#StayStrongNC

ChildCareStrongNC Public Health Toolkit

INTERIM GUIDANCE

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Interim Guidance for Child Care Settings

Have questions about this guidance? Reach out to webmasterdcd@dhhs.nc.gov.

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.

Click here to learn more about the latest research on COVID-19 and children.

Requirements and Recommendations

Actions that are **required** for each topic are stated in Executive Order 141 and extended to Executive Order 163, 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, they should notify their 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 required 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.

It is recommended that child care programs:

- Not allow people to enter the child care facility if:
  - They have tested positive for COVID-19;
  - They are showing the following COVID-19 symptoms (fever, chills, shortness of breath, difficulty breathing, new cough, or new loss of taste or smell);
  - They have recently had close contact (within 6 feet, for 15 minutes or more) with a person with COVID-19.
- 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.

	If a person screens positive for COVID-19 symptoms at entrance or develops COVID-19 symptoms during the day at the facility	If a person who was at the facility tests positive for COVID-19
Isolation 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 has tested positive for COVID-19, immediately isolate the person and send them and any family members home as soon as possible.
Waiting with a Child Who Needs to be Picked Up	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 surgical 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 surgical 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 developmental, medical or behavioral health needs.	
Notification to Local Health Departments	N/A	• Notify your 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.

	If a person screens positive for COVID-19 symptoms at entrance or develops COVID-19 symptoms during the day at the facility	If a person who was at the facility tests positive for COVID-19
Exposures	Children and staff who have been in close contact with a person who screens positive for COVID-19 symptoms or develops symptoms during the day should be kept in a contained cohort that is separate from others, ideally in another room. For example, if there was a symptomatic child in a classroom, the staff and children who were in the classroom should remain together and not mingle with other staff or children from a separate classroom. This should continue until a negative COVID-19 test result is obtained. As this could take several days, the children and staff who were close contacts with the symptomatic person should continue to remain in a separate cohort. If children and staff who were close contacts are not able to remain in a separate cohort, they should quarantine for 14 days since last exposure to the symptomatic person. Children and staff in that cohort should be screened carefully and monitored closely for symptoms throughout each day, and any of them developing COVID-19 symptoms should be immediately sent home and assessed by their healthcare provider. Consult with the Local Health Department for further guidance.	The Local Health Department will determine who is a close contact to a person with laboratory confirmed COVID-19, and what the next steps should be. To prevent further spread, close contacts should remain in quarantine at home for 14 days after their last known exposure to the person, unless they test positive (in which case, criteria in the "Returning to Child Care" section would apply). They must complete the full 14 days of quarantine even if they test negative.
Cleaning	Close off areas used by the person who had symptoms of COVID-19 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. In most cases, it will not be necessary to close down an entire building.	Close off areas used by the person who tested positive for COVID-19 and do not use them until after cleaning and disinfecting. Wait at least 24 hours before cleaning or disinfecting to reduce risk to individuals cleaning.
	• People should not be in the classroom while it is being cleaned (the staff and children in that classroom may need to stay home while cleaning is occurring). • Follow NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations. • Use an EPA-registered disinfectant that is active against coronaviruses. Clean all areas used by the sick person, focusing especially on frequently touched surfaces such as doorknobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. • Cleaning staff should follow all Personal Protective Equipment (PPE) and hand hygiene CDC recommendations for cleaning. • Ensure safe and correct storage and cleaning and disinfection products, including storing them securely away from children.	
Closure	There may be no need to close the child care facility if the LHD determines that close contacts are excluded, child/teacher ratios are appropriate, and there is sufficient space to continue normal operations. The Local Health Department may in some situations determine that closure of a facility is needed; this will be determined on a case-by-case basis.	
Vehicles	Follow guidance provided in the Transportation section. As with buildings, wait at least 24 hours before cleaning and disinfecting (or if 24 hours is not feasible, wait as long as possible). Do not use the vehicle until after cleaning and disinfection.	
Notification to Parents and Staff	If follow up information obtained from a healthcare provider for the sick individual requires it, the Local Health Department will work with the child care facility to inform parents and staff as appropriate.	The Local Health Department will assist to notify staff and families that there was an individual who was in the child care facility that has tested positive with COVID-19 and that a public health professional may contact them, if staff or their child is identified as a close contact to the individual who tested positive. The notice to staff and families should maintain confidentiality in accordance with NCGS § 130A-143 and all other state and federal laws.

	If a person screens positive for COVID-19 symptoms at entrance or develops COVID-19 symptoms during the day at the facility	If a person who was at the facility tests positive for COVID-19
What Public Health Will Do	The Local Health Department will determine the next steps based upon the healthcare provider's evaluation of the sick individual. On a case-by-case basis, other considerations may also be taken into account, such as whether possible exposure to COVID-19 may have occurred. If testing results are positive for COVID-19, then the Local Health Department will work with staff and families to implement control measures for COVID-19 as described to the right.	The Local Health Department staff will interview the person who tested positive for COVID-19 (or their family member, if it is a child). As part of the interview, public health staff will identify individuals who were in close contact (defined as within 6 feet for 15 minutes or longer). Public health staff will attempt to reach out to close contacts and inform them that they need to quarantine at home for 14 days after their last contact with the person who tested positive for COVID-19. Public health staff will recommend the close contacts be tested to identify additional positive cases. Close contacts testing negative will still need to complete the full original 14 day quarantine.

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.

Situation(s) determined by Daily Health Screening:	Criteria to return to child care:
Person has symptoms of COVID-19 and has not been tested **OR** **Person has symptoms of COVID-19 and has been diagnosed with or tested positive for COVID-19**	Person can return to the child care facility when they can answer yes to ALL three questions: ☐ Has it been at least 10 days since symptoms first appeared? ☐ Has it been at least 24 hours since the person had a fever (without using fever reducing medicine)? ☐ Has there been symptom improvement, including cough and shortness of breath? Once the criteria above are met, it is not necessary to require a negative COVID-19 test in order to return to child care.
Person has not had symptoms of COVID-19 but has been diagnosed with COVID-19 based on a positive test	Person can return to the child care facility once ☐ 10 days passed since the date of their first positive test However, if the person develops symptoms of COVID-19 after their positive test, they must be able to answer yes to ALL three questions listed above before returning to child care.
Person has been excluded because of COVID-19 symptoms but then tests negative for COVID-19	Person can return to the child care facility once they can answer yes to both questions: ☐ Has it been at least 24 hours since the person had a fever without the use of fever-reducing medicines? ☐ Has the person felt well for at least past 24 hours?
Person has been in close contact with someone with symptoms of COVID-19 or diagnosed with COVID-19	Person can return to the child care facility after completing at least 14 days of quarantine at home. Quarantine should begin immediately after any known exposure and quarantine will end 14 days after the date of last exposure. For more details and scenarios, including quarantine requirements when a person shares a household with someone with COVID-19, refer to CDC guidelines. The purpose of quarantine is to determine if a person who has been exposed to someone with COVID-19 will get infected. They must complete the full 14 days of quarantine even if they test negative. However, if the person tests positive or develops COVID-19 symptoms, return to child care must follow criteria above.

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 (these individuals can enter once screened):
  - 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 with Individual 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.
- 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.
- Keep each group of children in their assigned rooms throughout the day with the same child care providers, including at naptime 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 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 ("N-95"), 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 school-age children five (5) years or older (i.e., kindergarten and up) on site wear a face covering when they are or may be within six (6) feet of another person, unless the person (or family member, for a child) states that an exception applies. Note: It is recommended, but not required, that children who are five years old but are not yet in kindergarten wear face coverings if they can reliably wear, remove, and handle masks following CDC guidance..
- ☐ 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.

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.

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

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.

Cleaning and Hygiene

Child care programs are required to:

- ☐ Follow NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations.
- ☐ Use an EPA-registered disinfectant that is active against coronaviruses. Clean and disinfect frequently touched surfaces throughout the day and at night. Remember items that might not ordinarily be cleaned daily such as doorknobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.

It is recommended that child care programs:

- Have adequate supplies to support healthy hygiene behaviors (e.g., soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol for safe use by staff and older children).
- Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
- Teach and reinforce hand hygiene guidance for adults and children such as washing hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing "Happy Birthday" twice). Monitor to ensure both children and staff are washing hands correctly. In addition to usual handwashing, everyone should wash hands:
  - Upon arrival in classroom in the morning;
  - Before and after eating meals and snacks;
  - After blowing noses, coughing, or sneezing or when in contact with body fluids; or
  - After toileting or changing diapers
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue. Encourage people to avoid touching eyes, nose, and mouth. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Incorporate frequent handwashing and sanitation breaks into classroom activity.
- Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors if hands are washed upon returning indoors. Hand sanitizer should be stored out of reach of children when not in use. Cannot be used for diapering or eating, preparing, or serving food.
- Clean and sanitize all toys at the end of the day.
- Consider removing soft toys that cannot be easily cleaned. Soft toys that are machine-washable should be washed often, at the warmest temperature recommended on the label and dried thoroughly.
- Toys and other items that cannot be cleaned and sanitized/disinfected should not be used. (Children's books are not considered a high risk for transmission and do not need additional cleaning or disinfection.)
- Use disposable food service items such as plates and utensils or ensure that all non-disposable food service items are minimally handled and washed according to current child care and sanitation rules. Individuals should wash their hands immediately after handling used food service items.
- Wash linen items 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.
- Clean and disinfect shared tools, supplies, and equipment.
- Minimize use of shared supplies and label individual supplies and items.
- Routinely check and refill/replace hand sanitizer at entries, soap, and paper towels in bathrooms.
- Limit sharing of supplies where possible, such as toys. 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.

Protecting Vulnerable Populations

Information on who is at higher risk for severe illness due to COVID-19 is available from the CDC and NCDHHS.

Individuals who are considered high-risk include people who:

- Are 65 years of age or older
- Have a high-risk condition that includes:
  - Chronic lung disease or moderate to severe asthma;
  - Heart disease with complications;
  - Compromised immune system;
  - Severe obesity - body mass index (BMI) of 30 or higher; or
  - Other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, or liver disease
- Staff concerned about being at higher risk should discuss with their supervisor. They may want to speak with their medical provider to assess their risk.

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.

Transportation

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 school-age children five (5) years or older (i.e., kindergarten and up) 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. Note: It is recommended, but not required, that children who are five years old but are not yet in kindergarten wear face coverings if they can reliably wear, remove, and handle masks following CDC guidance

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.
  - Before entering a vehicle, all children should be screened following the steps outlined in the Daily Health Screening for COVID-19 for Anyone Entering the Building. 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 should not board the vehicle, until they meet the criteria for returning to child care.
  - 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

The person conducting screenings should maintain 6 feet distance while asking questions. Ask these questions to anyone entering the facility or transportation vehicle (including children, staff, family members, or other visitors). If no person is accompanying the child during drop-off, use your best judgment if the child can respond on their own.

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.

1. Have you or any of the children you are dropping off had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone with symptoms of COVID-19 or diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

- ☐ Yes > The individual should not be at the child care facility. The individual can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
- ☐ No > The individual can be at the child care facility if he or she is not experiencing symptoms.

2. Do you or do any of the children you are dropping off have any of these symptoms?

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

If an individual has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider. Household members (e.g., siblings) should also quarantine for 14 days from last exposure, unless the symptomatic person is cleared as a result of a negative test for COVID-19.

3. Since they were last at the child care facility, have you or have any of the children you are dropping off been diagnosed with COVID-19?

- ☐ Yes
- ☐ No

If a person is diagnosed with COVID-19 based on a test or their symptoms, they should not be at child care and should stay home until they meet the criteria below.

Returning to Child Care

Situation(s) determined by Daily Health Screening:	Criteria to return to child care:
Person has symptoms of COVID-19 and has not been tested **OR** **Person has symptoms of COVID-19 and has been diagnosed with or tested positive for COVID-19**	Person can return to the child care facility when they can answer yes to ALL three questions: ☐ Has it been at least 10 days since symptoms first appeared? ☐ Has it been at least 24 hours since the person had a fever (without using fever reducing medicine)? ☐ Has there been symptom improvement, including cough and shortness of breath? Once the criteria above are met, it is not necessary to require a negative COVID-19 test in order to return to child care.

Situation(s) determined by Daily Health Screening:	Criteria to return to child care:
Person has not had symptoms of COVID-19 but has been diagnosed with COVID-19 based on a positive test	Person can return to the child care facility once ☐ 10 days passed since the date of their first positive test However, if the person develops symptoms of COVID-19 after their positive test, they must be able to answer yes to ALL three questions listed above before returning to child care.
Person has been excluded because of COVID-19 symptoms but then tests negative for COVID-19	Person can return to the child care facility once they can answer yes to both questions: ☐ Has it been at least 24 hours since the person had a fever without the use of fever-reducing medicines? ☐ Has the person felt well for at least past 24 hours?
Person has been in close contact with someone with symptoms of COVID-19 or diagnosed with COVID-19	Person can return to the child care facility after completing at least 14 days of quarantine at home. Quarantine should begin immediately after any known exposure and quarantine will end 14 days after the date of last exposure. For more details and scenarios, including quarantine requirements when a person shares a household with someone with COVID-19, refer to CDC guidelines. The purpose of quarantine is to determine if a person who has been exposed to someone with COVID-19 will get infected. They must complete the full 14 days of quarantine even if they test negative. However, if the person tests positive or develops COVID-19 symptoms, return to child care must follow criteria above.

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 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

*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.