#StayStrongNC

ChildCareStrongNC
Public Health Toolkit

INTERIM GUIDANCE

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

What's Inside

What's New in December
- **Revised requirement for face coverings for ALL children ages 5 & older, unless an exception applies**
- **Requirement to follow latest CDC guidance regarding quarantine**
- **Allows regulatory agencies and consultants providing monitoring of health and safety practices and offering technical assistance to enter child care facilities once screened**
- **Clearly defines stable groups of children and adults (cohorts) to minimize the extent of exposure**
- **Glossary of commonly used terms**

Interim Guidance for Child Care Settings

Governor Cooper has implemented a three-phased approach to slowly lift restrictions while combating COVID-19, protecting North Carolinians and working together to recover the economy.

This guidance is intended to help licensed/regulated child care facilities make informed decisions about COVID-19 and minimize the risk of exposure to both the staff and the children in their care. Health and safety guidance for child care facilities during COVID-19 is outlined in this document.

Transmission and Symptoms of COVID-19

We are learning more about COVID-19 every day, but much about the virus is still to be discovered through more research. COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing and staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions that child care programs can take to help lower the risk of COVID-19 exposure and spread in child care settings.

Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19.

People with these symptoms may have COVID-19 (but this list does not include all possible symptoms):

- **Fever* or chills**
- **Shortness of breath or difficulty breathing**
- **New loss of taste or smell**
- **Congestion or runny nose**
- **Nausea or vomiting**
- **New cough**
- **Fatigue**
- **Muscle or body aches**
- **Sore throat**
- **Headache**
- **Diarrhea**

People with COVID-19 report a wide range of symptoms from no symptoms and mild to severe illness. Even people with no or mild symptoms can spread the virus. Children with COVID-19 may not initially present with fever and cough as often as adult patients.

*Fever is determined by a measured temperature of 100.4 °F or greater, or feels warm to the touch, or says they have recently felt feverish.
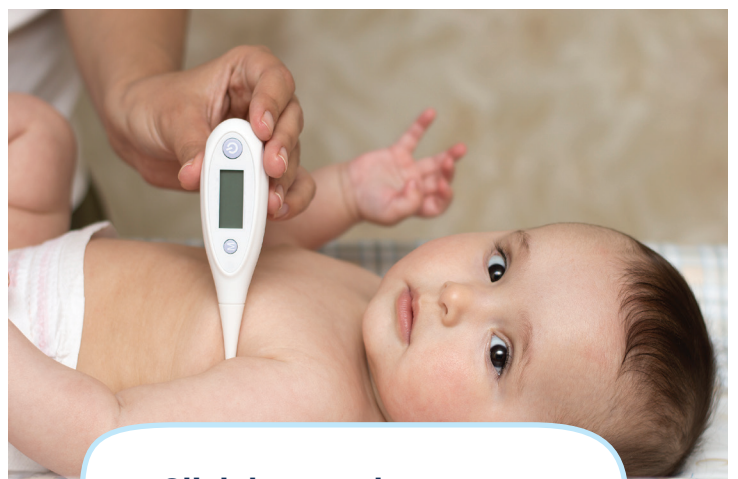
Requirements and Recommendations

Actions that are **required** for each topic are stated in Executive Order 141, extended to Executive Order 163, and clarified in Executive Order 180 or are in existing child care rules. Actions that are **recommended** for each topic were developed to protect people in the child care facility to minimize spread of COVID-19. Facilities are expected to make every effort to meet all guidance in this document. However it is understood that some recommended actions may not be feasible in all settings; specific actions should be tailored to each child care program.

This Interim Guidance for Child Care Settings covers the following topics:
- Drop-off/Arrival Procedure
- Monitoring for Symptoms
- Returning to Child Care
- Preventing Spread in the Classroom
- Cloth Face Coverings
- Cleaning and Hygiene
- Protecting Vulnerable Populations
- Transportation
- For Facilities Planning to Reopen After Extended Closure
- Communication and Combating Misinformation
- Additional Considerations
- Additional Resources
- Daily Health Screening for COVID-19 for Anyone Entering the Building
- Daily Health Screening Log

Drop-off/Arrival Procedure

Child care programs are required to:
☐ Post signage in drop-off/arrival area to remind people to keep six feet of distance whenever feasible.

It is recommended that child care programs:
- Post this door sign at all entrances to the facility (the door sign is also available in Spanish).
- Before arrival: Ask parents/caregivers to be on the alert for any symptoms of COVID-19 and to keep the child(ren) home if showing any signs of illness.
- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents/caregivers as much as possible.
- Have a staff member greet children outside as they arrive.
    - Designate a staff person to walk children to their classroom, and at the end of the day, walk them back to their cars. Walk with older children and transport infants in an infant carrier.
    - The staff person greeting children should wear a cloth face covering and be a person who is not at higher risk for severe illness from COVID-19.

- Staff should monitor and encourage social distancing at arrival and drop-off.
- Communicate to families about modified drop-off/arrival procedures, including:
    - Designate the same parent or individual to drop off and pick up the child every day if possible.
    - Avoid designating those considered at high risk such as elderly grandparents who are over 65 years of age if possible.
- Set up hand hygiene stations at the entrance of the facility, so that people can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol. Keep hand sanitizer out of children's reach and supervise use.

Monitoring for Symptoms

People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19. Regular screening for symptoms should be done at the start of the day and throughout the day to help reduce exposure. Adults should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. If a child develops symptoms while at child care, they should remain isolated under the supervision of an adult, and return home safely as soon as possible. If a staff member develops symptoms while at the facility, he/she should notify the supervisor immediately and must remain isolated and return home. More information on how to monitor for symptoms is available from the CDC.

Child care programs are <u>required</u> to:

☐ Conduct a daily health screening of any person entering the building, including children, staff, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19.

If a child is coming to the child care facility on child care transportation, all children must be screened following the steps outlined in the Daily Health Screening for COVID-19 for Anyone Entering the Building and have his/her temperature checked before entering the vehicle. Children who demonstrate symptoms, have been diagnosed with COVID-19, or who have been in contact with someone who has been diagnosed with COVID-19 must not board the vehicle, until they meet the criteria for returning to child care.

Child care facilities may make the decision to use an attestation form where parents are agreeing that they will not allow their child to ride the child care transportation or attend child care on any day that any of the following is true:

– Within the last 14 days, their child has been within 6 feet for at least 15 cumulative minutes of someone who has been diagnosed with COVID-19;

– A health department representative or healthcare provider has been in contact with the parent and advised any member of household to self-quarantine;

– Their child has a fever, chills, shortness of breath or difficulty breathing, a new cough, OR a new loss of taste or smell; OR

– Their child has been diagnosed with COVID-19.

Child care programs <u>must not</u> allow people to enter the child care facility if:

☐ They have tested positive for COVID-19 and are still in their isolation period;

If a person screens positive for COVID-19 symptoms at the entrance of the child care facility or develops COVID-19 symptoms during the day while at the facility:

– Immediately isolate the person that screens positive for or develops fever, chills, shortness of breath, new cough, or new loss of taste or smell and send them and any family members home as soon as possible.

If it is identified that a person in the facility tests positive for COVID-19, immediately isolate the person and send them and any family members home as soon as possible.

– Notify the local health department of laboratory-confirmed COVID-19 case(s) among children and staff as required by NCGS § 130A-136

– Have a plan to work with local health departments to identify close contacts of confirmed cases in the child care setting.

– Work with local health departments for follow-up and contact tracing.

While waiting for a child who is sick or has tested positive for COVID-19 to be picked up, have a caregiver stay with the child in a place isolated from others and, if possible, ventilated to outside air. If possible, allow for air flow throughout the room where the child is waiting by opening windows or doors to the outside. The caregiver should remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision. The caregiver should wear a cloth face covering or a procedure mask, if available. If the child is over the age of 2 and can tolerate a face covering, the child should also wear a cloth face covering or a procedure mask if available. Cloth face coverings should not be placed on:

– Anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance or

– Anyone who cannot tolerate a cloth face covering due to development, medical, or behavioral health needs.

It is <u>recommended</u> that child care programs:

- Educate staff and families about the signs and symptoms of COVID-19 and when people should stay home and when they can return to child care.
- Develop plans for backfilling positions of employees on sick leave and consider cross-training to allow for changes of staff duties.

- Support staff to stay at home as appropriate with flexible sick leave and paid leave policies.

✓ Returning to Child Care

Child care programs are required to adhere to the following guidelines for allowing a child or staff member to return to child care.

Utilize the CDC's most up-to-date quarantine guidance. Quarantine refers to an individual who has been a close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) of someone who is positive with COVID-19.

- CDC continues to recommend quarantine for 14 days after last exposure. However, as of December 2, 2020, the CDC has offered options to reduce the duration of quarantine in either of the following two scenarios:
  - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
  - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.
- If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.
- Follow the recommendations of your local public health department if someone at your child care facility must quarantine. Local public health authorities make the final decisions about how long quarantine should last in the communities they serve, based on local conditions and needs.

Exclusion Category	Scenario	Criteria to return to child care
Diagnosis	Person has tested **positive** with an **antigen test** but **does not have symptoms** of COVID-19	If the person takes a repeat PCR test performed in a laboratory within 24-48 hours of the positive antigen test, and that PCR test is negative, the positive antigen test can be considered a false positive and the person can immediately return to child care; OR If the person does not take a repeat PCR test or takes one within 24-48 hours and it is also positive, the person can return to child care when they complete 10 days of isolation. Isolation should begin starting from the date of their first positive test.
Diagnosis	Person has tested **positive** with a **PCR test** but the person does **not** have symptoms.	Person can return to child care when he/she completes 10 days of isolation. Isolation should begin starting from the date of the first positive test.
Symptoms	Person **has symptoms** of COVID-19 and has tested **positive** with an **antigen test** or **PCR test**	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	Person has symptoms of COVID-19 but has **not** been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.

Exclusion Category	Scenario	Criteria to return to child care
Symptoms	Person has symptoms of COVID-19 but has visited a health care provider and received an **alternate diagnosis** that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
Exposure	Person has been in **close contact** with someone **with a confirmed case of** COVID-19.	Person can return to child care after completing up to 14 days of quarantine. The quarantine time clock begins after the last known close contact with the COVID-19-positive individual.
Household Member, Exposure	Person is a **household member** (e.g. a sibling) of someone **with a confirmed case of** COVID-19.	Person can return to child care after completing up to 14 days of quarantine. The quarantine time clock begins at the end of the 10-day isolation of the person with COVID-19.
Household Member, Symptoms	Person is a **household member** (e.g. a sibling) of someone who has symptoms of COVID-19 but who has not been tested for COVID-19, nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Person can return to child care after completing up to 14 days of quarantine. Because COVID-19 was not ruled out, presumption is that person may remain infectious for up to 10 days after symptom onset. The quarantine time clock begins at the end of this 10-day isolation period.
Household Member, Symptoms	Person is a **household member** (e.g. a sibling) of someone who has symptoms of COVID-19 but has visited a health care provider and received an **alternate diagnosis** that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when household member receives their alternate diagnosis. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

Preventing Spread in the Classroom

Social distancing can decrease the spread of COVID-19. Social distancing ("physical distancing") means keeping space between yourself and other people outside of your home. Stay at least 6 feet (about 2 arms' length) from other people; do not gather in groups; stay out of crowded places and avoid mass gatherings.

Child care programs are required to:

☐ Post signage in key areas throughout the facility to remind people to keep 6 feet of distance whenever feasible, use face coverings and wash hands (Wear, Wait, Wash). Know Your W's signs are available in English and Spanish.

☐ Maintain ratios and adhere to the Revised Flexibility in Policy and Regulatory Requirements for Child Care Providers.

It is recommended that child care programs:

- Follow social distancing strategies.
- Only allow children and staff who are required for daily operations and ratio inside the building and classrooms with the following exceptions:
    - Health professionals who support children with special health care needs, early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP), and itinerant teachers and related service providers for children Individualized Education Plans (IEP) working in compliance with their agency protocols are allowed to be in the classroom once screened. Providers are encouraged to work collaboratively with professionals to safely meet the needs of children in their care.
    - Mothers who are breastfeeding to meet the nutritional needs of breastfeeding infants.
    - Regulatory agencies
    - Consultants providing monitoring of health and safety practices and offering technical assistance.

  These individuals can enter once screened and must adhere to health and safety guidelines by wearing face coverings and complying with social distancing recommendations.

- Restrict teachers to one classroom with one group of children. To reduce the number of people coming in and out of classrooms, limit the use of "floater" teachers to one per classroom to provide coverage for staff at meal time and breaks.
- Waiting areas should have 6 feet spacing markings.
- Establish stable groups of children and adults (cohorts) to minimize the extent of exposure. Keep each cohort together in their assigned rooms throughout the day with the same child care providers, including at the start/end of each day, at nap time, during outdoor play, and for meals.
- Limit mixing of children as much as possible (e.g., staggering playground times, keeping groups separate for activities such as art and music).
- At nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Place children head to toe to help prevent the virus from spreading.
- Prohibit water play using water tables and sensory play such as rice, beans, sand, or playdough activities.
- Outdoor water play using sprinklers is considered similar to playground usage and is allowed. However, water for outdoor play cannot be collected or recirculated and must drain quickly to avoid puddling.
    - Any structure, chamber, or tank containing an artificial body of water used by the public for swimming, diving, wading, recreation, or therapy, together with buildings, appurtenances, and equipment used in connection with the body of water must be approved and permitted according to the Rules Governing Public Swimming Pools, 15A NCAC 18A.2500.
- Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children's area.
- Discontinue activities that involve bringing together large groups of children or activities that don't allow for social distancing, including

- in-person field trips, large groups using playground equipment simultaneously, etc.
- Discontinue use of drinking directly from water fountains, post signs requesting water fountains be used for bottle filling stations only.
- Discontinue in-person activities that involve bringing together large groups of people or activities that do not allow for social distancing (field trips, performances, etc.).
- Limit nonessential visitors and activities involving external groups or organizations.
- 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. Avoid serving food from common dishes or with common utensils. Ensure the safety of children with food allergies.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.
- Arrange for administrative staff to telework from their homes.

Cloth Face Coverings

There are exceptions, not all children should wear cloth face coverings.

There is growing evidence that wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment. Recent studies on types of face coverings suggest that multi-layered cotton face coverings provide good coverage to keep droplets from spreading when we speak, sneeze, or cough. Individuals should be reminded frequently not to touch their face covering and to wash their hands.

Cloth face coverings should **not** be placed on:
- Children under the age of 2;
- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

Child care programs are required to:
- ☐ Have all workers, all other adults, and all children five (5) years or older on-site wear a face covering when they are or may be within six (6) feet of another person, unless the person (of family member for a child) states that an exception applies.
- ☐ Visit NCDHHS COVID-19 response site for more information about the face covering guidance and to access sign templates that are available in English and Spanish.

NOTE: Younger children may be unable to wear a face covering properly, particularly for an extended period of time. Child care program staff can prioritize having children wear face coverings at times when it is difficult for children to maintain a distance of 6 feet from others (e.g., during pick-up or drop-off, when standing in line). Staff should make sure face coverings fit children properly and provide children with frequent reminders and education on the importance and proper way to wear face coverings. Additionally, small children are more likely to touch their face covering, so caretakers should wash children's hands often.

It is recommended that child care programs:
- Provide cloth face coverings for staff, other adults, and children five (5) years or older and ask them (or their families) to properly launder using hot water and a high heat dryer between uses.
- Face coverings are encouraged for children two (2) years of age and up to the age of five (5), if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day.
- Consider building in time throughout the day when staff and children can take short breaks from wearing cloth face coverings at times and in settings where risk for transmission is lower (e.g., outside, where windows are open, and when people are consistently 6 feet apart).
- Use strategies to assist children with becoming comfortable wearing face coverings.

Personal Protective Equipment

PPE is designed to protect the wearer and/or those nearby from the spread of illness-causing germs When used properly, PPE acts as a barrier between infectious materials such as viral contaminants and the wearer's skin, mouth, nose, or eyes (mucous membranes). The barrier has the potential to block transmission of contaminants from blood, bodily fluids, or respiratory secretions. There are different kinds of PPE for different situations. PPE is not always required, and it is important to thoughtfully utilize available resources when necessary for protection. PPE should be used in a child care facility, primarily by delegated staff in specific situations, including:

- Monitoring or assisting a symptomatic person and it is not possible to maintain the recommended distance of six feet;
- Completing certain breathing-related health care procedures; and
- Completing health care procedures for a symptomatic person while the person is awaiting transportation to go home. PPE should be used with discretion. It should not be used all the time and should not be used with children who are healthy.

Face Shields

Face shields provide eye protection and barrier protection from liquid splashes and sprays for procedure masks when needed.

Length of use and disposal of face shields:

- Reusable face shields should be cleaned after each use following the manufacturer recommended process and products. If manufacturer guidelines are unavailable, follow CDC guidance for cleaning.
- With proper cleaning, a face shield may be used until damaged, it no longer fastens securely, or visibility is obscured.

Teachers and staff who sustain close contact with children who cannot wear a face covering due to a medical or behavioral condition or disability may consider wearing a face shield, in addition to their cloth face covering. In these situations, the use of a face shield and a cloth face covering together may provide further protection.

Procedure Masks

Intended use and disposal of procedure masks:

- Disposable procedure masks should be used to care for and manage COVID-19 symptomatic children when recommended six feet of distance cannot be maintained.
- Use procedure masks at the recommended rate in order to preserve the supply.
- If procedure masks are reused due to having minimal contact with symptomatic students, follow CDC guidelines for Optimizing the Supply of Facemasks.
- Masks that are soiled or that sustain exposure to respiratory secretions should be disposed of after single use.

Cleaning and Hygiene

It is recommended that child care programs:

Create a plan for cleaning, sanitizing and disinfecting that protects children and adults

- Develop an internal plan for cleaning, sanitizing, and disinfecting that protects children and adults from both surface contamination and exposure to products.
- Cleaning products should not be used near children.
- Staff should ensure that there is adequate ventilation when using cleaning, sanitizing, and disinfectant products to prevent children from inhaling toxic fumes (e.g., open doors and/or windows). Always read and follow the manufacturer's use instructions.
- All cleaning products must be kept secure and out of reach of children in accordance with NC child care and sanitation rules.
- Avoid mixing chemicals. In particular, don't mix bleach with ammonia, acids, or other cleaners, as this can cause serious inhalation hazards and injuries.. Be sure to always read the product label before using a cleaning product.

Handwashing and use of hand sanitizer

- Routinely check and refill/replace supplies to support healthy hand hygiene, such as soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol for safe use by staff and older children.
- Teach and reinforce adult and child handwashing with soap and water for at least 20 seconds.
- Monitor and reinforce handwashing during key times such as:
  - Upon arrival in classroom in the morning and after being outdoors
  - Before and after preparing food, eating meals and snacks
  - After blowing noses, coughing, or sneezing or when in contact with body fluids
  - After toileting or changing diapers
  - After messy play
  - After touching objects with bare hands which have been handled by other individuals
  - Before and after putting on and before and after taking off face coverings
  - Before going home
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue, and to avoid touching eyes, nose, and mouth.
- Hand sanitizing products with 60 percent alcohol may be used upon arrival to the facility or when outdoors on playgrounds if hands are washed upon returning to the classroom. Hand sanitizers shall not replace handwashing for diapering or preparing, serving or eating food; however, they may be applied after proper handwashing. Hand sanitizer should be stored out of reach of children when not in use.

Cleaning toys and other objects in the classroom

- Toys that cannot be cleaned and sanitized/disinfected should be removed from the classroom and not used.
- Do not share toys or other objects between groups/cohorts of children. If sharing is unavoidable, items must be cleaned and disinfected between groups while children are not present.
- Maintain awareness of children's behaviors to note mouthed toys or any other objects that are contaminated with oral or respiratory secretions.

- When toys are being used by a consistent group/cohort of children, clean all toys:
  - At least weekly, whenever visibly soiled, or as listed below:
  - Mouthed toys or other objects contaminated with oral or respiratory secretions should be removed when a child is finished with them and before another child has access to them. Place these toys in a bin that is inaccessible to other children, then wash hands.
  - In rooms where children are NOT toilet trained, clean and sanitize mouthed toys and contaminated objects between use by individual children in a dishwasher with a sanitizing setting or using the following procedure:
    1. Scrub in warm, soapy water using a brush to reach into crevices.
    2. Rinse in clean water.
    3. Submerge in a sanitizing solution containing 50 to 200 ppm of chlorine for at least two minutes (or sanitized with another approved sanitizing solution) if the toy is submersible. If toy is not submersible, spray the item with sanitizer.
    4. Let air dry.
  - Pacifiers should be reserved for use by one child. Pacifiers that have become contaminated should be cleaned and sanitized following the above procedure and rinsed before reuse after the required contact time.
  - In rooms where children have been toilet trained, toys which are contaminated with oral and respiratory secretions should be removed to be cleaned and disinfected before reuse.
  - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child using the warmest temperature recommended on the label and dried thoroughly.
  - Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

  - If a child or staff member develops symptoms of COVID-19 during the day, close off areas used by that person and do not use these areas until after cleaning and disinfecting. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible.

Clean linens and soft surfaces
- Wash linens using the warmest appropriate water setting for the items and dry items completely. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces. In child care centers, linen used in rooms where children in care are less than 12 months old must be changed and laundered when soiled and at least daily. Otherwise, bedding that touches a child's skin should be cleaned whenever soiled or wet, before use by another child and at least weekly.
- For soft surfaces such as carpeted floor, rugs or drapes:
  - Clean the surface using soap and water or with cleaners appropriate for use on these surfaces. Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely, or
  - Disinfect with an EPA registered disinfectant that is active against coronaviruses then vacuum as usual.

Limit sharing of supplies
- Limit sharing of supplies where possible, such as crayons or markers. Ensure adequate supplies to assign for individual use, or limit use to small groups and disinfect between uses. Keep children's personal items separate and in individually labeled cubbies or boxes.

For additional recommendations for cleaning and hygiene, see the Center for Disease Control:
- Guidance for Cleaning and Disinfecting in Community, Work and School: www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html
- Guidance for child care programs that remain open: www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Protecting Vulnerable Populations

Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill. Read more information from the CDC. People at high risk include anyone who:

- Is 65 years of age or older
- Lives in a nursing home or long-term care facility
- Is pregnant
- Is a smoker
- Has a high-risk condition including:
    - Cancer
    - Chronic kidney disease
    - Chronic Obstructive pulmonary disease (COPD)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Compromised immune system from solid organ transplant
- Obesity - body mass index (BMI) of 30 or higher
- Sickle cell disease
- Type 2 diabetes

It is recommended that child care programs:

- Enable staff that self-identify as high-risk from COVID-19 to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.

For Facilities Planning to Reopen After Extended Closure

It is recommended that child care programs:

- Refer to the following CDC guidance:
    - Guidance for Schools and Child Care Programs
    - Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
- Take steps to ensure water systems and devices (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' Disease and other diseases associated with water. When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water and ventilation systems can pose their own health hazards. There is an increased risk for exposure to Legionella and other bacteria that come from stagnant or standing water.
- Train all staff and communicate with families on the following:
    - Enhanced sanitation practices;
    - Social distancing guidelines;
    - Screening practices; and
    - COVID-19 specific exclusion criteria.
- Make sure adequate supplies are available to meet cleaning requirements.

Transentation

The following guidance should be followed in addition to the rules listed in NC Child Care Rules .1000 - TRANSPORTATION STANDARDS.

Child care programs are required to:

☐ Ensure that all adults and children five (5) years or older riding public or private transportation regulated by the State of North Carolina wear face coverings when they are or may be within 6 feet of another person on a bus or other transportation vehicle, unless the person (or family member, for a child) states that an exception applies.

☐ If a child is coming to the child care facility on child care transportation, all children must be screened following the steps outlined in the Daily Health Screening for COVID-19 for Anyone Entering the Building and have his/her temperature checked before entering the vehicle. Children who demonstrate symptoms, have been diagnosed with COVID-19, or who have been in contact with someone who has been diagnosed with COVID-19 must not board the vehicle, until they meet the criteria for returning to child care.

Child care facilities may make the decision to use an attestation form where parents are agreeing that they will not allow their child to ride the child care transportation or attend child care on any day that any of the following is true:

– Within the last 14 days, their child has been within 6 feet for at least 15 cumulative minutes of someone who has been diagnosed with COVID-19;

– A health department representative or healthcare provider has been in contact with the parent and advised any member of household to self-quarantine;

– Their child has a fever, chills, shortness of breath or difficulty breathing, a new cough, OR a new loss of taste or smell; OR

– Their child has been diagnosed with COVID-19.

It is recommended that child care programs:

• Clean and disinfect transportation vehicles regularly:
  – Children should not be present when a vehicle is being cleaned.
  – Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
  – At a minimum, clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) at the beginning and end of each trip.
  – Doors and windows should remain open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.

• Follow screening process guidelines for anyone boarding the vehicle:
  – The driver and any accompanying adults should follow the symptom screening protocol outlined above for any person entering a child care facility. Individuals must stay home if they are experiencing symptoms of COVID-19 or have been exposed to someone who has been diagnosed with COVID-19.
  – Vehicles should park in a safe location away from the flow of traffic so that the screening can be conducted safely.
  – Upon arrival at the child care facility, children do not need to be rescreened if proper screening was followed prior to entry into the vehicle.

• Enforce that if a child becomes sick during the day, he or she should not use group transportation to return home and should follow protocols outlined above.

- Enforce that if a driver becomes sick during the day, he or she should follow protocols outlined above and should not return to drive children.
- Identify at least one adult to accompany the driver to assist with screening and/or supervision of children during screening of on-boarding passengers, and to monitor children during transport.
- Have adequate supplies to support healthy hygiene behaviors (e.g., hand sanitizer with at least 60 percent alcohol for safe use by staff and older children).

- Separate children with as much space as the vehicle allows while maintaining safe transportation practices, ideally more than 6 feet away (e.g. one rider per seat in every other row).
- Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.

Communication and Combating Misinformation

Help ensure that the information staff, children, and their families are getting is coming directly from reliable resources. Use resources from a trusted source like the CDC and NCDHHS to promote behaviors that prevent the spread of COVID-19.

It is recommended that if child care programs choose to share information on COVID-19, they should:

- Use reliable sources including: NCDHHS COVID-19 Webpage; Know Your Ws: Wear, Wait, Wash; NCDHHS COVID-19 Latest Updates; NCDHHS COVID-19 Materials & Resources; and the additional resources listed at the end of this guidance document.

- Share COVID-19 information with staff and families in multiple ways such as websites, social media, newsletters that include videos, hosting online webinars, or distributing printed materials like FAQs. Ensure that families are able to access communication channels to appropriate staff at the child care facility with questions and concerns.

Additional Considerations

It is recommended that child care programs:

- Support coping and resilience by:
  - Encourage people (including children) to talk with people they trust about their concerns and how they are feeling.
  - Provide staff and families with information or help lines to access information or other support in reference to COVID-19, such as 211, Hope4NC Helpline for all North Carolinians (1-855-587-3463), and Hope4Healers Helpline for child care staff (919-226-2002).
- Consider the ongoing need for regular training among all staff on updated health and safety protocols.
- Partner with other institutions in the community to promote communication and cooperation in responding to COVID-19.

Resources

- NCDHHS: North Carolina COVID-19
- NC Child Care Health and Safety Resource Center: Child Care Health Consultant Network
- Local Health Departments: Contact Information by County
- NCDHHS: Interim Guidance for Safe Application of Disinfectants
- CDC: Guidance for Child Care Programs that Remain Open
- CDC: Cleaning and Disinfecting Your Facility
- CDC: Reopening Guidance
- CDC: Coping with Stress
- EPA: Disinfectants for Use Against SARS-CoV-2
- FDA: Food Safety and the Coronavirus Disease 2019 (COVID-19)
- HHS/OSHA: Guidance on Preparing Workplaces for COVID-19

Daily Health Screening for COVID-19 for Anyone Entering the Building

People should not be at the child care facility if they may have been exposed to COVID-19 or are showing symptoms of fever, chills, shortness of breath, difficulty breathing, new cough, or new loss of taste or smell.

When entering the child care facility, have you or any of the children you are dropping off:

1. Been diagnosed with COVID-19 since they were last at child care?

☐ Yes
☐ No

> • *If No, move on to Question 2.*
>
> • *If Yes, say and ask:* They cannot go to child care. Does anyone else who lives with them also go to or work at this child care?　☐ Yes　☐ No
>
> > – *If Yes, say:* Those individuals cannot go to child care.

2. Had any of the following symptoms since they were last at child care?

☐ Fever
☐ Chills
☐ Shortness of breath or difficulty breathing
☐ New cough
☐ New loss of taste or smell

> • *If No, move on to Question 3.*
>
> • *If Yes* to at least one symptom on this list, say and ask: They cannot go to child care. Does anyone else who lives with them also go to or work at this child care?　☐ Yes　☐ No
>
> > – *If Yes*, say: Those individuals cannot go to child care.

3. Had close contact (been within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes over a 24-hour period) in the last 14 days?

☐ Yes
☐ No

> • *If No, move on to Question 4.*
>
> • *If Yes*, say: They cannot go to child care.

4. Has any health department staff or a health care provider been in contact with the person you are dropping off and advised them to quarantine?

☐ Yes
☐ No

> • *If No*, say: The person may go to child care.
>
> • *If Yes*, say: They cannot go to child care.

Daily Health Screening for COVID-19 for Anyone Entering the Building

Utilize the [CDC's most up-to-date quarantine guidance](). Quarantine refers to an individual who has been a close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) of someone who is positive with COVID-19.

- CDC continues to recommend quarantine for 14 days after last exposure. However, as of December 2, 2020, the CDC has offered options to reduce the duration of quarantine in either of the following two scenarios:
  - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
  - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.
- If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.
- Follow the recommendations of your local public health department if someone at your child care facility must quarantine. Local public health authorities make the final decisions about how long quarantine should last in the communities they serve, based on local conditions and needs.

Exclusion Category	Scenario	Criteria to return to child care
Diagnosis	Person has tested **positive** with an **antigen test** but **does not have symptoms** of COVID-19	If the person takes a repeat PCR test performed in a laboratory within 24-48 hours of the positive antigen test, and that PCR test is negative, the positive antigen test can be considered a false positive and the person can immediately return to child care; OR If the person does not take a repeat PCR test or takes one within 24-48 hours and it is also positive, the person can return to child care when they complete 10 days of isolation. Isolation should begin starting from the date of their first positive test.
Diagnosis	Person has tested **positive** with a **PCR test** but the person does **not** have symptoms.	Person can return to child care when he/she completes 10 days of isolation. Isolation should begin starting from the date of the first positive test.
Symptoms	Person **has symptoms** of COVID-19 and has tested **positive** with an **antigen test** or **PCR test**	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	Person has symptoms of COVID-19 but has **not** been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	Person has symptoms of COVID-19 but has visited a health care provider and received an **alternate diagnosis** that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

Exposure	Person has been in **close contact** with someone **with a confirmed case of** COVID-19.	Person can return to child care after completing up to 14 days of quarantine. The time clock for quarantine begins after the last known close contact with the COVID-19 positive individual.
Household Member, Exposure	Person is a **household member** (e.g. a sibling) of someone **with a confirmed case of** COVID-19.	Person can return to child care after completing up to 14 days of quarantine. The quarantine time clock begins at the end of the 10-day isolation of the person with COVID-19.
Household Member, Symptoms	Person is a **household member** (e.g. a sibling) of someone who has symptoms of COVID-19 but who has not been tested for COVID-19, nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Person can return to child care after completing up to 14 days of quarantine. Because COVID-19 was not ruled out, presumption is that person may remain infectious for up to 10 days after symptom onset. The quarantine time clock begins at the end of this 10-day isolation period.
Household Member, Symptoms	Person is a **household member** (e.g. a sibling) of someone who has symptoms of COVID-19 but has visited a health care provider and received an **alternate diagnosis** that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when household member receives their alternate diagnosis. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

Screen those entering the facility by:
- ☐ Making a visual inspection of the person for signs of infection such as flushed cheeks, fatigue, or extreme fussiness.
- ☐ (RECOMMENDED) Conducting temperature screening using the protocol below.
- ☐ (RECOMMENDED) Recording temperature and/or symptoms on the Daily Health Screening Log.

Health screenings should be repeated periodically throughout the day to check for new symptoms developing.

Temperature protocol if facility chooses to take temperatures: CDC temperature screening guidance
- ☐ Individuals waiting to be screened should stand six feet apart from each other. Use tape on the floor for spacing.
- ☐ For the staff person taking temperatures, cloth face coverings should be worn. Stay six feet apart unless taking temperature.
- ☐ If possible, parents, family members, or legal guardians should bring a thermometer from home to check their own child's temperature at drop off. A facility can choose to allow families to take and document temperature at home before dropping off.
- ☐ Use a touchless thermometer if one is available. If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometer.

Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.

If using the facility's thermometer:
- ☐ Wash hands or use hand sanitizer before touching the thermometer.
- ☐ Wear gloves if available and change between direct contact with individuals.
- ☐ Let staff take their own temperature and parents take their child's temperature.
- ☐ Use disposable thermometer covers that are changed between individuals.
- ☐ Clean and sanitize the thermometer using manufacturer's instructions between each use.
- ☐ Wash hands or use hand sanitizer after removing gloves and between direct contact with individuals.

Daily Health Screening Log

Date:

Health screenings should be repeated periodically throughout the day to check for new symptoms developing.
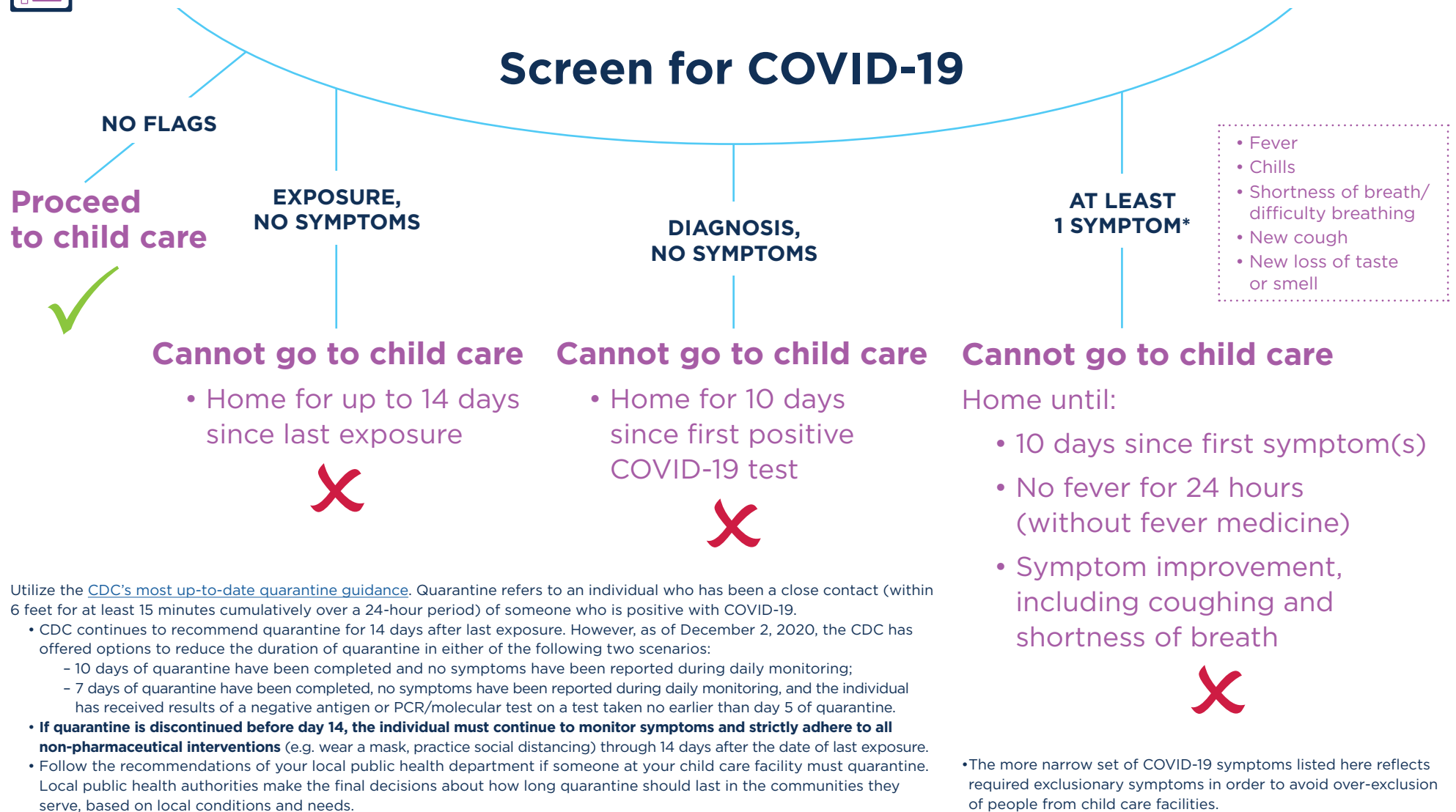
Person's name:	Temperature and time taken:	Temperature and time taken:	Comments

Handling Suspected, Presumptive or Confirmed Cases of COVID-19 Flow Chart and Protocol

Screening Flow Chart

Screen for COVID-19

NO FLAGS

Proceed to child care ✓

EXPOSURE, NO SYMPTOMS

Cannot go to child care
- Home for up to 14 days since last exposure ✗

DIAGNOSIS, NO SYMPTOMS

Cannot go to child care
- Home for 10 days since first positive COVID-19 test ✗

AT LEAST 1 SYMPTOM*

- Fever
- Chills
- Shortness of breath/ difficulty breathing
- New cough
- New loss of taste or smell

Cannot go to child care

Home until:
- 10 days since first symptom(s)
- No fever for 24 hours (without fever medicine)
- Symptom improvement, including coughing and shortness of breath ✗

Utilize the CDC's most up-to-date quarantine guidance. Quarantine refers to an individual who has been a close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) of someone who is positive with COVID-19.
- CDC continues to recommend quarantine for 14 days after last exposure. However, as of December 2, 2020, the CDC has offered options to reduce the duration of quarantine in either of the following two scenarios:
  - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
  - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.
- **If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions** (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.
- Follow the recommendations of your local public health department if someone at your child care facility must quarantine. Local public health authorities make the final decisions about how long quarantine should last in the communities they serve, based on local conditions and needs.

•The more narrow set of COVID-19 symptoms listed here reflects required exclusionary symptoms in order to avoid over-exclusion of people from child care facilities.

Glossary

Antigen Test: A rapid test used to determine if someone is currently infected with COVID-19 by looking for specific proteins on the surface of the virus. Antigen tests are often processed at the point of care, such as in a health care provider's office.

Asymptomatic: Not showing any symptoms (signs of disease or illness). Some people without any symptoms still have and can spread the coronavirus. They're asymptomatic, but contagious.

Cluster: Five or more positive COVID-19 cases in a non-congregate setting, with illness onsets or initial positive results within a 14-day period of one another and plausible epidemiologic linkage between cases. A cluster is considered over if there is not evidence of continued transmission within the setting for 28 days after the latest date of onset in a symptomatic person or the latest date of specimen collection in an asymptomatic person, whichever is later.

Cohort: A group of non-overlapping children, teachers and staff who are designated to follow identical schedules. Keeping clear and distinct schedules helps with contract tracing, should it be necessary.

Communicable: Similar in meaning as "contagious." Used to describe diseases that can be spread or transmitted from one person to another.

Community spread: The spread of an illness within a location, like a neighborhood or town. During community spread, there's no clear source of contact or infection.

Confirmed case: Someone tested and confirmed to have COVID-19.

Coronavirus: A family of related viruses. Many of them cause respiratory illnesses. Coronaviruses cause COVID-19, SARS, MERS, and some strains of influenza, or flu. The coronavirus that causes COVID-19 is officially called SARS-CoV-2, which stands for severe acute respiratory syndrome coronavirus 2.

COVID-19: The name of the illness caused by the coronavirus SARS-CoV-2. COVID-19 stands for "coronavirus disease 2019."

Exclusion: A variety of exclusion criteria exist to keep children and staff from child care. These exclusions are for those who show symptoms of COVID-19, test positive for COVID-19, or come in contact with someone who is symptomatic or positive for the virus. These criteria exist for safety of the individual and community and can be reviewed in greater detail in the ChildCareStrongNC Public Health Toolkit.

Incubation period: The time it takes for someone with an infection to start showing symptoms. For COVID-19, symptoms appear 2-14 days after infection.

Local Health Department: An administrative or service unit of local or state government concerned with health and carrying out some responsibility for the health of a jurisdiction smaller than the state. (Non DHHS source)

Outbreak: Two or more positive COVID-19 cases in a congregate living setting, identified through a positive molecular (PCR) or positive antigen test result. An outbreak is considered over if there is not evidence of continued transmission within the facility for 28 days after the latest date of onset in a symptomatic person or the first date of specimen collection from the most recent asymptomatic person, whichever is later.

PCR Testing: Molecular (PCR) test looks for the virus' genetical material to determine is someone is currently infected with COVID-19. PCR tests are usually processed in a laboratory.

Pandemic: When a new disease spreads to many countries around the world.

PPE: PPE Stands for personal protective equipment. This includes masks, face shields, gloves, gowns and other coverings that help prevent the spread of infection.

Presumptive positive case: A person who has COVID-19 symptoms, but has not been confirmed positive by a health care provider or through a PCR/molecular test.

Positive vs. Presumptive Positive COVID-19 Test: A positive COVID-19 test means that the test has been confirmed by the local health department.

Quarantine: Isolation for up to 14 days, meaning separating oneself from others, including shared household members. Anyone who tests positive for COVID-19, or comes in contact with someone who has tested positive for COVID-19 should quarantine for 14 days, or until
1) it has been 10 days since experience their first symptom,
2) at least 24 hours since not having a fever, and
3) they have improved symptoms.

Screening: This is not the same as a coronavirus test. This step helps child care and healthcare workers to decide if you are at risk for having COVID-19 and if you need a coronavirus test. It's a series of basic questions about your health condition and recent history. Screening may also include taking your temperature.

Self-isolation: Also called "Isolation". Separating yourself when you're sick from healthy individuals to prevent spreading illness.

Social distancing: Also called physical distancing. It means consistently putting space between yourself and other people. The goal is to slow down how fast an infection spreads. The CDC recommends keeping at least six feet between you and others around you in public. Social distancing also includes avoiding crowds and groups in public.

Symptomatic: When a person shows signs of illness. For COVID-19, that includes cough, fever or shortness of breath.

Testing: Testing is used to track cases of COVID-19 in the population. Anyone with COVID-19 symptoms, those who have been around others with symptoms or others who have tested positively, and high risk members of the population should consider testing for COVID-19. The most common tests are the molecular PCR test and the antigen test, both of which seek to determine whether or not a person currently is infected with COVID-19. The NCDHHS hosts testing sites regularly throughout the state.