

COVID-19: Guidance for Childcare Providers from the Wyoming Department of Health

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Background

Public health orders continue and are modified periodically. All orders are designed to limit the spread of the COVID-19 virus. Key definitions and order provisions are contained in each order. Questions regarding enforcement and interpretation of orders should be directed to your County Public Health Offices. This document provides guidance from the Wyoming Department of Health for childcare providers.

A copy of the current statewide orders can be found at: <https://covid19.wyo.gov/>

General Guidance

The Wyoming Department of Health recommends the following guidelines to childcare providers who provide service during the COVID-19 outbreak:

1. Childcare facilities may continue normal operations, following standard rules and regulations regarding class size, with the following considerations:
 - a. While normal operations regarding class size can resume, smaller classes will ensure that fewer children are exposed if there is a confirmed COVID-19 case in the classroom;
 - b. The WDH continues to recommend that children and staff in different classrooms do not mix or interact in order to reduce the numbers of children and staff exposed in the case of a COVID-19 case in the facility.
2. Childcare providers must ensure that all people (children and providers) wash hands with soap and water upon arrival. It is also recommended that hand-washing occurs frequently throughout the day with soap and water for at least 20 seconds. When soap and water is not available, use alcohol-based hand sanitizer with at least 60% alcohol volume. **Use of hand sanitizer for children should be closely supervised to avoid ingestion.**
3. Childcare providers must ensure that staff and children are screened for [symptoms of COVID-19](#) at the beginning of the day upon arrival. **Symptomatic individuals should not be allowed to enter the facility.** See screening guidance [here](#).
 - a. Logs of the employee screening activity must be kept and made available for inspection by the local health officer.
4. In the event of a confirmed case of COVID-19 within the facility, the provider shall consult with health officials on next steps. The facility must be closed if determined necessary by health officials.
5. The childcare provider must require individuals dropping off or picking up children to stay 6 feet away from children that the individual is not dropping off or picking up.
6. Childcare providers must ensure that surfaces that are used and touched often are cleaned and sanitized after each use (e.g., shared toys, keyboards, desks, remote controls) or at least twice a day (e.g., doorknobs, light switches, toilet handles, sink handles, countertops).
7. Parents and guardians should be instructed and required to keep children home if they are exhibiting any symptoms of fever, cough, or shortness of breath. **If a childcare provider observes symptoms in a child, the child should be sent home.**
8. Childcare providers should restrict visitors. No outside visitors or volunteers should be permitted on premises with the exception of staff that are essential to operations and any contracted providers who provide special education services.
9. Staff and children should wear face coverings to the greatest extent practicable. Face coverings should not be placed on children under the age of 3 years. Exceptions include:

- a. Individuals with a medical condition, mental health condition, or disability that prevents wearing a face covering (childcare providers must require documentation from the child's parent/guardian, or the child's medical provider, that the child meets this exception);
 - b. Individuals who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;
 - c. Individuals who are deaf or hard of hearing while communicating with others, or individuals who are communicating with an individual who is deaf or hard of hearing, where the ability to see the mouth is essential for communication (in this case, a face shield or alternative protection such as a plexiglass barrier is recommended);
 - d. Individuals who have an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act, that would necessitate exempting the individual from wearing a face covering; or
 - e. Children for whom a face covering may interfere with the ability to effectively participate in educational activities or may increase the risk of disease transmission because of increased hand to face contact.
10. Field trips are not recommended.
 11. Signs should be posted instructing and educating staff and parents on routine measures for hygiene and mitigation of respiratory illness spread. The CDC has numerous print and signage resources that can be accessed [here](#).

Answers to Frequently Asked Questions provided on the next page.

Frequently Asked Questions (FAQ): Childcare Provider Guidance

What should a childcare center expect in the event of a confirmed case of COVID-19 within the facility?

If a center has a staff member or child with a confirmed case of COVID-19, the center will immediately be contacted by the Wyoming Department of Health or the County Public Health Office to gather information and provide recommendations, including whether closure of all or part of the center is necessary.

In the majority of situations, the part of the center where the individual with COVID-19 was located will have to close for a period of 2 weeks. If there were no exposures in other parts of the center, these areas will likely be able to remain open. The Wyoming Department of Health or County Public Health Office will determine when it is safe to reopen closed areas of the childcare center.

What is contact tracing?

Contact tracing is the process of identifying individuals who may have had close contact with an infected person. Once identified, the individuals are contacted to let them know of the exposure and so steps can be taken to stop chains of transmission.

Who is considered a close contact?

A close contact is someone who was within 6 feet of a positive individual for more than 15 minutes during the two days before the individual was symptomatic or while the individual was symptomatic.

What is the difference between isolation and quarantine?

Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

How long is isolation and quarantine?

How long a person who is diagnosed with COVID-19 needs to be in isolation is determined by when their symptoms, if any, resolve. WDH follows CDC recommendations to release a person with COVID-19 from isolation when at least 24 hours have passed since resolution of fever without the use of fever-reducing medications AND with improvement of other symptoms AND at least 10 days have passed since symptoms first appeared.

In some situations, we use testing to determine when someone may be released from isolation. When COVID-19 testing is used, a person needs to have two negative COVID-19 tests taken at least 24 hours apart. Persons who are asymptomatic and never develop symptoms can be released from isolation when at least 10 days have passed since their first positive COVID-19 test was collected.

Quarantine lasts for 14 days from the last time the person was exposed to a person with infectious COVID-19. Quarantine lasts for 14 days even if the person tests negative at some point during the 14 days, because it can take up to 14 days for a person to become ill after being exposed to COVID-19.

More resources from the Centers for Disease Control and Prevention (CDC) for schools and child care programs can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>.

For more information about the COVID-19 outbreak please visit: health.wyo.gov or cdc.gov.

