social support services
- Maintaining the privacy and confidentiality of people with a confirmed or suspected case of COVID-19

### III. Prevention Strategies

#### A. Summary of the Strategies in this Document

**Everyday prevention strategies-** These are strategies child care programs should implement throughout the school year and at all COVID-19 Community Levels, to prevent the spread of infectious diseases, such as COVID-19, the flu, common colds, and monkeypox.

**Additional strategies-** These are strategies programs should implement when the COVID-19 Community Level is high or there is an outbreak. These strategies may be implemented at any Community Level; however, these strategies are *strongly recommended* when the Community Level is high.

##### Everyday Strategies

*(Click on the hyperlinks to go to the corresponding section within this document.)*

1. Offer clear, consistent, and accessible COVID-19 [prevention messages to your child care community](#).
2. [Support family and staff decisions to mask](#).
3. Encourage people who were recently exposed to COVID-19, have COVID-19, or have symptoms to [wear a mask for the period of time recommended by the CDC](#).
4. Encourage and support staff and students to follow the latest recommendations for people who have been [exposed to COVID-19](#).
5. Encourage and support adherence to [isolation](#) guidance for people who have [symptoms](#) of COVID-19 or have tested positive.
6. Send out timely [COVID-19 case notifications](#) to families and staff.
7. [Report COVID-19 cases](#).
8. [Provide testing resources and information](#) to families and staff.
9. [Promote COVID-19 vaccination](#) and staying [up to date](#) on routine immunizations to families and staff.
10. Improve ventilation systems to [increase indoor air quality](#).
11. [Clean and disinfect surfaces](#).
12. [Promote handwashing](#) and [covering coughs and sneezes](#).

##### Additional Strategies

1. Require everyone ages 2+, regardless of vaccination status, to [wear a well-fitting mask](#) indoors.
2. Implement [screening testing](#), especially at the return from breaks.
3. [Utilize outdoor spaces](#). Bring outdoor air into the school building and on transportation by opening windows and/or doors when safe to do so.
4. [Cancel or postpone field trips](#).

## B. Messaging to Families and Staff

It is strongly recommended that throughout the year, child care programs clearly communicate to parents, guardians, and staff the following:

- COVID-19 is still present in our community, and COVID-19 prevention measures will continue to be in place. Here is what you need to know about CDC's [COVID-19 Community Levels guidance](#).
- Our programs COVID-19 operational plans are subject to change based on how the COVID-19 situation evolves.
- [Vaccines are widely available](#). The more eligible children, staff, and families who get vaccinated and boosted, the less interruptions and COVID-19 illness there will be in the program.
- Students, families, and staff can play an important role in helping prevent diseases, including COVID-19, from entering the program by:
  - Screening daily at home for signs and symptoms of [influenza](#) (flu) or [COVID-19](#)
  - Staying home and contacting your healthcare provider if you have any [symptoms](#) of infectious illness
  - Getting tested if you have any [symptoms](#) of COVID-19
  - Notifying the program right away of a COVID-19 positive test result
- Children and staff should stay home (isolate) if they test positive for COVID-19 or have symptoms of COVID-19. Staff who stay home because they are sick will not be penalized for doing so.
- We will notify you if your child was potentially exposed to someone who has COVID-19. This could be by a phone call, email, or letter home.
- Staff and families of children who have been [exposed to someone with COVID-19](#) do not need to quarantine. The Centers for Disease Control recommends people exposed to COVID-19 wear a mask around others for 10 days following the time of exposure, monitor for symptoms, and get tested.
- Anyone may choose to wear a mask at any [COVID-19 Community Level](#).



This poster is available in English and Spanish on the [CDC website](#).

When crafting COVID-19 messages for students, families, and staff, schools are encouraged to:

- Consider how messaging may be interpreted by people of different backgrounds and cultures, such as by immigrant families, for example;
- Provide vital messaging about COVID-19 to families and staff in their native languages and in accessible formats for people with disabilities; and
- Communicate messages through multiple modes of communication (text, email, website, social media, paper handouts, etc.).



## C. Masks

APH's recommendations for masking in schools are informed by the [CDC's Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) and Austin's [COVID-19 risk-based guidelines](#). In general, people do not need to wear masks when outdoors. The recommendations are as follows:

1. **People with [symptoms](#), a positive test, or exposure to someone with COVID-19 should wear a [well-fitting mask](#) that covers their nose and mouth for 10 full days any time they are around others** inside their home or in public (regardless of whether they are vaccinated or have recently had COVID-19), [per CDC](#). They should not go to places where they are unable to wear a mask.
2. **Child care programs are strongly urged to require that everyone ages 2 and older, regardless of vaccination status, wear a [well-fitting mask](#) indoors when the [COVID-19 Community Level](#) is high.** (Child care programs that are restricted from requiring masks are urged to strongly recommend that everyone ages 2 and older, regardless of vaccination status, wear a well-fitting mask indoors when the [COVID-19 Community Level](#) is high.) This would apply to all staff, children ages 2+, parents and guardians, volunteers, and visitors.
3. **Programs should consider having people ages 2+ mask if they develop symptoms at the program or they are supervising a child with symptoms who is isolating until they can be taken home.**
4. **Programs experiencing a COVID-19 outbreak should consider having people ages 2+ mask indoors.**
5. **Child care programs may choose to require that people wear masks indoors at any COVID-19 Community Level depending on their community's needs. APH supports the decisions of these programs.** For example, some children, such as those with disabilities, may be at risk for getting very sick with COVID-19. Having people in their classroom wear masks indoors could help ensure they can safely remain in the classroom.
6. **Programs should support individual staff and family decisions to mask, even if not required.**
  - a. Model and teach respect for individual choices regarding masking. Make clear that bullying of individuals for their personal choices about masking will not be tolerated.
  - b. Keep in mind that there are many reasons people may choose to continue to mask when the community level is low or medium. The American Academy of Pediatrics (AAP) provides a [list of considerations for families](#) when deciding whether their child should mask. These factors include:
    - If their child is immunocompromised and may not have a protective immune response to the COVID-19 vaccine, or is at high risk for severe COVID-19 illness
    - If other members of their family are at higher risk of severe disease or are not immunized
    - If the [COVID-19 Community Level](#) is high

Refer to the CDC guidance on the [Use and Care of Masks](#) and on [Types of Masks and Respirators](#) for more information on when and how to wear masks. Note that **face coverings should not be worn by:**

- Children younger than 2 years old

- [A person with a disability](#) who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the American with Disabilities Act (42 U.S.C. 12101 et seq.)
- Children who are sleeping
- Anyone participating in activities where the mask could get wet, like swimming or water play

Also note that [vinyl and non-breathable materials are generally not recommended for masks](#). However, as an exception to that general guidance, staff who interact with young children could consider wearing a clear mask or cloth mask with a clear panel for ease of lip-reading and to facilitate learning and social and emotional development.

Masking Recommendations by COVID-19 Community Level	
<b>ALL COMMUNITY LEVELS</b>	<p>Child care programs are strongly urged to require people ages 2 and up, regardless of vaccination status, wear a mask if:</p> <ul style="list-style-type: none"> <li>• They develop symptoms while at the program</li> <li>• They are supervising a child with symptoms who is isolating until they can be taken home</li> <li>• They are returning from COVID-19 isolation; or</li> <li>• They have been exposed to someone with COVID-19.</li> </ul> <p>Programs may consider requiring masking based on setting-specific context, such as:</p> <ul style="list-style-type: none"> <li>• If the program or classroom serves children more at risk for getting very sick from COVID-19, or</li> <li>• If the program or classroom is experiencing an outbreak.</li> </ul>
<b>HIGH</b>	<ul style="list-style-type: none"> <li>• Child care programs are strongly urged to require that everyone ages 2 and up, regardless of vaccination status, wear a mask indoors.</li> </ul>

## D. Isolation and Exposure

### Definitions

**Isolation:** [Isolation](#) is used to separate people infected with COVID-19 from those who are not infected. People who are in isolation should stay home until it's safe for them to be around others.

**Exposed:** A person may be [exposed](#) to the virus that causes COVID-19 if they come into contact with someone diagnosed with COVID-19 during this time period – anytime starting two days before the person with COVID-19 developed symptoms or tested positive for COVID-19 (if they had no symptoms) through the end of the sick person's isolation period.

[Exposed people](#) should monitor their health, wear a mask, get tested, and stay away from people more at risk for getting very sick from COVID-19. These precautions help prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

**For detailed guidance on isolation (for people who have COVID) and what to do if someone is exposed to COVID-19, refer to the “Austin Public Health Isolation & Exposure Guidance for Pre-K through 12th Grade Schools & Child Care Programs” on the COVID-19 web page for child care providers – <https://www.austintexas.gov/page/child-care-providers>. That guidance document details who needs to isolate (and for how long) and who needs to mask (and for how long). The guidance is based on CDC guidance for [isolation if sick](#) and guidance for [what to do if exposed](#), as well as the “Communicable Disease Chart and Notes for Schools and Childcare Centers” from the Texas Department of State Health Services, available [here](#).**

**APH strongly urges child care programs to adopt policies that are supportive of staff who may need to be absent because they have or are suspected to have COVID-19.** Programs are encouraged to allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level. Employers should ensure that workers are aware of and understand these policies.

**Child care programs should inform people who might have been exposed to someone with COVID-19 of their potential exposure and the precautions they should take to remain safe and reduce transmission.** Timely notification to all staff and families of children in a classroom or cohort with a potential exposure could include a phone call, email, or letter. [See the next section for information on notifying staff and families about COVID-19 cases.](#)

For questions about COVID-19 exposures or cases, child care providers can contact APH by email at [ChildCareInfo@austintexas.gov](mailto:ChildCareInfo@austintexas.gov) or call the APH nurse line at 512-972-5560.

#### **Examples of exposures in the child care setting \***

- **People who ate indoors at the same table as someone with COVID-19**
- **Children who played at the same center or table as someone with COVID-19**
- **Children and staff who sat near the infected person during circle time**
- **Children who napped close to the infected person**
- **People who shared eating or drinking utensils with someone with COVID-19**
- **People who were sneezed on, coughed on, or somehow got respiratory droplets from the sick person on them**

**\* These are examples of exposures, regardless of whether masks were worn or whether or not the infected person had symptoms.**

### **E. Notifications to Families and Staff**

In the event a person who has been in the program is found to have COVID-19, child care programs should be prepared to identify who may have been exposed to the person with COVID-19. In addition to the requirement that programs notify all families in writing within 48 hours of learning of a case in the program (see the [State-Mandated Requirements section](#)), APH also strongly recommends that programs notify exposed staff and the exposed children’s families right away.

Notification of exposure helps staff and families aware of steps they can take to protect themselves and others from getting sick, such monitoring for symptoms, masking, testing, and avoiding being around people at higher risk for getting very sick from COVID-19.

APH recommends that child care programs include information on the following topics in notifications to families and staff:

- Any relevant program policies
- Monitoring for [symptoms](#)
- [Testing options](#) in the community
- Latest [recommendations for people exposed](#)
- Latest [APH recommendations on isolation](#) and [treatment](#)
- [Vaccine options](#) in the community

Programs may use the CDC's [customizable letter templates](#) for notification of a COVID-19 case.

## F. Testing

It can be helpful for child care programs to keep a supply of rapid tests on hand, if possible, to offer to staff or families who need them, such as those who have COVID-19 symptoms or have been recently exposed to someone with COVID-19. A program may also provide tests for staff and families to use if the program is doing screening testing (see more about screening testing below).

Whether or not a program provides tests for staff and families to use, child care programs are urged to share information with staff and families about how they can obtain tests for themselves. (See the Testing Resources section below for more information.) APH has created flowcharts for child care programs to use to help determine when a child or staff member can return to the program based on their COVID-19 test results and whether the individual has symptoms. The "Flow Charts with Guidance on Return to School for Individuals Given a PCR or Rapid Antigen Test" can be found on the [APH Child Care Providers webpage](#).

More information about testing of people with symptoms, testing of close contacts, testing resources, and screening testing follows.

### Testing symptomatic individuals

Child care programs should recommend anyone with COVID-like symptoms get tested, even if they are vaccinated and/or have had COVID-19 before. **Testing people who have COVID-like symptoms can help prevent possible spread of COVID-19, especially if key prevention strategies of masking and distancing are not in use.**

### Testing people exposed to COVID-19

Child care programs should [recommend exposed people seek a viral COVID-19 test](#) (PCR or rapid antigen). Per the CDC, regardless of their vaccination status, people who have a known exposure to someone with suspected or confirmed COVID-19 should [get tested on day 6 after last exposure](#). (Day 0 is the last day of exposure to someone with COVID-19.) If the person has had COVID-19 within the past 90 days, see these [specific testing recommendations](#).

## Testing Resources

Encourage staff and families to test right away if they have symptoms of COVID-19. Urge those who have been in close contact with suspected or confirmed COVID-19 to be tested 5 days or more after close contact. Share the following information about COVID-19 testing resources with staff and families:

- Testing is available at private [sites around Austin](#), including pharmacies, hospitals, and urgent care centers. Those who have private insurance should contact their doctor’s office or insurer for assessment and testing options.
- At-home tests can be purchased in pharmacies and retail stores or online. Some private health insurance plans will cover the full cost of purchasing at-home tests. Ask at the pharmacy or check with your health insurance provider.
- APH offers in-home testing throughout Travis County. In-home testing is ideal for anyone with mobility issues, or those lacking transportation within the Austin-Travis County area. To sign up for a home test, please call the nurse hotline at 512-972-5560, where they will walk through an assessment and then help schedule a home test.

### Screening Testing

[Screening testing](#) is a prevention strategy [child care programs with access to tests can consider implementing](#) based on the [COVID-19 Community Level](#). If used, screening testing should be conducted among **both vaccinated and unvaccinated** children and staff to identify infected people who do not have COVID-19 symptoms or a known COVID-19 exposure.

Programs interested in conducting screening testing can reach out to APH to learn more about testing resource options that may be available to child care programs. One resource available through December 2022 is the CDC’s Operation Expanded Testing (OpET) Program. Learn more about the program [here](#).

Screening Testing Strategy Based on COVID-19 Community Level	
<b>LOW</b>	<ul style="list-style-type: none"> <li>• In response to outbreaks</li> </ul>
<b>MEDIUM</b>	<ul style="list-style-type: none"> <li>• In response to outbreaks</li> <li>• If the program serves children more at risk for getting very sick from COVID</li> </ul>
<b>HIGH</b>	<ul style="list-style-type: none"> <li>• In response to outbreaks</li> <li>• If the program serves children more at risk for getting very sick from COVID</li> <li>• At key times of the year, such as               <ul style="list-style-type: none"> <li>○ Before and after large events</li> <li>○ Return from breaks</li> </ul> </li> </ul>

Child care programs do not need to require a negative test result for children or staff to return to the program after breaks. However, staff and families should be encouraged to follow CDC testing recommendations related to [domestic](#) and [international](#) travel.

Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect privacy. Consistent with state legal requirements and [Family Educational Rights and Privacy Act \(FERPA\)](#), ECE programs should obtain parental consent for testing children.

Programs doing screening testing may want to adapt some of the materials provided in a CDC [communication toolkit](#) to help inform families about COVID-19 testing programs. The toolkit includes customizable letters explaining testing to parents and staff.

## G. Promoting Vaccination

For COVID-19, staying [up to date](#) with [COVID-19 vaccinations](#) is the leading public health strategy to prevent getting very sick, being hospitalized, or dying. When infections occur among vaccinated people, they tend to be milder than among those who are unvaccinated.

When promoting COVID-19 vaccination, keep in mind that some communities and groups have been more affected by COVID-19 illness, hospitalizations, and death than others. Some communities might have had experiences that affect their trust and confidence in the healthcare system. Staff and families may differ in their level of vaccine trust.



Child care programs are urged to [promote COVID-19 vaccinations](#) among staff, current families, and families who are enrolling new children in your program.

The following are ways child care programs can promote vaccines:

1. Let staff and families know that the CDC recommends COVID-19 vaccines for everyone 6 months and older, and boosters, if eligible.
2. Encourage parents to talk to their child’s pediatrician about the COVID-19 vaccine.

3. Partner with Austin Public Health to host a vaccine event at your child care program for staff and families.

- To host a **vaccine information session**, complete [this questionnaire](#). APH health educators will provide information about the safety, efficacy, and benefits of COVID-19 vaccines and answer questions.
- To host a **pop-up vaccination clinic**, complete [this questionnaire](#).



4. Share fact-based information with staff and families about COVID-19 and the benefits, safety, and efficacy of COVID-19 vaccines. Use information from evidence-based sources. Provide information in the languages spoken by the population you serve and in accessible formats for people with disabilities. The following is key information you can provide to staff and families

about COVID-19 vaccines:

- Per the CDC, both children and adults can get infected with COVID-19, get very sick, suffer short- and long-term health problems from COVID-19, and spread COVID-19 to others.
- COVID-19 vaccines are safe, effective, and free. The vaccines help prevent children and adults from getting very sick, being hospitalized, or dying from COVID-19.
- As with other routine vaccines, [side effects](#) may occur after vaccination. These are normal signs that their body is building protection and should go away within a few days.
- COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. [People who are pregnant or were recently pregnant](#) are more likely to get very sick from COVID-19 compared to people who are not pregnant. People who have COVID-19 during pregnancy are at increased risk of complications that can affect the pregnancy and the developing baby.

For more information to share with families, visit and share these CDC web pages:

- [Frequently Asked Questions about COVID-19 Vaccination](#)
- [6 Things to Know about COVID-19 Vaccination for Children](#)
- [COVID-19 Vaccines for Children and Teens](#)
- [Resources to Promote the COVID-19 Vaccine for Children & Teens](#) (this link includes social media graphics, posters, videos, and a customizable parent letter)

**5. Let staff and families know where they can get vaccinated against COVID-19.**

Encourage families to get their child vaccinated at the pediatrician's office or to find other vaccination locations by:

- Visiting [vaccines.gov](#) ([vacunas.gov](#) for Spanish) or <http://austintexas.gov/covid19-vaccines>
- Texting your ZIP code to 438829 (822862 for Spanish)
- Calling 1-800-232-0233

**6. Establish policies that make getting vaccinated as easy and convenient as possible for staff.** See CDC's [Workplace Vaccination Program](#) for steps employers can take to increase COVID-19 vaccination among workers. Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees and their family members to get vaccinated and for staff who have side effects after vaccination. See CDC's [Post-Vaccination Considerations for Workplaces](#) for more information.

**7. Remind families that children should get all [routine vaccinations](#)** to help protect themselves and others from [vaccine-preventable diseases](#) in addition to regular well-child visits and preventive screenings, such as screening for autism and [lead poisoning](#). Remind staff and families about [routine vaccinations for adults](#).

## H. Ventilation

Per the CDC, [improving ventilation can help reduce the spread of COVID-19 and offer other health benefits](#), like reduced allergy symptoms. In addition to improving indoor air quality, we know that the risk of COVID-19 transmission is less outdoors than indoors. For these reasons, APH encourages schools to: 1) improve indoor air quality at all COVID-19 Community Levels, and 2) to hold more activities outdoors when the COVID-19 Community Level is high.

**To optimize ventilation and improve indoor air quality, programs can:**

- Repair, upgrade, or replace Heating, Ventilation, and Air Conditioning (HVAC) systems
- Use portable air cleaners with HEPA filters
- Safely open doors and windows with screens to bring fresh outdoor air in
- Use child-safe fans to increase the effectiveness of open windows
- Use the CDC's [Interactive School Ventilation Tool](#) to learn how your program can optimize ventilation to reduce virus particles in classrooms



While implementing ventilation strategies, be sure to continue to take regular precautions to keep young children safe, such as using fans with covers and windows with screens.

APH encourages child care programs to use any emergency relief and grant funding available to support ventilation system improvements.

The [CDC has found](#) that schools can reduce COVID-19 transmission by improving ventilation through:

- **Dilution methods** (opening doors, opening windows, and using fans to improve circulation from open windows);
- **Filtration methods** (installation of high-efficiency particulate absorbing [HEPA] filters); and
- **Purification methods** (installation of ultraviolet germicidal irradiation [UVGI] units, installed in upper room areas and shielded from persons or installed in the heating, ventilation, and air conditioning [HVAC] system). Purification strategies should be considered in rooms that are difficult to ventilate or have an increased likelihood of being occupied by persons with COVID-19 (e.g., nurse's office).

A [CDC study](#) published May 21, 2021, found, "In schools that improved ventilation through dilution methods alone, COVID-19 incidence was 35% lower, whereas in schools that combined dilution methods with filtration, incidence was 48% lower."

For more information about ventilation, visit the CDC's [Ventilation in Schools and Child Care Programs](#) and [Ventilation FAQs](#). The Environmental Protection Agency's (EPA) [Clean Air in Buildings Challenge](#) also details specific steps schools and other buildings can take to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants.



## I. Cleaning and Disinfecting

According to the CDC, in most situations, the [risk of COVID-19 infection from touching a surface is low](#). However, cleaning and disinfecting surfaces is an important everyday strategy to prevent the spread of infectious diseases.

APH, [in alignment with the CDC](#), recommends child care programs do the following:

- Clean indoor surfaces and objects routinely with soap (or detergent) and water at least once a day to reduce the risk of spreading germs by touching surfaces.
- Not every surface needs to be disinfected every time it is cleaned. Prioritize disinfecting surfaces that a sick person has touched.
- Clean AND disinfect spaces where a sick person or someone who tested positive for COVID-19 has been within the last 24 hours.
- Do not use disinfection products near children or allow children to use these products.

## J. Hand Hygiene and Respiratory Etiquette

[Handwashing](#) at key times (such as before and after eating and after playing outside) and covering [coughs and sneezes](#) are important everyday actions people can take to reduce the risk of spreading viruses.

To establish a culture of hand hygiene and respiratory etiquette, programs should:

- Continue to teach and reinforce regular handwashing with soap and water for at least 20 seconds
- Build time into daily routines for children and staff to wash hands
- Use visual cues to promote handwashing and covering coughs and sneezes throughout the program

This poster to the right and others like it from the CDC are available to print in multiple languages [here](#).



Programs should make hand sanitizer with at least 60% alcohol available for use when soap and water are not available. Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

## IV. Recommendations for Specific Situations

### A. When Someone Develops Symptoms while at Child Care

Follow these steps when someone develops [symptoms](#) while at the child care program:

- Sick people should be moved to an area where they can isolate until they go home.
- If the symptomatic child or staff member is not already wearing one, provide them with a mask as soon as possible. Any individual supervising or caring for a symptomatic person should also wear a mask. If multiple ill people must be placed in the same isolation area, ensure they wear masks and stay at least 6 feet apart.

- Administer a COVID-19 test, provide an at-home COVID-19 test, or give information about [where to get tested](#) to the sick staff member or the parent/guardian that picks up sick child(ren).
- Provide the sick staff member or family of the sick child with information about isolation and [treatment](#). (Refer to [Isolation and Exposure section](#) for more information.)
- [Clean and disinfect areas](#) that the sick individual(s) occupied.

**COVID-19 symptoms may appear 2-14 days after exposure to the virus. Symptoms can be mild to severe. People with these symptoms may have COVID-19:**

<b>Fever</b>	<b>Headache</b>
<b>Chills</b>	<b>New loss of taste or smell</b>
<b>Cough</b>	<b>Sore throat</b>
<b>Shortness of breath or difficulty breathing</b>	<b>Congestion or runny nose</b>
<b>Fatigue</b>	<b>Nausea or vomiting</b>
<b>Muscle or body aches</b>	<b>Diarrhea</b>

## **B. Meals and Snacks**

Everyday strategies to prevent the spread of infectious disease should be used during snack and mealtimes. For example, programs should monitor and reinforce handwashing before and after eating.

Programs should consider using additional prevention strategies during meals and snacks when the COVID-19 Community Level is high and when there is an outbreak in a class, cohort, or program. These strategies could include:

- Eating outdoors
- Bringing in fresh outdoor air by safely opening doors and windows
- Using portable air cleaners
- Increasing distance between people who are eating

### C. Field Trips and Transportation

Ahead of field trips, **remind parents and staff that people who are sick should stay home.**

The CDC no longer requires that people wear masks on buses or vans operated by child care programs. But, child care programs may choose to require that people wear masks on buses or vans at any [COVID-19 Community Level](#) community level to help prevent the spread of COVID-19.

To improve ventilation and air circulation, APH recommends that programs **open or crack windows in buses and other forms of transportation** if doing so does not pose a safety risk. Programs may choose to do this at any COVID-19 Community Level.



Opening vehicle windows even a little bit can improve ventilation.

**When the COVID-19 Community Level in Austin-Travis County is high, APH strongly recommends that child care programs suspend all field trips and not host large events or gatherings. Postpone trips to other counties that have a high COVID-19 community level.**

### D. Communication with Pre-K through 12<sup>th</sup> Grade Schools

APH recommends that child care programs that operate on Pre-K through 12<sup>th</sup> grade school campuses and those that provide afterschool care for school-age children, develop and maintain close communication with the campus(es) COVID-19 point of contact. Strong communication between child care programs and school campuses about student cases and exposures related to COVID-19 and other infectious diseases can inform operational decisions that could help prevent COVID-19 transmission.

APH strongly encourages child care programs and schools to work together to create a communication protocol to:

- Let each other know if students develop [symptoms](#) and must leave school or the afterschool program early
- Share information about closures of child care programs, afterschool programs, or classes due to COVID-19
- Coordinate about who is reporting cases of COVID-19 among school-age children to Austin Public Health (for child care programs affiliated with Pre-K through 12<sup>th</sup> grade schools)
- Quickly identify close contacts of COVID-19 infected individuals
- Inform families, in a timely manner, if their child is exposed to COVID-19 and what precautions to take

### E. Enrolling New Children in Care

APH recommends that child care programs use the “Health Screening Questions for Newly Enrolling Children” form in **Appendix A** when enrolling a new child in the program. This form provides programs with information on the child’s COVID-19 symptom and exposure status. Using this form can help make new families aware of the program’s expectations about people who have COVID-like symptoms or have been exposed to someone with COVID-19. If a family answers “yes” to one or both of the questions, provide the latest isolation and exposure recommendations to the family, along with the child care program’s policies on masking and when the child can begin care if they are sick or have symptoms.

## **Appendix A**

### **Health Screening Questions for Newly Enrolling Children**

Austin Public Health recommends that child care programs use this form when enrolling a new child in the program. Using this form can help make new families aware of the program's expectations about people who have COVID-like symptoms or have been exposed to someone with COVID-19.

## Health Screening Questions for Newly Enrolling Children

(Updated 8/30/2022)

Austin Public Health recommends that this document be completed for each child being newly enrolled in care with a licensed, registered, or listed child care program located in the City of Austin and/or in Travis County to help mitigate the spread of COVID-19.

1. Does the child you are enrolling currently have any signs or symptoms of COVID-19, such as 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, and/or diarrhea?

- Yes  
 No

2. During the last 10 days, has the child been exposed to someone who has COVID-19?

- Yes  
 No

By signing and dating below, I verify that the above information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_