

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

COVID-19 Guidelines for Child Care Facilities

Centers for Disease Control and Prevention Guidelines and Nevada Administrative Code 432A Regulations

Updated topics as of Feb. 3, 2022:

- Bleach amounts (one-half cup), pg. 2
- COVID-19 Isolation and Quarantine, pg. 2-4

Social Distancing

The Centers for Disease Control and Prevention (CDC) says to practice social distancing by keeping 6 feet between each person, which is best practice; however, Nevada is allowing for 3 feet in schools. Nevada Administrative Code (NAC) 432A states that each child is required to have 35 square feet which helps to promote 6 feet of distance; however, this may not always be probable or feasible with child care facilities. Children like to interact and play with each other.

NAC 432A.250 Building and grounds. ([NRS 432A.077](#))

1. Except as otherwise provided in this subsection, subsection 3 and [NRS 432A.078](#), in each facility there must be:
 - a. At least 35 square feet of indoor space for each child, exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multipurpose rooms and gymnasiums that are not regularly used.
 - b. At least 37½ square feet of outdoor play space for each child, as determined by the maximum number of children stated on the license for the facility. An accommodation facility need not provide outdoor play space.

******* Social distancing will not affect ratio and group size *******

Cleaning and Disinfecting of Toys and Bedding

CDC says that facilities should practice disinfecting procedures. NAC 432A states that disinfecting, laundering and cleaning/sanitation are required. Facilities have always been required to disinfect and clean as a part of their order of practice. This practice may need to be amplified by ensuring enough time to complete the practice adequately and effectively (closing the facility and allowing for more thorough cleaning and disinfecting) and completing these practices more frequently (cleaning/disinfecting toys immediately after use). NAC Regulation states:

NAC 432A.414 Sanitary measures for floors, rugs, carpets and nonporous surfaces. ([NRS 432A.077](#))

1. A carpeted floor or rug on a floor that is too large to wash in a washing machine must be vacuumed not less than one time each day or more often if necessary and cleaned not less than one time every 3 months or more often if necessary. If the carpeted floor or rug is cleaned by a member of the staff of the facility using a carpet cleaning machine, the Division may require the carpeted floor or rug to be professionally cleaned if the carpeted floor or rug does not appear to be clean.

2. Each floor of a facility that is not carpeted must be swept and mopped not less than one time each day or more often if necessary.

3. When cleaning a nonporous surface in a facility, including, without limitation, cleaning toys, cribs, tables, high chairs and surfaces used to change diapers, the staff of the facility shall:
 - a) Clean the surface first with soap and water to remove any dirt or debris; and
 - b) Disinfect the surface with a disinfecting agent.
4. The disinfecting agent used pursuant to subsection 3 must consist of:
 - a) One-half of a cup of liquid chlorine bleach added to 1 gallon of water that is prepared fresh daily and kept in a closed container;
 - b) A solution that is approved by the appropriate state or local agency and is at least as effective as the solutions described in paragraphs (a) and (b).

Disinfecting recommendations and tips:

1. Ensure enough time to do thorough and effective cleaning/disinfecting practices by allotting the time needed to complete the process.
2. Disinfect and clean more frequently (clean/disinfect toys and soft materials immediately after use).
3. Most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
4. Diluted household bleach solutions can be used if appropriate to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.
 - o *Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. **Prepare a bleach solution by mixing ½ cup of bleach per one gallon of water.***
5. Avoid using splash-less, color-fast or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some facilities may be using some areas for food preparation and meal service.

Isolating Ill Persons and Quarantining Exposed Persons

CDC states that sick individuals should be isolated from others while ill and during recovery. NAC 432A regulations already have very specific guidelines regarding illness within schools, how they should be implemented and reporting communicable diseases. NAC states:

NAC 432A.374 Medical care: Isolation of ill or injured child; transportation of child; report. ([NRS 432A.077](#))

1. If a child becomes seriously ill or injured in a child care facility, other than a facility that provides care for ill children:
 - a) The child must be immediately isolated from other children and placed under appropriate supervision;
 - b) A parent, a person designated by a parent or a physician designated by a parent must be promptly notified and the child must be removed from the facility as quickly as possible;
 - c) Members of the staff of the facility must not administer any medical treatment, except emergency first aid and prescribed medications to the child; and
 - d) Not later than 24 hours after the occurrence of the illness or injury, a member of the staff of the facility must create a written report concerning the illness or injury. The written report must be placed in the file concerning the child that is maintained by the facility, and a copy of the written report must be provided to a parent of the child. Upon request by the Division, the facility must provide to the Division the written report and any statements by members of the staff of the facility that are part of the written report.
2. If a member of the staff transports or accompanies a child for professional emergency care, he or she shall remain with the child until the parents assume responsibility for the care of the child.

COVID-19 Isolation and Quarantine Instructions

[The CDC updated its guidance for Early Childhood Education \(ECE\) programs on Jan. 28, 2022, which is linked here.](#)

The primary change is the recommended isolation period for staff and children in ECE settings who have tested positive for COVID-19 and updated quarantine recommendations for those that have been exposed to COVID-19.

Isolation for COVID-positive staff and children

Staff and children who have presumed or confirmed COVID-19:

- Should stay home and isolate for at least 5 full days and stay away from other people as much as possible.
- People without symptoms can end isolation after 5 full days and return to the ECE program ***if they are older than age 2 and able and willing to consistently and correctly wear a mask while in the ECE program.***
- People who once had symptoms can end isolation after 5 full days and return to the ECE program if they are fever-free for 24 hours without the use of fever-reducing medication and if other symptoms have improved.
- **For children and staff who are unable or unwilling to consistently wear a mask when around others (including all children under 2 years of age) must continue to isolate for a full 10 days.**

Returning from isolation:

From days 6 to 10, staff and children who return from isolation should avoid being around [other people who are at higher risk](#) for severe illness as much as possible. Those who are able to consistently wear masks should then wear a well-fitting mask when around others at home, in the ECE program, and in public, even after all symptoms have ended. During times in the ECE program where children do not wear masks, such as during meals, snacks, and naptime, keep children who are returning from isolation 6 feet apart whenever possible, while still safely under provider supervision. Consider using additional prevention strategies, such as [improved ventilation](#) and [cohorting](#), particularly when consistent mask wearing is not feasible.

Quarantine for exposed staff and children

When someone in an ECE program tests positive for COVID-19 or has symptoms consistent with COVID-19 and is a presumed case, it is important to immediately take action to stop further spread of COVID-19 within the ECE setting. ECE programs must take the following steps to help reduce transmission:

- Identify anyone who was in close contact with that person¹,
- Inform staff and families of children who may need to quarantine

Who needs to quarantine?

The following staff and children who have been a close contact to someone with COVID-19 must quarantine at home for a minimum of 5 days:

- Infants and young children who are [not eligible for vaccination based on age](#) (children under 5 years old)
- Staff and older children who are not up to date with COVID-19 vaccines (have not received [all recommended COVID-19 vaccines, including any booster dose\(s\) when eligible](#)).

Length of quarantine:

People who are not up to date with COVID-19 vaccines or did not have confirmed COVID-19 within the last 90 days should stay home and quarantine for at least 5 full days and stay away from other people as much as possible.

¹ **Close contact through proximity and duration of exposure:** Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) 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 Nevada, K-12 and ECE settings can use 3 feet for children, instead of 6 feet. Adults should still use 6 feet to determine close contacts

- People without symptoms can end quarantine after 5 full days and return to the ECE program if they are older than age 2 and able and willing to wear a mask consistently and correctly while in the ECE program.
- For children and staff who are unable or unwilling to consistently wear a mask when around others (including all children under 2 years of age) **must** quarantine for a full 10 days.

Returning from quarantine:

From days 6 to 10, staff and children returning from quarantine should avoid being around [other people who are at higher risk](#) for severe illness as much as possible. Those who are able to consistently wear masks should then wear a well-fitting mask when around others at home, in the ECE program, and in public, even after all symptoms have ended. During times in the ECE program where children do not wear masks, such as during meals, snacks, and naptime, keep children who are returning from isolation 6 feet apart whenever possible, while still safely under provider supervision. Consider using additional prevention strategies, such as [improved ventilation](#) and [cohorting](#), particularly when consistent mask wearing is not feasible.

Those in quarantine should also get tested 5 days or more after last close contact with someone with COVID-19, regardless of vaccination status. For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. Those who test positive or develop COVID-19 symptoms should follow recommendations for [isolation](#).

Who does not need to quarantine?

Children and staff who come into close contact with someone with COVID-19 do not need to quarantine if they are in one of the following groups:

- Staff and older children who are [have received all recommended vaccine doses and are up to date with their COVID-19 vaccines](#) (including applicable boosters).
- Staff and children who have had confirmed COVID-19 within the last 90 days (tested positive using a [viral](#) test, not an antibody test).

Close contacts who do not need to quarantine should do all of the following:

- They should [get tested](#) 5 days or more after they last had close contact with someone with COVID-19.
 - If they test positive or develop COVID-19 symptoms, they should immediately isolate from other people and follow recommendations in the isolation section above.
- If they are 2 years of age or older and able and willing to consistently and correctly wear masks, they must wear a [well-fitting mask](#) around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0). If they are not able or willing to wear a mask, then they must quarantine for 7 days, with a negative test on day 5 or later, or for a full 10 days without testing.

Reporting COVID-19 and COVID-19 Exposures

CDC states that ECE programs should report positive cases to their state or local health department as soon as they are informed. Per NAC 432A regulations, facilities are required to report communicable diseases to Child Care Licensing along with the appropriate authorities. NAC states:

NAC 432A.378 Reports of accident, injury, communicable disease or death. (NRS 432A.077)

1. Upon the occurrence of any accident or injury which requires emergency professional medical care of a child, the director of each facility shall report the occurrence to the Division or local licensing agency within 48 hours after the accident or injury and shall keep on file at the facility a written report detailing the occurrence.
2. If the director of a facility finds that any reportable communicable disease may be present in the facility, he or she shall report that condition to the Division or local licensing agency as soon as possible. The Division or local licensing agency shall provide the list of reportable communicable diseases to all licensees and applicants.
3. The director of each facility shall report as soon as possible to the Division or local licensing agency the death of any child who attends or lives in the facility.

How to Report:

1. Report to Child Care Licensing:
 - a. Directly to your facility’s inspector
 - b. [Submit an online report at this link.](#)
2. Appropriate authorities:
 - a. All Child Care Facilities in Northern and Southern Nevada:
 - i. The Office of Public Health Investigation and Epidemiology (OPHIE): outbreak@health.nv.gov
 1. Any instances of a child care attendee or staff having tested positive for COVID-19 must bereported to DHHS-DPBH immediately. In addition, any increase or clusters of childcare attendees or staff reporting symptoms consistent with COVID-19 in the absence of being tested, should also be reported to DHHS-DPBH immediately.
 - b. Child care facilities in Northern Nevada:
 - i. Facilities located in the quad counties (Carson, Lyon, Douglas and Storey) must also report to Carson City Health and Human Services at: (775) 887-2190.
 - ii. Facilities located in Washoe County must also report to Washoe County Health District at: (775) 328-2447.
 - c. Child care facilities in Southern Nevada:
 - i. Facilities located in Clark County must also report to Southern Nevada Health District at: (702) 759-1300, option #2 (available 24 hours) or email schoolcovid@snhd.org.

When a report of absence is received at the child care facility it is important for staff to inquire if the absence is related to illness. If the absence is related to illness, it is essential for staff to inquire about specific symptoms. This is a vital step in early identification of COVID-19 to ensure that sick children are isolated appropriately. It is recommended to follow a script so that symptom information is collected in a systematic fashion within the facility. While the individual taking the report is not expected to diagnose any specific condition, it is recommended that the symptoms are logged.

The key to successful ascertainment is staff training. Once symptom information is gathered, the reports also need to be reviewed by symptoms. If it is determined there is an increase in any predominant symptoms, a report needs to be made to Child Care Licensing and appropriate authorities (see above). The following is an example of a script:

Child Care Script for Symptom Ascertainment

Date: _____

Name of Child: _____

Date and Time Symptoms Started: _____

Specific Symptoms:

- | | | |
|---|-----|----|
| • Do symptoms include fever? | Yes | No |
| • Do symptoms include shortness of breath? | Yes | No |
| • Do symptoms include cough? | Yes | No |
| • Do symptoms include fatigue? | Yes | No |
| • Do symptoms include chills? | Yes | No |
| • Do symptoms include vomiting? | Yes | No |
| • Do symptoms include diarrhea? | Yes | No |
| • Do symptoms include headache? | Yes | No |
| • Do symptoms include loss of taste and/or smell? | Yes | No |
| • Do symptoms include sore throat? | Yes | No |

Child Pick-Up and Drop-Off Procedures

CDC says that facilities should have pick-up and drop-off procedures that help to inform and allow for safer care transitions. Procedures that include screening for certain symptoms of COVID-19 and speaking with parents regarding health history. NAC currently requires information be gathered regarding the enrolled child's health.

NAC 432A.340 Information to be provided by parent; maintenance of record for each child. (NRS 432A.077)

1. Procedures for admission must provide the caregiver with sufficient information and instruction from the parentsto enable the caregiver to prepare a record and to make decisions or act on behalf of the child.
2. Before the admission of a child to a facility, the parent shall give the following information to the caregiver:
 - (a) The child's full legal name, date of birth, current address and preferred name;
 - (b) The name, address and telephone number of each parent responsible for the child and any special instructionsneeded to reach the parent during the hours the child is in the facility;
 - (c) The name, address and telephone number of any person who can assume responsibility for the child and isauthorized to take the child from the facility if the parents cannot be reached;
 - (d) Information concerning the health of the child, including any special needs of the child; and
3. The caregiver shall, unless the facility is an accommodation facility:
 - (a) Make a record for each child that includes the date the record was prepared and the date the child is scheduled toattend the facility; and
 - (b) Maintain each record in good order.

Child pick-up and drop-off COVID procedure guidelines:

1. Drop-off and pick-up should be completed at designated area.
2. Complete a visual "well check" and inquire if parents and children have a cough, shortness of breath, or any other COVID-19 symptoms (*limit attendance if there are concerns*).
3. Conduct temperature check of all parents and children upon arrival to facility. Temperature should be no higher than 100.4.
4. Parents and age-appropriate children are to wear masks.
5. Wash hands frequently.
6. Limit personal belongings (e.g., backpacks, purses) brought into facility.
7. When possible, infant car seats should be stored in a separate area away from children.

Safely Caring for Infants And Toddlers

CDC states that child care facilities should use personal protective equipment (PPE) to help in prevention, which Nevada regulations do not prevent facilities from doing. Child care facility staff are required to obtain and maintain trainings in the care and safety of children. NAC orientation and trainings include:

Staff orientation (NAC 432A.320) includes: Handwashing techniques and requirements; techniques for diapering; identifying hazards, methods for preventing injuries; excluding a child from the facility because of illness and understanding the matter in which illnesses are transmitted between persons; precautions and other measures that should be taken to prevent exposure to blood and other bodily fluids along with policies and procedures to follow in the event of event exposure to blood or other bodily fluids.

Capabilities of Staff (432A.302.2d) includes: Staff will recognize and eliminate hazards to the safety of children. During the time of COVID, staff shall ensure safety by: wear masks; utilize gloves; use hand sanitizer; wash hands frequently; maintain social distancing whenever feasible; monitor personal health and hygiene.

Food Preparation and Meal Service

CDC states that, when possible, consider using additional spaces for mealtime seating. Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals. Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage

or dirty dishes and after removing gloves. NAC states:

NAC 432A.385 Snacks and meals. ([NRS 432A.077](#))

1. The staff of each facility shall:
 - (a) Provide appropriate and adequate seating for the children at the facility during snacks and meals;
 - (b) If a high chair is used, ensure that the chair:
 - (1) Is in good condition;
 - (2) Has a wide base; and
 - (3) Has a safety belt for the child;
 - (c) Wash with a detergent and disinfect before and after each use of any table that is used during a snack or meal;

NAC 432A.412 Written procedures for washing of hands. ([NRS 432A.077](#))

1. Each facility must have written procedures concerning the washing of hands.
2. The staff of a facility shall follow the procedures of the facility concerning the washing of hands and shall instruct, monitor and assist the children being cared for at the facility to ensure that the children follow the procedures.
3. The procedures concerning the washing of hands must require, without limitation, that:
 - (a) The staff of the facility wash their hands with soap from a dispenser and warm water:
 - (1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;
 - (2) Before preparing or handling food;
 - (3) Before engaging in any activity related to serving food, including, without limitation, setting the table;
 - (4) Before and after eating a meal or snack;
 - (5) After using the toilet, helping a child use the toilet or changing a diaper with or without gloves;
 - (6) After attending to an ill child;
 - (7) After handling an animal;
 - (8) Before and after giving medication to a child; and
 - (9) After cleaning a container used to store garbage or handling garbage.
 - (b) The children being cared for in the facility wash their hands with soap from a dispenser and warm water:
 - (1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;
 - (2) Before handling food;
 - (3) Before and after eating a meal or snack;
 - (4) After handling an animal;
 - (5) After the diaper or underwear of the child is changed;
 - (6) After playing in water; and
 - (7) After playing in a sandbox.
 - (c) The staff of the facility shall ensure that:
 - (1) Each bathroom has running water, soap and single-use or disposable towels; and
 - (2) Any common basin or sink which is filled with standing water is not used for the washing of hands.

Food service procedures:

1. Wash table and chairs before and after use for meals.
2. Discontinue family-style meal service and move to individual-style meal service.
3. Do not share utensils or dishes.
4. Water fountains should be sanitized regularly, at minimum once per day. If water fountains have been out of use, ensure they are safely re-opened by following these guidelines:
<https://www.cdc.gov/nceh/ehs/water/legionella/building-water-system.html>
5. Wear gloves when serving food.