

Austin Public Health COVID-19 Recommendations for Child Care Programs

Last updated: March 29, 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.

Austin Public Health (APH) strongly encourages child care programs to also follow guidance and recommendations issued by the Centers of Disease Control's (CDC) in the [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#). The CDC recommends using multiple or layered COVID-19 prevention strategies remains critical to protect people, including children and ECE staff, especially in areas of moderate-to-high [community transmission levels](#).

The latest local information on COVID-19 can be found at this City of Austin web site: www.austintexas.gov/covid19.

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I. State-Mandated Requirements

A. Reporting COVID-19 Cases to Austin Public Health

You must 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 within 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 and 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.

II. Recommended Prevention and Mitigation Measures

Using multiple or layered COVID-19 prevention strategies remains critical to protect people, including children and child care program staff, especially in areas of moderate-to-high [community transmission levels](#). Note, in addition to the measures highlighted in this document, the CDC's [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#), also provides information on the following topics:

- [Physical distancing and cohorting](#)
- [Handwashing and respiratory etiquette](#)
- [Cleaning and disinfecting](#)

A. Masks

1. **People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a well-fitted mask 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 age 2+, parents and guardians, volunteers, and visitors.

The CDC notes that to facilitate learning and social and emotional development, child care programs could consider having staff wear a clear mask or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips. Generally, [vinyl and non-breathable materials are not recommended for masks](#). However, for ease of lip-reading, this is an exception to that

general guidance.

3. **Child care programs at their discretion may choose to require that people wear masks indoors when the community level is not high based on the program’s circumstances and APH supports the decisions of these programs.**
4. **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 2, 3, or 4 years old and currently ineligible for COVID-19 vaccine
 - 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 their child is not immunized
 - If other members of their family are at higher risk of severe disease or are not immunized
 - If they live in a community with “high” COVID-19 transmission
5. Face coverings should not be worn by:
 - a. Children younger than 2 years old
 - b. [A person with a disability](#) who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*)
 - c. Children who are sleeping
 - d. Anyone participating in activities where the mask could get wet, like swimming or water play
6. Refer to the CDC guidance on the [Use and Care of Masks](#) and on [Types of Masks and Respirators](#) for more information.
7. Per the CDC, in general, people do not need to wear masks when outdoors.
8. The CDC no longer requires that people wear masks on buses or vans operated by public or private school systems, including early care and education/child care programs. Child care programs at their discretion may choose to require that people wear masks on buses or vans.

B. Quarantine and Isolation

For detailed guidance on quarantine and isolation, refer to “Austin Public Health Quarantine and Isolation Guidance for Child Care Programs” and the “How Long to Quarantine: Information for Child Care & Pre-K – 12th Grade Schools” flow chart posted on the [APH COVID-19 web page for child care providers](#). This guidance document provides details on who in a child care program needs to isolate or quarantine and for how long as well.

You can also refer to the sections on [Staying home when sick \(isolating\) and getting tested](#) and [Contact tracing in combination with quarantine](#) in the CDC’s [COVID-19 Guidance for Operating Early Care and](#)

[Education/Child Care Programs](#) contains.

COVID-19 symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. 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

Communicate to staff and families that if they have COVID-like symptoms they should stay home. Encourage anyone exhibiting new or worsening [symptoms](#) of possible COVID-19 to seek a COVID-19 test (rapid antigen or PCR).

For questions about COVID-19 exposures or cases in child care programs, you may contact APH by email at ChildCareInfo@austintexas.gov or call the APH nurse line at 512-972-5560.

C. Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to these CDC web pages:

- [Ventilation in Schools and Child Care Programs](#)
- [Ventilation FAQs](#)
- [Improving Ventilation in Your Home](#)

D. Testing

1. Testing of symptomatic Individuals

Anyone with [COVID-like symptoms](#) should get tested, regardless of vaccination status or prior infection. If a staff member or child is exhibiting symptoms of COVID-19, the child care program should recommend the symptomatic person be tested. Per the CDC, “Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread, especially if key prevention strategies of masking, distancing, and cohorting are not in use.” Offer referrals for viral testing (PCR or rapid antigen) if needed. 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 COVID-](#)

[10 Testing Guidance for Schools and Child Care](#)” can be found on the [APH Child Care Providers webpage](#). If a child in care or staff member gets tested because they have symptoms or were potentially exposed to the virus, they should stay away from others pending test results and follow the advice of their health care provider.

2. Testing of close contacts

Programs should [recommend close contacts seek a viral COVID-19 test](#) (PCR or rapid antigen). Per the CDC, people, regardless of vaccination status, who have a known exposure to someone with suspected or confirmed COVID-19 should [get tested at least 5 days after exposure](#). (Note: If a close contact has had COVID-19 in the last 90 days, they do not need to test unless they develop symptoms.) [Per CDC](#), people who have been exposed to someone with COVID-19 should wear a well-fitted mask 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). They should not go to places where they are unable to wear a mask.

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 last close contact. Share the following information about COVID-19 testing resources with staff and families:

- **Free at-home COVID-19 tests are now [available to order](#) from the federal government.** Every home in the U.S. is eligible to order 2 sets of 4 free at-home tests. If you already ordered your first set, order a second today. Visit <https://www.covidtests.gov/> to place an order or call 1-800-232-0233 (TTY 1-888-720-7489).
- **Testing is also 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.
- **Austin Public Health offers free testing.** Visit <https://www.austintexas.gov/covid-testinfo> for hours and site address. Walk-ups are welcome or you can save time on-site and confirm test availability for a given day by [registering/scheduling your appointment online](#).
- **APH offers in-home testing throughout Travis County.** In-home testing is ideal for anyone with mobility issues, underlying health 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 you through an assessment and then help schedule a home test.

3. Screening Testing

The CDC also highlights [screening testing](#) as a key prevention strategy early care and education (ECE) programs that have access to COVID-19 tests can consider implementing. As the CDC explains, “Screening testing identifies infected people, including those with or without symptoms who may be contagious, so that measures can be taken to prevent further transmission. In ECE programs, screening testing can help promptly identify and [isolate](#) cases, [quarantine](#) those who may have been exposed to

SARS-CoV-2 and are not [up-to-date](#) with COVID-19 vaccines or not eligible for vaccination, and identify clusters to reduce the risk to in-person education.” The CDC notes that, “[Screening testing](#) may be most valuable in areas with [moderate-to-high community transmission levels](#), in areas with low vaccination coverage, and in ECE programs where other prevention strategies are not implemented.”

Child care programs might choose to provide screening testing for the following reasons:

- To help evaluate and adjust prevention strategies
- To provide an additional layer of protection from COVID-19, especially for programs that are not able to provide optimal physical distance between children

The CDC provides the following screening testing implementation guidance to ECE programs:

- At a minimum, screening testing should be offered at any [level of community transmission](#) and to all staff who [are not up-to-date with COVID-19 vaccines](#) to help interrupt transmission.
- To be most effective, the screening program should test at least once per week, and report results within 24 hours.
- Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect staff privacy.

Child care programs may want to adapt some of the materials provided in the [communication toolkit](#) the CDC created to help schools promote COVID-19 testing programs and encourage participation. The toolkit includes customizable letters explaining testing to parents and staff.

E. Meals and Snacks

The CDC offers the following guidance to child care programs on meals and snacks:

1. Maximize physical distance as much as possible between people who are not [up to date on COVID-19 vaccination](#) or not eligible while eating, especially indoors. When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces.
2. Given very low risk of transmission from food, food packaging, surfaces and objects, there is no need to limit food service operations to single use items and packaged meals. (Note, children should not share cups, utensils, etc.)
3. People should wash hands with soap and water before and after meals.
4. Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.
5. Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
6. Improve ventilation in food preparation, service, and eating areas.

F. Field Trips and Events

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.

G. Promoting Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. [COVID-19 vaccines](#) available in the United States are effective at protecting people from getting seriously ill, being hospitalized, and dying. When infections occur among vaccinated people, they tend to be milder than among those who are unvaccinated. As with vaccines for other diseases, people who are [up to date with their COVID-19 vaccines](#) are optimally protected. However, [scientific evidence](#) suggests that infected persons, even if vaccinated, can spread virus to others.



Child care programs can [promote vaccinations](#) among staff and families, including [pregnant women](#), by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. Some child care programs have requirements for COVID-19 vaccinations for staff.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Staff and families may differ in their level of vaccine confidence. Child care administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, child care programs can:

1. Encourage staff and families, including extended family members who have frequent contact with children in the program, to get [vaccinated and boosted as soon as they can](#). Share the latest information about who is eligible for [vaccines and boosters](#).
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](#).



information with staff and families about COVID-19 and the benefits, safety, and efficacy of vaccines from evidence-based information sources. Use or modify [key messages](#) to [help families and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.

- Per the CDC, both children and adults can get infected with COVID-19, get very sick, suffer short- and long-term health complications, and spread COVID-19 to others.
 - COVID-19 vaccines are [effective at helping protect against severe disease and death](#) from the virus that causes COVID-19, including known [variants](#) currently circulating. The [benefits of COVID-19 vaccination](#) outweigh the [known and potential risks](#), which are rare. 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.
 - For more information to share with families, visit CDC web pages on [10 Things to Know About the COVID-19 Vaccine for Children](#), [COVID-19 Vaccines for Children and Teens](#) and [Resources to Promote the COVID-19 Vaccine for Children & Teens](#), which 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 and promote COVID-19 vaccination locations near your child care program. To find vaccination locations:
 - Visit [vaccines.gov](#) ([vacunas.gov](#) for Spanish) or <http://austintexas.gov/covid19-vaccines>
 - Text your ZIP code to 438829 (822862 for Spanish)
 - Call 1-800-232-0233
 6. Establish supportive policies and practices that make getting vaccinated as easy and convenient as possible. See CDC's [Workplace Vaccination Program](#) for steps employers can take to increase COVID-19 vaccination among workers. Offering flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have side effects after vaccination. See CDC's [Post-Vaccination Considerations for Workplaces](#) for more information.
 7. Promote vaccination information as part of enrollment activities for families entering the program.
 8. 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. Considerations for At Risk Individuals

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](#). 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.

Per the CDC, people who are unvaccinated are at greater [risk of becoming infected with and dying from COVID-19](#) than those who are vaccinated. Those who are vaccinated and received booster doses had the lowest risk of becoming infected or dying from COVID-19.

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

People who have symptoms should get tested using a viral test (rapid antigen or PCR) for COVID-19 right away. People should also test at least 5 days after known or suspected close contact to 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.

I. Enrolling New Children in Care

It is strongly recommended that child care programs use the forms in Appendices A and B when enrolling a new child in the program. These forms provide child care programs with the child's recent enrollment history in a child care program or school and their health/exposure status. It is recommended that the new program contact the child care program or school the child was in previously to verify whether or not they have had a recent closure due to COVID-19. Child care programs shall not begin caring for a newly enrolled child until the criteria on the "Health Screening Questions for Newly Enrolling Children" form in Appendix B is met.

J. Health and Safety Plan

Child care programs are urged to prepare and implement a health and safety plan that explains how the program is operating to control and reduce the transmission of COVID-19. Even when the COVID-19 community level is low, programs are advised to have a plan in place for prevention measures that can be activated when the COVID-19 community level rises. It is recommended that an electronic or hard copy of this plan be shared with staff, parents, and guardians, or at a minimum, be provided to staff, parents, and guardians upon request. Child care programs are encouraged to post visible signage displaying the requirements of the health and safety policy or plan at or near each entrance (on each entry door if feasible) to the premises in a manner sufficient to provide clear notice to employees, customers, and visitors.

IV. Appendices (see following pages)

Appendix A

Previous Child Care Information for Newly Enrolling Children

Austin Public Health strongly recommends that child care programs
use this form when enrolling a new child in the program.

Previous Child Care Information for Newly Enrolling Children

(Updated 3/28/2022)

Austin Public Health recommends that this document be completed when children are 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. Has your child been in care in another child care program or school within the last ten days?

☐ Yes

☐ No

2. If you answered yes to question 1, please provide:

Name of the program or school: _____

Program/school phone number: _____

3. If you answered yes to question 1, has there been a closure of your child's classroom or the entire child care program or school due to cases of COVID-19 within the last ten days?

☐ Yes

☐ No

By signing and dating below, I verify that the above information is true and correct, and I give permission for the child care program in which I am enrolling my child/children to contact my child's/children's previous child care program or school to obtain information regarding closure due to COVID-19.

Signature: _____ Date: _____

Appendix B

Health Screening Questions for Newly Enrolling Children

Austin Public Health strongly recommends that child care programs use this form when enrolling a new child in the program.

Health Screening Questions for Newly Enrolling Children

(Updated 3/28/2022)

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

If yes, your child may not begin care in this child care program until either:

- The child tests negative for COVID-19, OR
- All three of the following conditions have been met:
 - It has been at least 10 days* since symptoms began, AND
 - The child has been fever-free for 24 hours without the use of fever-reducing medications, AND
 - Other symptoms of COVID-19 are improving (Note, loss of taste and smell may last for weeks or months after recovery and need not delay the end of isolation)

2. During the last 10 days, has the child been in close contact** with someone who has COVID-19?

- ☐ Yes
☐ No

If the child has had confirmed COVID-19 within the last 90 days (tested positive using a viral test) or is eligible for vaccination and up to date on their COVID-19 vaccines, they do not need to quarantine and can begin care. Otherwise, the child should quarantine before starting care. Regardless of whether they need to quarantine or not, if the child is age 2+, they should mask for 10 full days after last exposure to the COVID-positive person.

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

Signature: _____ Date: _____

* NOTE: Per the [Texas Department of State Health Services Communicable Disease Chart and Notes for Schools and Child Care Centers](#), children must isolate for 10 days.

** A close contact is someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes. People who are exposed to someone with COVID-19 after they completed isolation are not considered close contacts.