

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

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## Background

This document provides recommendations from the Wyoming Department of Health (WDH) for childcare providers to prevent COVID-19 transmission among staff and students, as well as guidance for how to respond in the event a student or staff member is diagnosed with COVID-19. These recommendations have been updated based on the emergence of the Omicron variant as the dominant COVID-19 variant and shortened isolation and quarantine recommendations. These guidelines are subject to change based on new developments throughout the pandemic. These recommendations are based on guidance from the Centers for Disease Control and Prevention (CDC) which can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

WDH measures levels of transmission of COVID-19 on a county level. While the recommendations in this document are meant for all levels of community transmission, the prevention strategies are especially important in areas experiencing moderate or high levels of transmission. Childcare facilities not implementing these strategies at all times should consider adding additional prevention measures when their counties are experiencing moderate or high levels of transmission. The WDH metrics are posted weekly and can be found on this page:

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-orders-and-guidance/>

This guidance from WDH is in addition to any rules and regulations from the Wyoming Department of Family Services.

## Prevention Strategies

Vaccination against COVID-19 is the most effective strategy for preventing COVID-19 illness and spread. However, childcare facilities largely serve students who are not yet eligible for COVID-19 vaccines based on age. WDH recommends a layered prevention strategy to prevent COVID-19 transmission in childcare facilities including vaccination of eligible individuals, physical distancing and cohorting, consistent and correct mask use, staying home when sick and getting tested, contact tracing in combination with staying home for close contacts, ventilation, handwashing and respiratory etiquette, and cleaning and disinfecting.

WDH recommends that childcare providers implement the following strategies to prevent COVID-19 transmission and exposure. Recommendations for ill individuals and the response to a case of COVID-19 in the facility are covered in the next section.

### 1. Vaccination

Vaccination against COVID-19 is the most effective way to prevent illness and spread in any setting.

Vaccination of staff members helps protect students who are not yet eligible for vaccination. At this time there are two vaccines recommended for adults 18 years and older (Pfizer and Moderna). The Pfizer vaccine is also recommended for children ages 5 to 17 years. Booster doses of Pfizer or Moderna vaccines are recommended for those 18 years of age and older, and booster doses of the Pfizer vaccine are recommended for adolescents 16-17 years of age. The Janssen (Johnson & Johnson) vaccine is also available as a primary series and as a booster for adults.



Vaccines are in abundant supply and are available in multiple locations in each county, including public health nursing offices and health departments, provider offices, and pharmacies.

The WDH encourages childcare providers to work with their county public health nursing offices or health departments to ensure vaccines are accessible to all staff and any eligible students who have not yet been immunized and to encourage booster doses among those who are eligible.

At this time, because most students of early childhood education have not had the opportunity to be fully immunized against COVID-19, the public health prevention strategies listed below remain important. However, it is likely that guidance will be adapted as more students have the opportunity to become fully immunized against COVID-19.

## 2. Physical Distancing and Cohorting

WDH recognizes that physical distancing can be difficult and not always possible in childcare settings. WDH recommends that childcare providers implement physical distancing to the extent possible, focusing on physical distancing between individuals who are not fully vaccinated in indoor settings. For example, staff members who are not fully vaccinated and not working in the same classroom should maintain at least 6 feet of distance between each other in common areas such as breakrooms to prevent spread of COVID-19. Cohorts of students should also maintain at least a 6 foot distance from other cohorts; students from different cohorts should maintain a six foot distance from each other in common areas and during transportation. However, because of the essential service that childcare facilities provide, they should not exclude children from in-person care to keep a minimum distance requirement.

Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students and staff who come into contact with each other, especially when it is challenging to maintain physical distancing among young children. WDH recommends that childcare providers place children and childcare providers into distinct groups that stay together throughout the entire day, to the extent that childcare providers can also balance educational needs and the social and emotional well-being of children. Specific recommendations for cohorting include the following:

- If possible, childcare groups should include the same children each day, and the same childcare providers should remain with the same group of children each day
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts
- Maintain at least 6 feet between children and staff from different cohorts
- Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping. Masks should not be worn when sleeping.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas
- Stagger use of communal spaces between cohorts
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible
- In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
- Prioritize outdoor activities when possible. Maintain cohorts if feasible in outdoor play spaces.

### 3. Consistent and Correct Mask Use

The WDH and CDC recommend that individuals who are not fully vaccinated wear masks indoors, including staff and children aged 2 years and older. In areas of moderate to high transmission, masks are recommended for all individuals in indoor settings regardless of vaccination status. **Children under 2 years of age should not wear a mask, and masks should not be worn when sleeping.**

In general, people do not need to wear a mask when outdoors. However, particularly in areas of moderate to high transmission, WDH and CDC recommend that people aged 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

The CDC has issued an Order requiring that all passengers aged 2 and older and drivers on public transportation conveyances wear masks. The CDC interprets this Order as applying to transportation for childcare programs. More information about the Order can be found here:

<https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html>

Childcare facilities that choose to require that staff and/or students aged 2 and older wear masks indoors should ensure that appropriate accommodations are made for those with disabilities as defined by the Americans with Disabilities Act and for those for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

### 4. Ventilation

Good ventilation is a strategy that can help to reduce the number of virus particles in the air. Recommended strategies are listed below. Additional information on ventilation can be found from the CDC here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

- Bring in as much outdoor air as possible
  - If safe to do so, open screened windows and doors and adjust the thermostat accordingly to provide a comfortable temperature. Do not open windows and doors if doing so poses a safety or health risk, such as falling, exposure to extreme temperatures, or triggering asthma symptoms.
  - Use secured child-safe fans with covers in windows to blow potentially contaminated air out and pull in new air through other open windows and doors.
  - Have activities, classes, or meals outdoors when circumstances allow.
- Ensure that Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
  - Ensure that HVAC systems are serviced and meet code requirements.
  - In collaboration with your HVAC servicer, consider taking the following actions:
    - Set HVAC systems to bring in as much outdoor air as your system will safely allow and reduce or eliminate air recirculation when practical and with HVAC consultation.
    - Increase the HVAC system's total airflow supply to occupied spaces when you can
    - Disable demand-controlled ventilation (DCV) controls to help ensure constant air flows throughout the day.
    - For simple HVAC systems controlled by a thermostat, setting the fan control switch from "Auto" to "On" will ensure the HVAC system provides continuous air filtration and distribution.
    - Consider running the HVAC system at maximum outside airflow for 2 hours before and after the building is occupied to refresh air before arrival and remove remaining particles at the end of the day.

- Filter and/or clean the air in the facility
  - Improve the level of air filtration as much as possible without significantly reducing airflow.
  - Make sure filters are sized, installed, and replaced according to manufacturer's instructions
  - Consider portable cleaners that use high efficiency particulate air (HEPA) filters to enhance air cleaning wherever possible, especially in higher risk areas such as a nurse's office or sick/isolation room.
  - Consider using ultraviolet germicidal irradiation (UVGI) as a supplemental treatment to inactivate the virus that causes COVID-19, especially if options for increasing ventilation and filtration are limited. Consult a qualified professional to help design and install any UVGI system.
- Use exhaust fans in restrooms and kitchens.
  - Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
  - Ensure restroom and kitchen exhaust fans are on and operating at full capacity while the facility is occupied and for 2 hours afterward.
- Open windows in transportation vehicles when it does not create a safety or health hazard. Having more windows open is more helpful, but even just cracking a few windows open is better than keeping all windows closed.

#### 5. Handwashing and Respiratory Etiquette

Handwashing and respiratory etiquette (covering coughs and sneezes) can help prevent individuals from getting and spreading infectious illnesses including COVID-19. WDH recommends that childcare facilities monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing. Build time into daily routines for students and staff to wash hands, especially at key times like bathroom breaks, before lunch and/or snack times, and after playing outside.
- If handwashing isn't possible, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer). 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.
- Post signs and graphics that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures, and be in primary languages spoken by your staff and families. Materials are available from the CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html#handwashing>
- Set up hand hygiene stations at facility entrances
- Wearing gloves is not necessary for protection from COVID-19 in most situations. CDC does recommend wearing gloves when cleaning and disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is recommended.

#### 6. Cleaning and Disinfecting

In general, cleaning once a day is enough to sufficiently remove the virus that causes COVID-19 that may be on surfaces. The following cleaning and disinfecting recommendations are in addition to rules and regulations and general recommended procedures for cleaning, sanitizing, and disinfecting in childcare settings.

- Clean high-touch surfaces at least once a day. Examples of high-touch surfaces include counters, tables, doorknobs, light switches, handles, stair rails, elevator buttons, desks, keyboards, phones, toilets, faucets, and sinks.
- Always follow the directions on the cleaning or disinfectant product label.
- Wash hands with soap and water for 20 seconds after cleaning and immediately after removing gloves.
- If there has been a person who tested positive for COVID-19 in your facility **within the last 24 hours, clean and disinfect the spaces they occupied.**
  - Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting
  - Wait as long as possible (at least several hours) before you clean and disinfect
  - Open doors and windows or use HVAC settings to increase air circulation in the area
  - Use products from EPA List N to disinfect according to the instructions on the product label (<https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>)
  - Wear a mask and gloves while cleaning and disinfecting
  - Vacuum the space if needed. Use a vacuum equipped with a HEPA filter and bags, if available. While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC systems to avoid contamination of units. Do not deactivate central HVAC systems.
  - It is safe to wash dirty laundry from a person who is sick with COVID-19 with other people's items, if necessary
  - Ensure safe and correct use and storage of cleaning and disinfectant products, including storing such products securely and using PPE needed for the cleaning and disinfection products
- If more than 24 hours have passed since the person diagnosed with COVID-19 has been in the space, cleaning is enough.
- If more than 3 days have passed since the person diagnosed with COVID-19 has been in the space, no additional cleaning beyond regular cleaning practices is needed

## Responding to COVID-19 in the Facility

The core strategies for responding to a diagnosis of COVID-19 within childcare facilities are to ensure that ill individuals and individuals diagnosed with COVID-19 do not attend the facility and to identify close contacts who are at high risk for developing COVID-19 to prevent further spread. A flowchart summarizing the recommendations for exclusion from educational settings can be found on this webpage:

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-orders-and-guidance/>

### 1. Staying Home When Sick and Getting Tested

Children and staff who have symptoms of infectious illness should stay home and be referred to their healthcare provider for testing and care. WDH recognizes that the overlap between COVID-19 symptoms with other common illnesses, and the fact that young children often get multiple viral illnesses each year, can make it challenging to identify when staff and students need to be excluded from the facility. Childcare providers should use their best judgment especially with mild symptoms or with students who have a known history of allergies or other conditions that can present with similar symptoms to COVID-19. Especially in areas of

moderate and high transmission, providers should err on the side of caution when deciding whether a child has an illness potentially consistent with COVID-19 and should be excluded from the childcare facility and referred to a healthcare provider.

There are several possible strategies that childcare facilities can use to ensure that ill individuals are not attending the facility. WDH does not recommend one strategy over another. Facilities should implement a strategy that works best for them and their staff and students. Example strategies include:

- Provide information to parents about the symptoms of COVID-19 and ask parents to monitor the health of their children and keep them home and seek healthcare if they develop any signs of illness. Ask staff to do the same.
- Ask parents and/or staff upon entrance to the facility about symptoms of illness that are consistent with COVID-19.
- WDH does not recommend temperature screening alone as fever is not always present with COVID-19 infection. If facilities choose to implement temperature screening in combination with one of the strategies above, they should ensure that the screening methods do not create additional close contact exposures that would have not otherwise occurred.

A complete list of symptoms that are consistent with COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Parents and providers should pay particular attention to the following symptoms:

- Fever (temperature 100.4°F or higher)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
- Diarrhea, vomiting, or stomachache
- New onset of severe headache, especially with a fever
- New loss of taste and/or smell, for those old enough to communicate those symptoms

If an individual is ill but is not diagnosed with COVID-19, they may return to the facility when it has been at least 24 hours after symptom resolution or according to facility policy if that is stricter.

WDH recommends that childcare facilities work with local public health offices to understand where COVID-19 testing resources are available in their communities so that they can refer parents and staff members to get tested. WDH also has testing resources available for childcare facilities who wish to provide testing onsite, including both tests that are collected and sent to a laboratory and rapid point-of-care tests. Facilities interested in providing on-site testing should contact [wdh.covid19@wyo.gov](mailto:wdh.covid19@wyo.gov). WDH also provides free at-home saliva testing; individuals can order test kits to be sent to their house and then collect the sample via a provider over Zoom. More information about the free at-home testing can be found here:

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-at-home-testing/>

## 2. Individuals Who Test Positive for COVID-19

Staff or students who have tested positive for COVID-19 need to remain home from childcare until they meet all of the following criteria:

- The individual has not had a fever (without the use of fever-reducing medication) for at least 24 hours
- Other symptoms are improving
- It has been at least 5 days since symptoms first started.

If the individual did not have symptoms, he or she should stay home from childcare until 5 days have passed since the positive test was collected.

Individuals aged 2 and older should wear a mask for an additional 5 days after returning to childcare other than when eating, drinking, sleeping, or participating in artistic or athletic activities that cannot be done while wearing a mask. When not wearing a mask, distancing of six feet should be maintained to the extent possible.

To calculate the length of time an individual diagnosed with COVID-19 must stay home from childcare, add 5 days to the date that symptoms started (or the date the positive test was collected if there are no symptoms). For example, if symptoms started on October 1, the individual must stay home through October 6 and can return to the facility on October 7 if he or she meets the criteria above. Mask use should continue through day 10 (October 11).

### 3. Close Contacts of Infectious Individuals

Individuals diagnosed with COVID-19 are infectious beginning 48 hours prior to the onset of symptoms and until they meet the criteria to return to childcare. If an individual does not have symptoms, they are infectious beginning 48 hours prior to the test collection.

An individual is considered a close contact if they were within 6 feet of the infectious individual for 15 minutes or more during the course of a 24-hour period.

There are several circumstances in which an individual with an exposure to an infectious individual **does not** need to stay home from childcare. These individuals should, however, wear a mask for 10 days after the exposure if they are 2 years of age or older, other than when eating, drinking, sleeping, or participating in artistic or athletic activities that cannot be done while wearing a mask. When not wearing a mask, distancing of six feet should be maintained to the extent possible.. They should also be tested on day 5 after the exposure, if possible.

- The person exposed has completed a COVID-19 vaccine primary series and has gotten a booster dose if eligible
  - Individuals who are eligible for booster doses are those 18 years of age and older who completed a primary series of Pfizer or Moderna at least 6 months ago or a primary series of Janssen at least two months ago. Individuals in this category who have received a booster dose do not need to stay home from school. Individuals in this category who have not received a booster dose do need to stay home from school.
  - Individuals who are less than 18 years of age and have completed a primary series of COVID-19 vaccine do not need to stay home from school
  - Individuals who have completed a primary series of Pfizer or Moderna within the prior 6 months or a primary series of Janssen within the prior two months do not need to stay home from school

- Unvaccinated individuals need to stay home from school
- The person exposed tested positive for COVID-19 using a molecular or antigen test performed by a provider or laboratory during the three months prior to exposure.

If both the infectious individual and the person exposed were wearing masks at the time of exposure, quarantine may not be necessary if the individuals were wearing masks consistently and correctly during the time of the exposure. WDH realizes that children under the age of 2 should not wear masks and that it may be difficult for young children aged 2 and older to wear masks consistently and correctly. When determining whether mask use was sufficient to prevent significant exposure, factors that should be considered include observations of how well each individual wears the mask, whether there were unmasked exposures such as during meal or nap time, and whether there was contact with shared toys, etc, that may have resulted in exposure to respiratory secretions or saliva.

All other individuals identified as close contacts should stay home from childcare for 5 days after the exposure. Close contacts aged 2 years and older should wear a mask for an additional 5 days after returning to childcare other than when eating, drinking, sleeping, or participating in artistic or athletic activities that cannot be done while wearing a mask. When not wearing a mask, distancing of six feet should be maintained to the extent possible. Testing is recommended, if possible, on day 5 after the exposure.

WDH recommends a test to stay protocol for students as an alternative to staying home from childcare. More information about the test to stay protocol can be found on this page:  
<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-orders-and-guidance/>

To calculate the length of time a close contact exposed to COVID-19 must stay home from school, add 5 days to the date of last exposure. For example, if the exposure was on October 1, the individual must stay home through October 6 and can return to the facility on October 7 if he or she is asymptomatic and does not test positive for COVID-19. Mask use should continue through day 10 (October 11). Testing is recommended on day 5 (October 6).

Any close contacts who develop symptoms or test positive for COVID-19 should follow the recommendations for individuals who test positive above.

WDH realizes that in childcare settings, particularly with younger children and in situations where distancing is not possible or practical, it is likely that one positive individual in the classroom had close contact exposures with all others in the classroom. In these situations, WDH recommends that all individuals in the classroom at the same time as the infectious individual stay home from childcare, which will likely result in the closure of the classroom according to the timelines above.

Local public health offices and WDH are available to consult with childcare providers. Childcare facilities should reach out to their local public health office first, but if necessary can reach WDH by calling 877-996-9000 or emailing [wdh.covid19@wyo.gov](mailto:wdh.covid19@wyo.gov).

**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](https://health.wyo.gov) or [cdc.gov](https://cdc.gov).

