Coronavirus 2019 (COVID-19): Guidance for Childcare Facilities

This guidance is for childcare facilities providing services in the District of Columbia. Childcare facilities should implement the following measures to help reduce the risk of COVID-19 transmission between children, staff, families, and the community. This guidance is consistent with updated Centers for Disease Control and Prevention (CDC) guidance updated 7/9/21. Separate guidance is provided for schools and summer camps providing services to school aged children (5 years and above) that are exempt from childcare licensing. For additional information, visit coronavirus.dc.gov/healthguidance.

Prevention of COVID-19 in childcare facilities

Vaccination is the most important public health intervention for ending the COVID-19 pandemic. Most childcare programs serve small children who are not yet eligible to receive a COVID-19 vaccine. Until all ages can be vaccinated, continued use of layered prevention measures is recommended to protect unvaccinated people and to prevent the spread of COVID-19 in childcare facilities.

Elements of Prevention

- Childcare facilities **must** implement universal indoor masking for all people 2 and older regardless of vaccination status.

- Childcare facilities **should** implement these elements in their COVID-19 prevention strategy:
  - Promoting COVID-19 vaccination for staff
  - Staying home when sick
  - Physical distancing

- Other key elements include:
  - Hand hygiene and respiratory etiquette
  - Quarantine and isolation
  - Cleaning and disinfection
  - Ventilation

COVID-19 vaccination

- In the United States, all people age 12 and older are currently eligible for COVID-19 vaccination. The COVID-19 vaccines are safe and effective at keeping people from getting sick with COVID-19, including the Delta variant and other circulating variant strains. They are also very effective at preventing hospitalization and death if someone is infected with COVID-19.
- Childcare staff are strongly recommended to get the COVID-19 vaccine, and children should be vaccinated as soon as they are eligible.
- Facility administrators should strongly promote vaccination of staff and develop policies that support vaccination, such as:
  - Leave options for staff to get vaccinated, and for if they experience vaccine side effects
  - Creative incentives for staff to get vaccinated
  - For more information about how to promote vaccination, see the CDC *Workers COVID-19 Toolkit* at cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/essential-workers.html.
- **A person is considered fully vaccinated 14 days after the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a**

single-dose vaccine).
- Find out more about getting the COVID-19 vaccine in DC at coronavirus.dc.gov/vaccine.
- For detailed guidance for fully vaccinated people, see "*Guidance for Fully Vaccinated People*" at coronavirus.dc.gov/healthguidance.

Stay home when sick

- Anyone experiencing symptoms of COVID-19 or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure should **stay home** and should not enter a childcare facility due to the risk of exposing others. This includes staff, children, and visitors.
    - Symptoms of COVID-19 include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, poor appetite or poor feeding, abdominal pain, or diarrhea.
    - Please note that children with COVID-19 infection often present with non-specific symptoms, such as only breathing or stomach symptoms, with the most common being cough and/or fever.
- Ask families to be alert for signs of illness in children and to keep them home if they are sick.
- Individuals who are under quarantine (for example due to exposure to a close contact), isolation, or have a COVID-19 test result pending also should not enter the facility.

Masks

Mask basics:

- Masks function as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control.
- Masks protect the wearer and protect other people.
- To be effective, masks must be worn correctly. Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.
- Mask wearing is especially important indoors and when it is difficult to maintain physical distancing, such as while providing care or comfort to young children.
- If interacting with people who rely on reading lips, consider wearing a clear mask (not face shields) or a cloth mask with a clear panel.
- Children younger than two years of age should not wear face masks.

Masks in childcare facilities

- **Indoors**: Masks must be worn by **all people age 2 and older indoors** (including staff, children, and visitors), **regardless of vaccination status.** This will reduce the risk to people who are not fully vaccinated, including children.
    - Masks may be removed for eating or drinking.
    - Masks must be removed for naptime.
    - If an adult has a contraindication to wearing a face covering, either medical or otherwise, then it is recommended that the individual should not participate in childcare activities.
- **Outdoors**: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission[1]. CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that

[1] For information on the current level of community spread, please visit coronavirus.dc.gov/page/reopening-metrics.

involve sustained close contact with other people who are not fully vaccinated.
    - In settings where unvaccinated children are unable to maintain physical distancing outdoors, the use of masks for all people who are not fully vaccinated should be considered.
    - Facilities that are considering a more relaxed policy for outdoor mask use should consider the following:
        - The current level of community spread.
        - The ability to properly store masks when not in use.
        - The frequency of movement between indoor and outdoor play.
        - The level of assistance required for application and removal of masks in the population served.
- **Outings**: Masks must be worn by everyone on facility transport vehicles.

Additional mask considerations:

- Childcare staff should teach and reinforce correct mask wearing for small children.
    - Store masks somewhere safe and clean whenever they are taken off (e.g. while eating), such as in an individually labelled paper bag or small container, a cubbie, a pocket, or in a backpack. It is recommended to fold masks widthwise for storage, with the inner surface facing inward.
    - Masks that have been on a person's face and will be reused for that person should be stored individually, not together with other people's masks.
- Exceptions are allowable for young children taking developmental factors into account. Children who wear a mask should be able to:
    - Use a mask correctly
    - Avoid frequent touching of the mask and their face
    - Limit sucking, drooling, or having excess saliva on the mask
    - Remove the mask without assistance
- Wearing masks may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues.
    - Plan for options for children with special needs who may not be able to comply with mask requirements.
    - For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate children and/or staff (for example, during carpool drop off or pick up, or when standing in line).
- Parents and childcare staff should discuss individual considerations for children of any age, including medical or developmental conditions that may prevent them from wearing a mask, and consult with the child's health care provider if necessary, to determine if an individual child is able to wear a mask and attend childcare safely.

For more information about non-medical face coverings or face masks, please refer to the guidance *Guidance about Masks and Other Face Coverings for the General Public* on coronavirus.dc.gov/healthguidance.

Physical distancing and cohorting

Physical distancing

- **People who are not fully vaccinated should maintain physical distance of at least 6 feet from people not from their household as much as possible, whether indoors or outdoors.**
- 6 feet of distance should be maintained at all times between staff who are not fully vaccinated. This is a critical mitigation measure to prevent spread between classrooms.
- Maximize spacing between children, and between children and staff, with a goal of 6 feet

of distance when feasible.
    - It is important to hold babies and small children when they need comforting or feeding, and precautions can be taken to do so safely.
    - Children or staff who are members of the same household do not need to distance from each other.
    - Physical distancing may be more challenging for young children with disabilities and should be encouraged as much as possible.
- Pay special attention to physical distancing during the following times: entry and exit of the building, at mealtimes, in restrooms, on playgrounds, in hallways, and in other shared spaces.
- Avoid large group activities and activities requiring children to sit or stand in proximity, e.g., circle time.
- Six feet of distance should be maintained during naptime. Place children head-to-toe to support distance between their faces.
- Modify layout of the childcare facility as necessary to promote physical distancing. For example, space out seating areas, turn tables to face the same direction, or seat children only on one side of tables, socially distanced.
- Use visual cues to promote social distancing, such as tape or decals on the floor, or signs on walls.
- Stagger staff shifts, start times, and break times as much as possible. Limit the number of employees in a breakroom at any given time to ensure social distancing.

Cohorting

- Cohorting consists of dividing **children and staff** into distinct groups that stay together throughout the day.
- Childcare facilities are recommended to utilize cohorting, especially when community transmission levels are moderate to high[1].
    - The use of cohorting does not replace other prevention measures, such as physical distancing between cohort members and mask wearing.
- Cohorting can help maintain childcare operations if a case of COVID-19 occurs in a facility.
- Cohorts should not mix. Preventing mixing between cohorts will decrease the number of children and staff that need to be quarantined if a case occurs in a childcare facility. The safest arrangement is for each cohort to have their own classroom. Each cohort should maintain 6 feet distance from other cohorts, indoors and outdoors, as much as is possible.
- Childcare facilities may follow cohort sizes set in childcare licensing regulations, provided they are able to do so while preserving appropriate physical distancing, to the extent feasible.
- Keep the same groups of children and staff together each day as much as possible (as opposed to rotating teachers or children).
- The use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19. Limiting the use of floating staff will reduce this risk.
- Stagger arrival/drop-off and pick-up times by cohort. Minimize staff contact with parents/caregivers at drop off. Prioritize outdoor drop-offs and pick-ups as much as possible.
- Cohorts should be maintained for all activities including meals.
- Stagger use of communal spaces by cohort.
- If specialized staff (for example, early intervention specialists) are providing services to children within multiple cohorts or multiple childcare facilities, they should take prevention measures to limit the potential transmission of COVID-19, including getting vaccinated, and wearing masks or other recommended personal protective equipment (PPE). They

should limit interactions with children to only the children they are there to see. Specialized staff should keep detailed logs of interactions in the facility to support contact tracing if needed.

Hand hygiene and respiratory etiquette

- Employers should provide adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues, no-touch/foot pedal trash cans) to support healthy hygiene practices.
- Promote and teach good hand hygiene: washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol.
    - If hands are visibly dirty, soap and water should be used.
    - Supervise small children when they are using hand sanitizer to prevent ingestion.
- Key times to perform hand hygiene include:
    - On arrival to the facility,
    - Before and after group activities,
    - Before and after preparing food or drinks,
    - Before and after eating, handling food, or feeding children,
    - Before and after handling clean utensils or equipment,
    - Before and after helping a child put on or adjust their mask,
    - Before and after putting on, touching, or removing your mask or touching your face,
    - Before and after diapering a child or assisting/training a child in toileting,
    - Before and after providing any medication or applying any medical ointment or cream,
    - After using the restroom,
    - After having contact with bodily fluids,
    - After caring for a sick child,
    - After handling animals or cleaning up after animals,
    - After playing on outdoor or shared equipment,
    - After handling other people's belongings,
    - After handling trash,
    - After blowing your nose, coughing, or sneezing.
- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes
    - Cover your mouth and nose with a tissue when you sneeze or cough
    - If you don't have a tissue, cough or sneeze into your elbow.

Considerations for employers

- Employers are responsible for providing a safe workplace.
- Employers should communicate COVID-19 policies to staff and families.
- Signage should be posted at the entrance(s) stating that nobody with a fever or symptoms of COVID-19 is permitted to enter the childcare facility and that individuals must wear a mask or face covering.
- Signage should be posted in visible locations throughout the facility reinforcing everyday prevention measures (e.g., social distancing, mask wearing, hand hygiene).
- Signage and other communications should be clear, easy to understand, and in appropriate primary languages spoken by staff and family members.
- Employers should provide staff with masks and appropriate PPE as per their job responsibilities.
- Consider providing appropriately sized disposable facemasks to children if they need one, supplies permitting.
- Employees who handle food must wear disposable gloves to minimize bare hand contact

with any food products.

- Gloves should only be worn as indicated per routine job responsibilities. Hand hygiene should be performed before and after wearing gloves.
- Implement leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
    - Employees who report COVID-19 symptoms
    - Employees who were tested for COVID-19 due to symptoms, travel, or exposure and have test results are pending
    - Employees who tested positive for COVID-19
    - Employees who are a close contact of someone who tested positive for COVID-19[2]
    - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members
    - Employees who need to get the COVID-19 vaccine
    - Employees who are experiencing side effects from the COVID-19 vaccine
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- Educate employees about COVID-19. Refer to coronavirus.dc.gov for more information.

Other operational considerations:

Visitors

- Non-essential visitors to childcare facilities should be minimized if DC is at moderate to high community spread[1]. All visitors must wear a face mask and should be required to follow facility policies on physical distancing and other preventive measures.
- Facilities should not limit access for direct service providers (e.g. early interventionists delivering services to children), government employees, or mothers who are breastfeeding their infants.
- Ensure protocols are in place allowing staff to meet new families or for parents/guardians to visit their children while maintaining core principles of COVID-19 infection prevention (i.e. appropriate use of source control and physical distancing).

Meals

- Meals should be eaten outdoors or in well-ventilated indoor spaces.
- Children should eat in separate areas or with their cohort, instead of in a communal dining area.
- There is no need to limit food service items to single use items and packaged “grab-and-go” meals, given the low risk of COVID-19 transmission from surfaces
- Ensure that all non-disposable food service items are handled with gloves and washed and sanitized after each use with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- When possible, diapering and food preparation/handling should not be performed by the same person/people. If the same person must perform both tasks, thorough handwashing should be done between diapering and food preparation/handling.

High-risk individuals

Childcare facilities should encourage staff and families with children who are at increased risk of

[2] For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance.

experiencing severe illness due to COVID-19 to consult with their medical provider ***before*** participating in childcare activities.

- **Older adults and adults with the following conditions are at increased risk** of severe illness from COVID-19:
  - Cancer
  - Chronic kidney disease
  - Chronic lung diseases (including COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
  - Dementia and other neurological conditions
  - Diabetes (Type 1 or Type 2)
  - Down Syndrome
  - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies)
  - HIV infection
  - Hypertension
  - Immunocompromised state (weakened immune system)
  - Liver disease
  - Overweight or obesity
  - Pregnancy
  - Sickle cell disease or thalassemia
  - Smoking, current or former
  - History of solid organ transplant or blood stem cell transplant
  - History of stroke or cerebrovascular disease
  - Substance use disorders
- There is less evidence to date about conditions which put **children** at increased risk of severe illness from COVID-19. Current information suggests that children with medical complexity (like genetic, neurologic, or metabolic conditions, and congenital heart disease) are generally at increased risk compared to their healthier peers. Like adults, conditions such as obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression also appear to put children at increased risk for severe COVID-19.
- Any staff member or parent of a child who has a medical condition not listed, but who is concerned about their safety, should also consult with their medical provider before participating in childcare activities.
- For more information, please refer to *People with Certain Medical Conditions* at the Centers for Disease Control and Prevention (CDC) website: cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with- medical-conditions.html.

Preventing outbreaks of other vaccine-preventable diseases (non-COVID-19)

According to CDC and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.

To help prevent a vaccine-preventable disease outbreak in a childcare setting, it is imperative for all children who attend childcare be **fully vaccinated** according to CDC and DC Health standards.

- Ensure a policy is in place for reviewing of immunization status of children, provision of reminders to parents, timelines for compliance, and support for children who do not meet requirements.
- A review of immunizations can be found at cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.
- Review CDC resources regarding Vaccine-Preventable Diseases.

Establish a plan for COVID-19 exposure

For persons diagnosed with or exposed to COVID-19

- Identify a point of contact (POC) at the childcare facility that staff and parents/guardians can notify if they test positive for COVID-19.
- A plan should be in place to ensure that staff or children diagnosed with COVID-19 or identified as close contacts of someone with COVID-19 do not return until their isolation or quarantine periods are complete.
    - A person who tests positive for COVID-19 should not attend childcare and should isolate for at least 10 days and show improvement of symptoms, including no fever for 24 hours.
    - A person who is a close contact of someone with COVID-19 (within 6 feet for a cumulative total of at least 15 minutes over a 24 -hour period) should not attend childcare and should quarantine for at least 10 days.
    - Persons who have been identified as a close contact of a person with COVID-19 are NOT required to quarantine if:
        - They have had COVID-19 (symptomatic or asymptomatic) within the last 90 days
          AND
        - do not have any symptoms suggestive of COVID-19 infection
    - **UPDATE: Fully vaccinated people who are close contacts of someone with COVID-19** do not need to quarantine, but they should:
        - Get a COVID-19 test 3-5 days after the date they were exposed. Isolate if the test is positive.
        - Wear a mask in all public indoor settings for 14 days after the date they were exposed.
        - Consider wearing a mask at home for 14 days if they live with someone who is immunocompromised.[3]
        - Monitor themselves for COVID-19 symptoms for 14 days from their exposure, and isolate if they develop symptoms.
- Please see the guidance documents "*Persons Who Tested Positive for COVID-19"* and "*Quarantine after COVID-19 Exposure"* for detailed guidance on isolation and quarantine, including exceptions, at coronavirus.dc.gov/healthguidance.

Testing for symptomatic staff and children:

- Children and staff that develop symptoms of COVID-19 should isolate at home, consult with their healthcare provider, and seek testing.
- It is recommended that children and staff should get tested if anyone in their household is symptomatic, even if they themselves do not have symptoms (persons who are fully vaccinated should only get tested if they develop symptoms).
    - DC Health recommends all household members get tested at the same time.
    - If testing is not done, it is recommended that the staff member/child stay home while the symptomatic household member's test result is pending.
        - If the result is negative, the child/staff can return to the facility without restriction.
        - If result is positive, the child/staff should not attend childcare and should isolate at home and the family can expect outreach from the DC Health

[3] **Immunocompromised** means having a weakened immune system due to a medical condition or from taking medications that suppress the immune system. This includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis.

Contract Tracing team.

- DC Health does not recommend repeated (e.g., screening or surveillance) testing of children or staff who do not have symptoms or known exposures.

Communication and response

- If a child or staff member develops any symptoms of COVID-19 during the course of the day, the facility should have a process in place that allows them to isolate until they are able to safely go home and seek healthcare provider guidance.
- If a facility identifies a child or staff member with COVID-19 who is in the facility, they should be prepared to dismiss that child or staff member, and the potentially exposed cohort(s) until DC Health is able to complete the case investigation.
    - The exposed cohort should remain in their designated area and follow routine procedures while they are waiting for their parents/caregivers to pick them up.
    - If the facility is notified of a case who is not in the building, the affected cohort may remain until the end of the day.
- Facilities should have a notification process in place to share the following with staff and parents/guardians if a case occurs at the childcare facility:
    - Education about COVID-19, including the signs and symptoms of COVID-19
    - Referral to the *Guidance for Contacts of a Person Confirmed to have COVID-19*, available at coronavirus.dc.gov.
    - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
    - The privacy of the ill staff or child must be protected, and personal information must not be shared without their consent.

Reporting

- Refer to the guidance *"First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19"* at coronavirus.dc.gov/healthguidance when a case is reported in your facility.
    - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes over a 24-hour period, during that person's infectious period.
    - The infectious period starts two days before symptom onset date (or positive test date for people who do not have symptoms), and typically ends 10 days after symptom onset date (or positive test date for people who do not have symptoms).
- Facilities **must** notify DC Health if:
    - The facility is notified that a staff member, volunteer, or visitor **tested positive for COVID-19** (not before results come back)
      OR
    - The facility is notified that a child tested positive for COVID-19 (not before results come back)
      AND
    - The individual was in the building or participated in childcare activities **during their infectious period.**
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website: dchealth.dc.gov/page/covid-19-reporting-requirements.
    - Submit a Non-Healthcare Facility COVID-19 Consult Form.
    - DC Health must be notified on the same day the case was reported to the facility, preferably as soon as possible after the facility was notified.
- Facilities **must** also notify OSSE by submitting an Unusual Incident Report (UIR) at OSSE.ChildCareComplaints@dc.gov

- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications. Please note this time may increase if cases increase in the District.

Cleaning, disinfection, and sanitation

- In addition to following baseline required standards of cleaning, disinfection, and sanitization for childcare facilities, facilities should have a comprehensive plan for routine cleaning (and disinfection as needed) of common spaces and frequently-touched surfaces within the facility (e.g., chairs, tables, countertops, sink handles, diaper changing tables, faucets, computers, handrails, door handles, light switches, cots).
- Management should properly train staff on cleaning procedures and monitor cleaning schedules to ensure compliance.
- Management should place signage in every classroom reminding staff of cleaning procedures.
- Frequently touched surfaces should be cleaned at least daily.
- Clean any shared objects frequently, based on level of use.
- Toys that have been in children's mouths or soiled by bodily secretions should be immediately set aside. These toys should be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
- Use washable bedding (e.g., sheets, pillowcases, blankets). Wash bedding whenever soiled, and before use by another child. Wash unsoiled bedding weekly.
- Wear disposable gloves when diapering a child. Wash your hands and the child's hands before and after diapering.
- If the facility has been closed due to COVID-19, the building should be cleaned prior to reopening.
- **For comprehensive guidance on cleaning and disinfection,** including how to clean and disinfect if a person becomes ill at the facility, please see *Guidance on Cleaning and Disinfection for Community Facilities* at coronavirus.dc.gov/healthguidance.

Building considerations/ventilation

- **Prioritize outdoor activities. Whenever possible, physically active play should occur outdoors.**
- Childcare providers who are reopening after a prolonged facility shutdown should perform necessary maintenance to ventilation and water systems and features (e.g. sink faucets, drinking fountains) so that they are ready for use and occupancy.
- Consider making the following improvements to improve building ventilation:
    - Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Use child-safe fans to enhance the effectiveness of open windows. Position fans to blow inside air out.
        - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
    - If opening windows and doors is not safe, consider other ways to freshen indoor air, including air filtration and use of exhaust fans.
    - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
    - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
    - Increase ventilation rates.
    - Check filters to verify they are within service life and appropriately installed.
    - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
    - Consult with a specialist to see what works for your building

- Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning wherever possible, especially in higher-risk areas such as sick/isolation room(s).
- More details on recommended improvements to ventilation in school buildings can be found at cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached into the water and minimize the risk of Legionnaires' disease and other diseases associated with water.
    - Further details on steps for this process can be found on the CDC website at cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.