

Title 15: Mississippi Department of Health

Part 11: Bureau of Child Care Facilities

Subpart 55: Child Care Facilities Licensure

APPENDIX K

Child Care Regulations in Response to the COVID-19 State of Emergency

To facilitate the continued provision of care due to the COVID-19 pandemic, the Bureau of Child Care Licensure may add, waive, or change certain rules of the Regulations Governing Licensure of Child Care Facilities for 90-days or to the extent necessary and only for the duration of the declared emergency, to protect and promote the health and safety of children. Guidance for child care centers provided by the Centers for Disease Control, as well as other precautionary guidelines are being adopted to Child Care Regulations for the period of time that the state of emergency is in place. Please follow the guidance below. Although the guidance is specific to COVID-19 it may be used in other situations involving a pandemic and/or infectious disease. Additional information not found below can be found at www.cdc.gov.

Facilities must report all positive cases of COVID-19 to their licensing official. Positive reports include staff, students, and immediate family members of the children or staff. Reports are to be made immediately once a case has been confirmed. If a positive case is suspected, based on symptoms, the individual must isolate until a test has been taken and results are received as negative or the recommended isolation time is completed.

Prevent the Spread of COVID-19

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies, please contact your local or state agencies and other businesses to learn more about service organizations in your community who may have additional resources.

*The direct website for Mississippi is: <https://www.childcareaware.org/state/mississippi/>

Staff must take everyday preventive actions to prevent the spread of respiratory illness.

- Wash hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- Clean and disinfect frequently touched surfaces.
- Cover cough and sneezes.
- Cover your mouth and nose with a cloth face covering when you have to go out in public.

- Cloth face coverings should NOT be put on babies and children under the age of two because of the danger of suffocation.

Require sick children and staff to stay home. A written policy must be on file at the facility.

- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Sick staff members shall not return to work until they have met the Mississippi State Department of Health criteria to discontinue home isolation.

Have a plan if someone is or becomes sick. A written policy must be on file at the facility.

- Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
- Be ready to follow CDC guidance on how to disinfect your building or facility if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
 - Contact your licensing official to confirm isolation period based on MSDH guidelines
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and communal areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection are not necessary.
 - Continue routine cleaning and disinfection.

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

Review Plans for Implementing Social Distancing Strategies

- Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. Detailed guidance for implementing social distancing strategies in child care centers and schools is found on the CDC website.

Assess Group Gatherings and Events

- Follow current state and local guidance about gatherings and events.
- Limit nonessential visitors and postpone or cancel the use of classroom volunteers.

Child Care Centers Remaining Open

Child care programs that remain open during the COVID-19 pandemic shall address these additional guidelines:

- Implement social distancing strategies
- Intensify cleaning and disinfection efforts
- Modify drop off and pick procedures
- Implement a screening procedure upon arrival
- Maintain an adequate ratio of staff to children to ensure safety.
 - Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
- When feasible, staff members and older children should wear face coverings within the facility. Cloth face coverings should NOT be put on babies and children under the age of two because of the danger of suffocation.

Social Distancing Strategies

Work with your licensing official to determine strategies or answer questions that are appropriate for your community's situation. Continue using preparedness strategies and consider the following social distancing strategies:

- Child care classes shall include the same group each day, and the same child care providers shall remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events and special performances.
- Alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music and exercising.

- If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Stagger arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curbside drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.

Parent Drop-Off and Pick-Up

- Hand hygiene stations shall be set up at the entrance of the facility so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children’s reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Stagger arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - Have child care providers greet children outside as they arrive.
 - Designate an individual to be the drop off/pick up person to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - Infants should be transported in their car seats. Store car seats out of the reach of children.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

Screen Children Upon Arrival

Persons who have a fever of 100.0⁰F (38.0⁰C) or above or other signs of illness shall not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact with a child who has symptoms during screening.

Examples of Screening Methods

Reliance on Social Distancing (example 1)

- Ask parents/guardians to take their child’s temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.

- Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing, or difficulty breathing (without recent physical activity), fatigue or extreme fussiness.

You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.

Reliance on Barrier/Partition Controls (example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing, or difficulty breathing (without recent physical activity), fatigue or extreme fussiness.
- Conduct temperature screening (follow steps below)
 - Perform hand hygiene
 - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use temporal thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.**

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown should be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue or

extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.

- Take the child's temperature.
 - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
 - If you use disposable or non-contact thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use temporal thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to properly use PPE.
 - If your facility does not have specific guidance please visit the CDC website.

Screen Staff Upon Arrival

Child care staff are responsible for avoiding exposure to the COVID-19 virus to the greatest extent possible. They are not only responsible for their own health, but the health of the children and families enrolled in the program.

- Develop a staff screening questionnaire based on symptoms and guidance provided by MSDH and CDC.
- A temperature check must be conducted upon arrival and recorded for each staff member at the facility daily.
- Staff should immediately wash their hands with soap and water upon arrival.

Clean and Disinfect

Caring For Our Children (CFOC) provides national standards for cleaning, sanitizing, and disinfection of educational facilities for children. Toys that can be put in the mouth shall be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

Intensify cleaning and disinfection efforts:

- Facilities must develop a schedule for cleaning and disinfecting. An example can be found at the following web address: <https://nrckids.org/files/appendix/AppendixK.pdf>
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This should also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles,

countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers and disinfects for child care settings at the following webpage: <https://nrckids.org/files/CFO4%20pdf-%20FINAL.pdf>

- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>.
- If surfaces are dirty, they must be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on disinfection for community settings.
- All cleaning materials must be kept secure and out of reach of children.
- Cleaning products must not be used near children, and staff shall ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized shall not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions shall be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
- Machine washable cloth toys shall be used by one individual at a time or must not be used at all. These toys must be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dishpan with soapy water or put in a separate container marked for “soiled toys.” Keep dishpan and water out of reach from children to prevent the risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

Clean and Disinfect Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats shall be labeled for each child. Bedding that touches a child's skin must be cleaned weekly or before use by another child.

Caring for Infants and Toddlers

Diapering

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures must be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child's hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they must also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they shall not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Download posters at <https://www.cdc.gov/healthywater/hygiene/diapering/childcare.html>

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.

- Child care providers must wash their hands, neck, and anywhere touched by a child's secretions.

- Child care providers shall change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes shall be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers, and their providers shall have multiple changes of clothes on hand in the child care center or home-based child care.
- Child care providers must wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding must be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottle brush, soap, and water.

School nurses in schools that have been re-purposed as emergency or temporary child care centers shall use standard and transmission-based precautions when caring for patients with confirmed or possible COVID-19. Additional information can be found on the CDC website.

Healthy Hand Hygiene Behavior

- All children, staff, and volunteers must engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors or in sand
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
 - After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from the CDC.

Food Preparation and Meal Service

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation shall not be done by the same staff who diaper children.
- Sinks used for food preparation shall not be used for any other purposes.
- Caregivers must ensure children wash hands prior to and immediately after eating.
- Caregivers must wash their hands before preparing food and after helping children to eat.

Facilities should follow all other applicable federal, state, and local regulations related to the safe preparation of food.

Vulnerable/High Risk Groups

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it is important that everyone practices healthy hygiene behaviors.

If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.

Information about COVID-19 in children is somewhat limited, but the available information suggests that many children have mild symptoms. However, a small percentage of children have been reported to have a more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an asthma action plan.

If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.

Transportation

Avoid transporting children or youth to the degree possible at this time. If you must provide transportation, create space between riders if possible. For example, one rider per seat and in every other row. Keep windows open to help reduce the spread of the virus. Cloth face coverings can be worn to reduce the spread of germs. Clean and disinfect in between pick up and drop offs. Keep windows open to prevent buildup of chemicals that cause eye and respiratory problems. Per, CDC guidance, avoid activities and events such as field trips and special performances. Drivers or other staff members should visually check the child before they enter the vehicle. A screening process is recommended before anyone is allowed on the vehicle.

Additional Cleanings/Decontamination of Transportation Vehicles

Use a CDC-approved disinfectant when wiping down surfaces. Each vehicle must be wiped down after each run, including the morning run, afternoon run and any special runs. Items to be wiped down include the entry handrail, the fronts and backs of seats and any hardware or accessories, windows, window handles and walls. In addition, wipe the exterior surfaces and hardware of the entry door as well as driver controls of the bus such as the steering wheel, mirrors, etc.

Hand Sanitizer Stations for School Bus Drivers and Students

Provide hand sanitizer upon entry of the vehicle. All vehicle occupants (students and driver) shall utilize the hand sanitizer provided upon entry to the school bus and again upon exiting the vehicle.

Signage and Student Education

Prominently post signage indicating the proper method to protect others when coughing or sneezing on the school bus. In addition, all staff and students shall be properly educated in these procedures utilizing CDC guidelines.

Tissues

Each school bus must have tissues available for students who cough or sneeze. In addition, a trash disposal station must be readily available. Students shall be educated in proper disposal of used tissues. Dispose of tissues after each run as part of disinfecting the bus.

Driver Training

All drivers must receive training on proper disinfecting procedures for the school bus. These procedures must follow CDC recommendations. This training shall be properly documented by the child care facility. The training must include the following at a minimum:

- Proper cleaning and disinfecting techniques
- Proper use and disposal of Personal Protective Equipment (PPE)
- Safe product usage guidelines (chemical safety)
- Proper methods to empty and dispose of trash

Sick Student Procedures

Procedures shall be developed by the facility and shared with all drivers on how to handle a student who appears ill. This procedure must address the following:

- Identifying a potentially ill student.
- Developing a potential isolation zone for the school bus when it arrives on campus.
- Isolation procedures for all students on the school bus. Such procedures should correspond to procedures developed for classrooms.

Other Resources

CDC's website contains a variety of resources for child care programs and K-12 schools, including detailed guidance, considerations for closures, and frequently asked questions for administrators, teachers, and parents. Together, these resources provide additional information on:

- What to do if a child or staff member at your facility becomes sick.
- Closures of child care programs.

The resources emphasize that any decision about temporary closures of child care programs or cancellation of related events should be made in coordination with your federal, state, and local education officials as well as state and local health officials. Child care programs are not expected to make decisions about closures on their own.