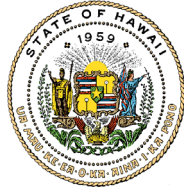


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October 23, 2023

To: Department of Human Services Registered Family Child Care Home Providers, Licensed Group Child Care Center Providers, Group Child Care Home Providers, Infant and Toddler Child Care Providers, and Before and After School Child Care Providers

Subject: COVID-19 and other Infectious Diseases Guidance for Child Care Facilities

On June 30, 2023, the Hawaii Department of Health (DOH) made available its Comprehensive K-12 School Guidance which summarizes changes made to general and specific mitigation strategies that reduce the spread of COVID-19. On October 4, 2023, the Centers for Disease Control and Prevention (CDC) updated their Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning. The Department of Human Services (DHS) reviewed the changes and consulted with the DOH to update our own guidelines, which will be effective October 23, 2023.

The following is a summary of the recent changes made to the DHS guidelines (copy enclosed) to align with the current DOH and CDC recommendations on mitigation strategies that reduce the spread of COVID-19 and other infectious diseases such as influenza (flu), gastrointestinal illness (GI), and norovirus:

- Updated masking guidance;
- Removed physical distancing guidance;
- Removed strategies to respond to community levels which are no longer part of state response;
- Updated isolation guidance and removed quarantine guidance; and
- Defined cluster and outbreak and added reporting to DOH via the Outbreak Reporting Tool (ORT).

Core prevention strategies that are based on the latest recommendations from the CDC and DOH have also been updated. The guidance provided for child care facilities is layered and flexible in recognition that each facility is unique in its location, population, and program. As such, the guidance offered is not a mandate and allows for a layered approach to meet the needs of the facility. Programs are required to

add their infectious disease prevention strategies to their sick policy in writing and make available to the department, parents, guardians, and their staff. In addition, all programs must have parent signatures that they received and understand the amended sick policy.

Updated Core strategies include:

- Encouraging staff and families to be up to date with COVID-19 vaccines and all other recommended vaccines;
- Staying home when sick and going home when sick;
- Masking;
- Hand hygiene; and
- Cleaning and Sanitizing.

In addition to the strategies to help prevent the spread of infectious diseases, the updated guidelines provide guidance for response to cases, clusters, and outbreaks.

When a child or staff tests positive for COVID-19 or have COVID-19 symptoms:

- They should isolate at home for five (5) days regardless of vaccination status;
- Return after five (5) full days after symptoms first appeared or after testing positive and be fever free for at least 24 hours without the use of fever-reducing medicine and symptoms have improved; and
- Should wear a well-fitting mask indoors when they return on the 6th and through the 10th day after symptoms first appeared or after tested positive.

When a child or staff is exposed to COVID-19:

- Can remain in the facility if they do not have symptoms regardless of vaccination status;
- Should wear a well-fitting mask indoors for 10 days after the exposure;
- Test at least 5 days after exposure even if no symptoms; and
- Isolate immediately if symptoms develop.

Definitions of cluster and outbreak:

- Cluster: when three (3) or more students, teachers, or staff who have confirmed or probable COVID-19, flu, or GI and are within the same classroom or group in a 14-day period, if those cases do not have suspected exposure elsewhere.
- Outbreak: when the absentee rate related to COVID-19, flu, or GI cases meets or exceeds:
 - 10% of the number in the entire school or program
 - 20% in the same class or group

Using the ORT to notify the DOH of COVID-19, flu, or GI:

- Report using the ORT when the outbreaks surpass the following thresholds:
 - For GI: when two (2) or more cases within 24 hours occur among student/staff who share an exposure or are close contacts AND do not live in the same household, OR student absences double due to GI, exceeding the normal absence rate.
 - For COVID-19 or flu like illness: when 20% of a class or 10% of a grade/school with the following symptoms and/or test results:
 - Positive test(s) for COVID-19 and/or flu like illness in the group of students/staff.

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- Possible symptoms experienced by students/staff: fever/chills, shortness of breath/trouble breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea.
- Links to the reporting tool and more information can be found in the guidance.

These mitigation strategies are crucial in maintaining in-person learning and avoiding disruption in childcare services. We thank you for your continued cooperation and efforts in helping to maintain safe and healthy environments for our keiki in child care settings. If you have any questions, please contact your Child Care Licensing Worker.

Mahalo for your cooperation and understanding,

Sincerely,



Cathy Betts
Director

Enclosure

COVID-19 and other Infectious Diseases
Guidance for Child Care Facilities
updated: October 23, 2023

INTRODUCTION

According to the latest guidance from the Centers for Disease Control and Prevention (CDC) updated on July 13, 2023, child care facilities should put in place a core set of infectious disease prevention strategies as part of their normal operations. Layered prevention strategies can help prevent the spread of COVID-19 and other infectious diseases such as influenza (flu), gastrointestinal illness (GI), and norovirus, and support healthy learning environments for all.

The following core prevention strategies are based on the latest updated guidance from the CDC and the Hawai'i Department of Health (DOH) to help prevent the spread of infectious diseases within child care facilities. The guidance provided is layered and flexible in recognition that each program, site, and facility is different and not every strategy can be implemented to be effective for everyone. Therefore, the guidance is offered as such, and is not a mandate. Child care programs are given the latitude to implement policies based on the DHS guidance which are appropriate for their service and are required to provide their specific policies in writing to parents and guardians.

SUMMARY OF CHANGES

- Updated masking guidance
- Removed physical distancing guidance
- Updated isolation guidance and removed quarantine guidance
- Defined cluster and outbreak and added reporting to DOH via the Outbreak Reporting Tool (ORT)

CORE STRATEGIES

- Promote vaccination of all staff and eligible children
 - Strongly encourage families, including extended family members with frequent contact with children, to be up to date with COVID-19 vaccines and all other recommended vaccines.
 - Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
 - Strongly encourage visitors to the school to be up to date with COVID-19 vaccines.
- Stay home if sick and go home if sick
 - Students and staff who exhibit symptoms such as cough, fever, sore throat, vomiting, or diarrhea, should stay home. COVID-19 testing is recommended as soon as possible after symptoms begin.
 - If a person with COVID-19 symptoms test negative for COVID-19, they should consider being tested for other respiratory illnesses such as flu that could be spread to others.
 - Child care facilities should allow flexible, non-punitive, and supportive paid sick leave policies and practices that will support workers and encourage them to stay home with sick without fear of retaliation, loss of pay, loss of employment, or other negative impacts.
- Masking
 - Wearing well-fitting masks consistently and correctly reduces the risk of spreading COVID-19 and other infectious diseases.
 - Anyone who chooses to wear a mask should be supported in their decision.

- Masks are recommended to be worn by individuals who are sick or exhibit COVID-19 symptoms.
- Students and staff who were exposed to a person with COVID-19, regardless of vaccination status should wear a well-fitting mask indoors for 10 days.
- Students and staff who test positive for COVID-19 should isolate for five (5) days, regardless of vaccination status and may return to the classroom if no symptoms and wear a well-fitting mask from day six (6) to 10 after returning from home isolation.
- Masks should be worn indoors during clusters or outbreaks for 10 days after the last exposure.
 - A “cluster” is defined as three (3) or more students, teachers, or staff who have tested positive or have symptoms for COVID-19, within the same group or classroom in a 14-day period if those cases do not have suspected exposure outside of the group or classroom setting.
 - An “outbreak” is when symptoms or positive tests associated with COVID-19, flu like illnesses, or gastrointestinal illnesses causes an absentee rate that exceeds 10% for the entire center or exceeds 20% of one group or classroom.
- All visitors (including parents and contract service providers) are encouraged to wear masks when indoors when there is a cluster of cases or an outbreak.
- Facilities should have masks on hand to provide to children and staff who want to wear them.
- Masks should **not** be worn by:
 - Children younger than two (2) years of age.
 - Anyone who has trouble breathing or is unconscious.
 - Anyone who cannot safely remove the mask without assistance.

☐ Hand hygiene

- Students and staff should be encouraged to practice proper hand washing:
 - On arrival, after breaks, or when moving from one childcare group to another.
 - Preparing food or beverages.
 - Eating, handling food, or feeding a child.
 - Giving medication.
 - Diapering.
 - Using the toilet or helping a child use the toilet.
 - After recess; and
 - After touching or handling masks.
- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Hand sanitizer containing 60% alcohol can be used if soap and water not readily available, should be readily available to adults throughout the facility, and securely stored out of reach of children when not in use.
 - Use of hand sanitizer must be monitored by an adult/staff member to ensure children do not swallow alcohol.
- Provide adequate supplies, including soap and water, masks, paper towel, tissues, disinfectant wipes, and trash cans.

☐ Cleaning and Sanitizing

- Daily cleaning of entire facility, with focus on high-contact areas that would be touched by both employees and children (e.g., desks, equipment, toys, outdoor play structures) with EPA-registered disinfectant products.
- Require staff to frequently sanitize high-touch surfaces and shared resources (e.g., door handles, light switches, etc.).
- Clean and sanitize restrooms and diaper changing areas regularly based on frequency of use (e.g., throughout day).
- Between staggered meal times or indoor play times, wipe down and disinfect tables.

- [Per CDC guidelines](#), regularly disinfect daily high- touch surfaces (e.g., handles, tables, toys, and keyboards).
- Avoid use of items that are not easily cleaned, sanitized, or disinfected (e.g., plush toys, sand table, water table). Playdough and similar materials should be kept in separate bags labeled for each child's use. If using plush toys for infants, toys shall be used by only one child and must be laundered and dried before next usage.
- Ensure safe and correct application of disinfectants and keep disinfectant products away from children and stored in a secured area.
- Keep each child's belongings separated during the day in individually labeled storage containers, cubbies, or areas. Consider having families take home their children's belongings each day to be cleaned.
- Have bins to separate toys that have been handled by children for disinfecting before their next use.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use. Consider putting wipeable covers on electronics to make cleaning and disinfecting easier.

ADDITIONAL MITIGATION STRATEGIES

Health and Safety

- Train all employees on [COVID-19 symptom detection, common modes of COVID-19 transmission](#) (e.g., close exposure to a person infected, respiratory droplets, touching contaminated surfaces and then touching face), and [how to prevent COVID-19](#).
- Train all employees and children (as appropriate for their age) on the importance of frequent handwashing, proper sneezing/cough etiquette, the use of hand sanitizers with at least 60% alcohol content and give clear instructions to avoid touching hands to face. Organize routine handwashing breaks and always wash hands before and after meals, indoor play, and outdoor play, and after using the restroom.
- Employees, parents, and children should not enter the facility and follow the Hawai'i public health guidelines for isolation and masking if have COVID-19 symptoms or test positive.
- Update sick policy to include COVID-19 and other infectious diseases. Have each parent sign off that they understand the amended sick policy.

Facility Safety

- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods.
- Ensure that all water systems and features (e.g., drinking fountains, sinks, toilets) are regularly cleaned. Encourage families and children to bring their own water bottles each day.
- Have trained back-up staff in order to maintain sufficient staffing levels or reduce the number of children in care if there is insufficient staffing.
- Throughout operations, ensure adequate supply and storage of necessary materials to meet PPE (face masks, gloves, etc.) and cleaning needs.
- Communicate safety protocols to all employees, including appropriate points of contact (e.g., local officials) to report violations of protocols.
- Develop a procedure to send home individuals with any COVID-19-like

symptoms or high temperatures and keep them separate from other children until they can be picked up. Call parents for immediate pick-up. If it is an emergency, call 911 for immediate treatment.

- Identify an area to separate anyone who exhibits COVID-19-like symptoms during hours of operation and ensure that children are not left without adult supervision.

Special Events and Field Trips

- Consider suspending special events and/or field trips when there is a cluster or outbreak of cases.
- Move Special events outdoors.
- Avoid overcrowding.

WHEN A CHILD OR STAFF TESTS POSITIVE FOR COVID-19 OR HAVE COVID-19 SYMPTOMS

- Should stay home and isolate for five (5) days regardless of vaccination status.
- Can return after five (5) full days after symptoms first appeared or after tested positive if no symptoms, **and** fever free for at least 24 hours without the use of fever-reducing medicine and symptoms have improved.
- Should wear a well-fitting mask indoors when they return for five (5) additional days (the 6th to the 10th day after symptoms first appeared or after tested positive).

WHEN A CHILD OR STAFF IS EXPOSED TO COVID-19

- Can remain in the facility if they do **not** have symptoms regardless of vaccination status.
- Should wear a mask indoors for 10 days after exposure.
- Watch for symptoms of COVID-19 and immediately isolate and test if symptoms develop.
- Test at least five (5) days after exposure even if there are no symptoms.

RESPONDING TO COVID-19, INFLUENZA, OR GASTROINTESTINAL ILLNESS CLUSTER OR OUTBREAK

Cluster

- When three (3) or more students, teachers, or staff who have confirmed or probable COVID-19, Influenza (flu), or Gastrointestinal illness (GI) and are within the same classroom or activity group in a 14-day period, if those cases do **NOT** have suspected exposure elsewhere (close contacts with persons with COVID-19 outside of the group setting).

Outbreak

- When the absentee rate related to COVID-19, flu, or GI cases meets or exceeds:
 - 10% of the number in the entire school or program
 - 20% in the same class or group

If there is a cluster or potential outbreak, the following additional mitigation strategies are recommended to prevent ongoing spread:

- Indoor masking for the entire program or affected group(s) while the cluster or outbreak is ongoing and for 10 full days after the last exposure.
- Move activities, classes, and meals outdoors when possible.
- Open windows or use other methods to bring fresh outdoor air indoors to improve ventilation.
- Notify parents and staff of exposure and recommend COVID-19 testing for all involved in a cluster of cases or outbreak.

When to notify the DOH of COVID-19, flu, and GI using the Outbreak Reporting Tool (ORT):

- Use the DOH [Outbreak Reporting Tool](#) when outbreaks that surpass the following thresholds:

- For **Gastrointestinal Illness (GI)**; when two (2) or more cases of GI within 24 hours among student/staff who share an exposure or are close contacts AND do not live in the same household OR student absences doubles due to GI, exceeding the normal absence rate.
- For **COVID-19 or Influenza-like Illness**; when 20% of a class or 10% of grade/school with the following symptoms and/or test results:
 - Positive test(s) for COVID-19 and/or Influenza-like illness in the group of students/staff.
 - Possible symptoms experienced by students/staff: fever/chills, shortness of breath/trouble breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea.
- Click for information regarding reporting [COVID-19, flu, and GI to the DOH](#), Disease Outbreak Control Division.