



# State Law Requirements and City of Austin/Travis County Recommendations for Open Child Care Programs



Last updated: May 21, 2021

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 Texas Department of State Health Services (DSHS) in the [Checklist for Child Care Centers](#) (note, the Health and Human Services Commission Emergency Rules are no longer in effect as of April 20, 2021), and
- The Centers of Disease Control's (CDC) in the [Guidance for Child Care Programs that Remain Open](#) and in the [Toolkit for Child Care Programs](#), which include flow charts for:
  - [What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Child Care Center](#)
  - [What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Family Child Care Home](#)
  - [COVID-19 Child Care Symptom Screening Flowchart](#)

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).

## This document contains the following:

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  - B. Notification of COVID-19 Cases
  
- II. Recommended Administrative Prevention Procedures**
  - C. Enrolling New Children in Care
  - D. Signage
  - E. Health and Safety Plan
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  - G. Testing
  
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  - C. Meals and Snacks
  - D. Drop-Off and Pick-Up
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## I. State-Mandated Requirements

### A. Contacting Austin Public Health

1. [Once you are aware a child or employee at your operation tests positive for COVID-19](#), you must report the case(s) to APH. To do so, email [ChildCareInfo@austintexas.gov](mailto:ChildCareInfo@austintexas.gov) or calling the APH nurse line at 512-972-5560.

Note, you may also contact APH by email or phone to ask questions about suspected or potential cases in child care programs or about COVID-19 exposure of staff, children, or families, programs. The APH nurse line staff will advise child care programs on next steps regarding COVID-19 cases, suspected cases, or potential exposure.

### B. Notification of COVID-19 Cases

1. 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.
2. Contact Child Care Regulation to report the presence of COVID-19 in your facility.

## II. Recommended Administrative Prevention Procedures

### A. Enrolling New Children in Care

1. 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.
  - a. 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.

### B. Signage

1. It is strongly recommended that child care programs post:
  - a. A sign at or near each entrance about the requirement to wear face coverings, if a program has set a policy to require face coverings (see face covering section below), or a sign that strongly urges face coverings if no policy is in place
  - b. Where information for workers is customarily posted, at least one sign in English and at least one sign in Spanish that explains the requirements about wearing face coverings, if the program has set a policy to require face coverings (see face covering section below)
  - c. At least one Austin Public Health "[Prevent the Spread of COVID-19](#)" sign at each entrance and on each restroom door

## C. Health and Safety Plan

1. 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.
2. 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.
3. Child care programs are encouraged to post conspicuous 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.

## D. Vaccination

The COVID-19 vaccine is an added layer of protection against COVID-19 for child care program staff and their family members, students, coworkers, and the broader community.

1. Encourage staff to receive the COVID-19 vaccine.
  - a. Make use of the ideas and materials in the CDC's [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#) to communicate with their staff about the importance and availability of COVID-19 vaccination.
2. Encourage the families served by the program to get vaccinated as soon as they become eligible.
3. Vaccines are not yet approved for use in children of all ages, although vaccine trials with children are currently underway. For this reason, even after child care program staff are vaccinated, **APH recommends that child care programs continue prevention measures for the foreseeable future.**
4. Information on obtaining a vaccine can be found at <http://www.austintexas.gov/covid19-vaccines>.

## E. Testing

1. It is strongly recommended that programs encourage individuals exhibiting new or worsening [symptoms](#) of possible COVID-19 to seek a COVID-19 test.
2. Persons with health insurance are encouraged to seek testing through their healthcare provider.
3. Enrollment for free public testing can be found at <https://www.austintexas.gov/covid-testinfo>. Click on the "Take a Self-Assessment" link to begin enrollment.

# III. Recommended Operational Prevention Measures

## A. Screening

1. APH strongly recommends that child care programs screen all adults and children according to CDC guidance before allowing entry into the operation.
2. **It is recommended that programs deny entry to any adult or child who:**
  - a. Has a fever with a temperature of 100.0 degrees Fahrenheit or higher;
  - b. Has 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;
  - c. Has had [close contact, as defined by the CDC](#), with someone who has a confirmed

- diagnosis of COVID-19; or
  - d. Has a confirmed diagnosis of COVID-19.
3. An operation must not deny entry to persons performing official duties, unless the individual meets a screening criterion listed above. The screening does not apply to emergency services personnel entering the operation in an emergency situation.

## **B. Face Coverings**

Child care programs serve children who are not yet eligible for the COVID-19 vaccine. Because of this, APH has the following recommendations for individuals in child care programs regarding face coverings.

1. Child care programs that are not affiliated with government entities are strongly urged to require face coverings when:
  - a. Indoors for:
    - i. All staff, volunteers, and visitors
    - ii. Parents and guardians dropping off and picking up children
    - iii. Children over the age of 10 (APH strongly recommends that children 2 years old and older wear face coverings)
  - b. Outdoors for everyone unless:
    - i. Individuals are engaged in physical activity and maintaining a physical distance of at least 3 feet from others, and/or
    - ii. The child care program adopts a written policy that allows an individual who is fully vaccinated to remove their face covering when outdoors and posts a sign explaining that policy at or near each entrance and where information is customarily posted for workers and families.
  - c. On [transportation](#) provided by the child care program
2. Child care programs affiliated with government entities are urged to strongly recommend face coverings when:
  - a. Indoors for:
    - i. All staff, volunteers, and visitors
    - ii. Parents and guardians dropping off and picking up children
    - iii. Children over the age of 10 (APH strongly recommends that children 2 years old and older wear face coverings)
  - b. Outdoors for everyone unless:
    - i. Individuals are engaged in physical activity and maintaining a physical distance of at least 3 feet from others, and/or
    - ii. The child care program adopts a written policy that allows an individual who is fully vaccinated to remove their face covering when outdoors and posts a sign explaining that policy at or near each entrance and where information is customarily posted for workers and families.
  - c. On [transportation](#) provided by the child care program
3. Face coverings should not be worn by:
  - a. Children younger than 2 years old
  - b. People who cannot take off the coverings without assistance

- c. Anyone who has trouble breathing or is unconscious
  - d. Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
  - e. A child with a significant behavioral or psychological issue undergoing treatment that is exacerbated specifically by a face covering
  - f. A child with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask
  - g. A child with a facial deformity that causes airway obstruction
  - h. Anyone participating in activities where the mask could get wet, like swimming or water play
4. Refer to the CDC's [Guidance for Wearing Masks](#) for additional information on face coverings.

### **C. Meals and Snacks**

1. It is recommended that programs that serve food serve it as individually plated meals or snacks. It is strongly recommended that programs not serve family style meals.
2. Programs are urged to provide disposable food service items or to handle non-disposable food service items with gloves and wash them with dish soap and hot water or in a dishwasher.
3. Unless non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
4. An individual who touches used food service items must wash their hands even if the individual wears gloves.

### **D. Drop-Off and Pick-Up**

1. It is recommended that child care programs have parents complete the pick-up and drop-off of children outside of the operation, unless the parent requests to come in the building.

### **E. Group Sizes, Gatherings, and Events**

1. It is strongly recommended that child care programs not exceed the ratio and group size limits specified in the DSHS [Checklist for Child Care Centers](#).
  - a. Programs are strongly encouraged to further reduce group sizes beyond those recommended in the checklist, if possible. Keeping group sizes as small as possible reduces the risk of coronavirus exposure and spread.
2. It is strongly recommended that child care programs:
  - a. Not hold indoor group gatherings, events, or assemblies;
  - b. Only hold outdoor events if COVID-19 mitigation measures are in place, space allows for physical distancing of at least 3 feet between individuals from different households, and this distancing is enforced (reference the [COVID-19 Risk-Based Guidelines chart](#)); and
  - c. Not invite outside visitors or guests whose presence or service is not essential.

## **F. Field Trips**

1. It is strongly recommended that child care programs:
  - a. Not take field trips to locations where children will come into contact with large groups of people or many people crowded together, and
  - b. Consider planning walking field trips rather than trips requiring transport in vehicles.
2. Walking trips to nearby outdoor natural spaces may be a safer option than field trips to indoor locations.
3. It is recommended that programs require everyone to wear face masks on [transportation](#) provided by the child care program.

## **G. Transportation**

1. If transport is provided, it is strongly recommended that child care programs:
  - a. Screen all passengers before they enter the vehicle;
  - b. Follow the same screening protocols used for people entering the child care program; and
  - c. Refer to Appendix C for detailed bus seating configuration and occupancy level recommendations that allow for physical distancing.

## **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 5/21/2021)

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 two weeks?

- 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 two weeks?

- 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 5/21/2021)

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 all three conditions have been met:

- at least 24 hours have passed since recovery (e.g., resolution of fever without the use of fever-reducing medications); AND
- the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
- at least 10 days have passed since symptoms first appeared.

2. **During the last 14 days, has the child been in close contact\* with someone who:**

- Has a confirmed diagnosis of COVID-19; or
- Is under investigation for COVID-19; or
- Is ill with a respiratory illness?

- Yes  
 No

If yes, the child should not begin care in the program until they have completed a full quarantine period beginning from the last date of exposure to the individual with suspected or confirmed COVID-19. The length of quarantine should be 14 days, unless the child meets the criteria for a shorter quarantine period in the [Austin Public Health flowchart on How Long to Quarantine](#). If the child becomes symptomatic, the child should not begin care until criteria listed above under #1 are met.

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

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

\* For COVID-19, a [close contact](#) is defined as someone who has been within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) 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 in one day*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for [discontinuing home isolation](#).

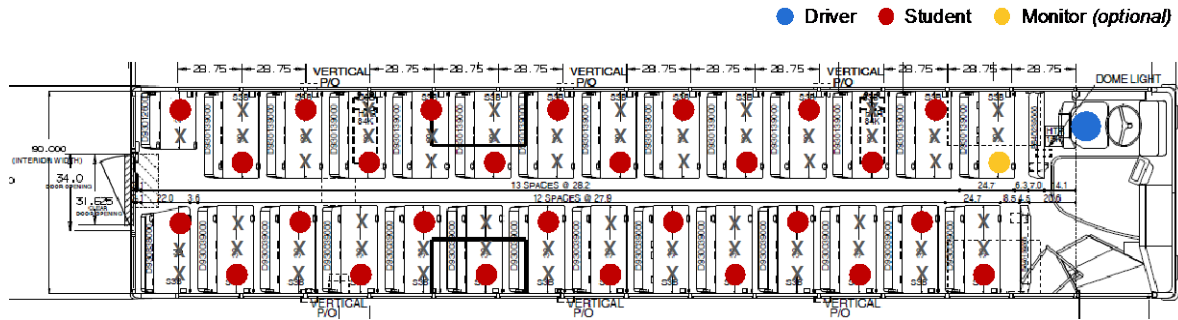
## **Appendix C**

### **Example Bus Seating Configurations and Capacity Estimates**

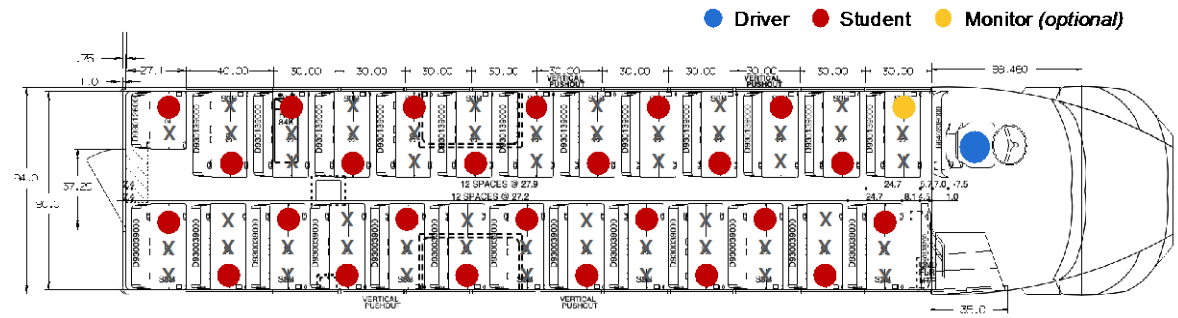
## Appendix- Example Bus Seating Configurations and Capacity Estimates

Source: Massachusetts Department of Elementary and Secondary Education,  
Fall Reopening Transportation Guidance, July 22, 2020

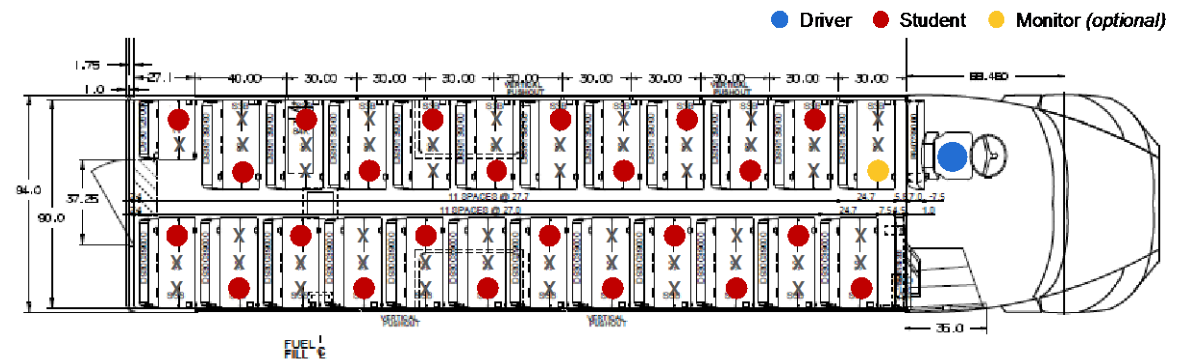
**Bus Model: 83-passenger bus**  
**Max. capacity with physical distancing requirements: 27 passengers (33% full capacity)**  
**Seat map configuration:**



**Bus Model: 77-passenger bus**  
**Max. capacity with physical distancing requirements: 25 passengers (32% full capacity)**  
**Seat map configuration:**



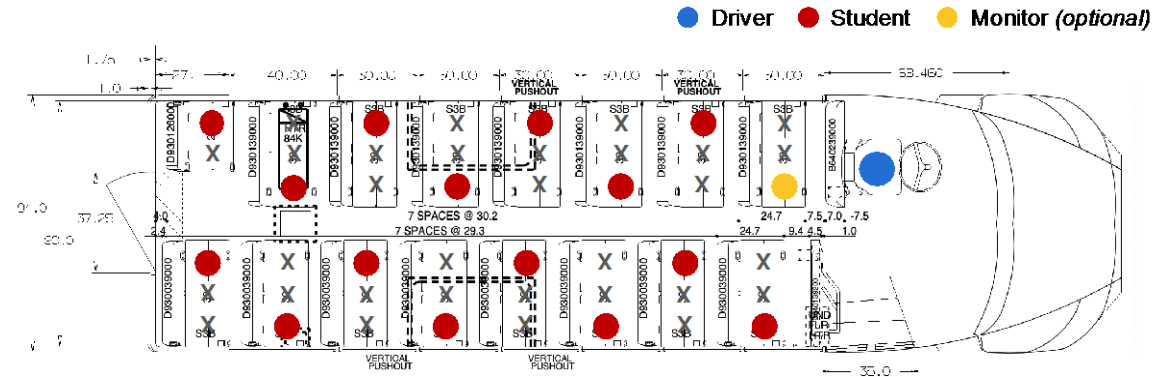
**Bus Model: 71-passenger bus**  
**Max. capacity with physical distancing requirements: 23 passengers (32% full capacity)**  
**Seat map configuration:**



**Bus Model: 47-passenger bus**

**Max. capacity with physical distancing requirements: 15 passengers (32% full capacity)**

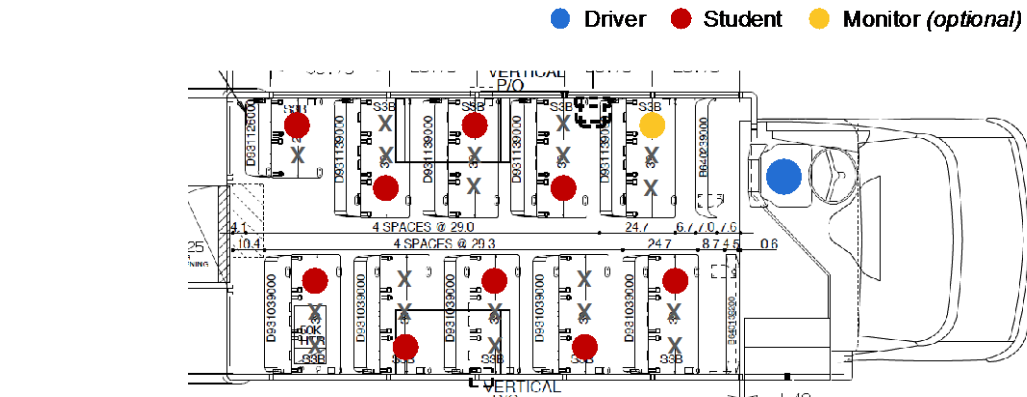
**Seat map configuration:**



**Bus Model: 29-passenger bus**

**Max. capacity with physical distancing requirements: 9 passengers (31% full capacity)**

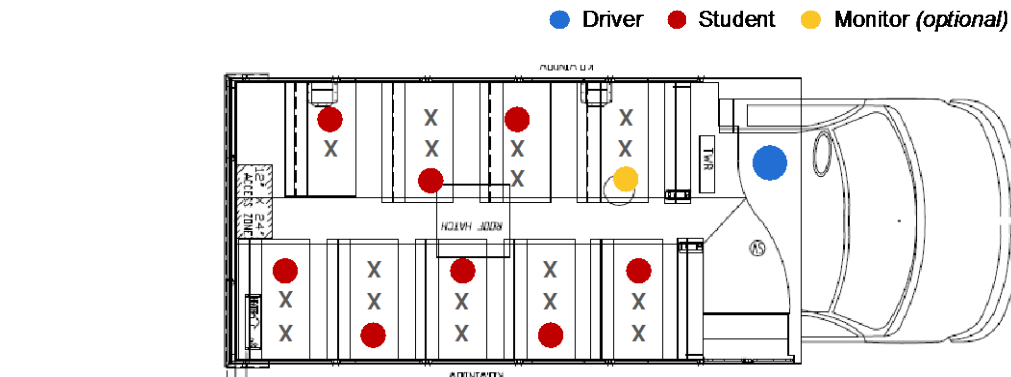
**Seat map configuration:**



**Bus Model: 26-passenger bus**

**Max. capacity with physical distancing requirements: 8 passengers (31% full capacity)**

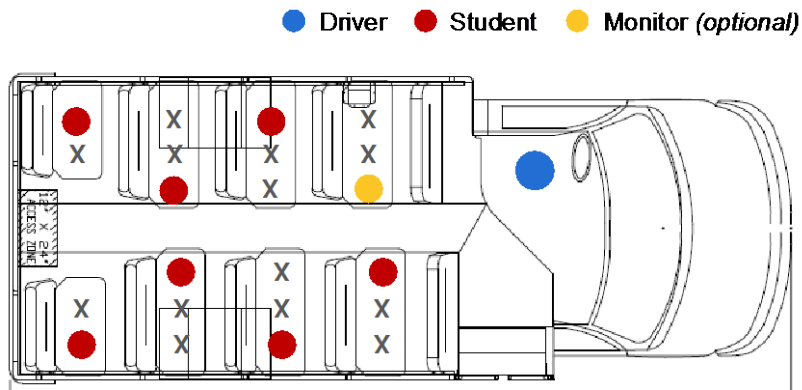
**Seat map configuration:**



**Bus Model:** 22-passenger bus

**Max. capacity with physical distancing requirements:** 7 passengers (32% full capacity)

**Seat map configuration:**



**Bus Model:** 14-passenger bus

**Max. capacity with physical distancing requirements:** 6 passengers (43% full capacity)

**Seat map configuration:**

