CDC Centers for Disease Control and Prevention

IMPORTANT UPDATE FOR SCHOOLS

COVID-19

Guidance for Operating Child Care Programs during COVID-19

CDC's Guidance for Operating Child Care Programs during COVID-19

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Warning: Hand Sanitizers Packaged Like Food or Drinks

The U.S. Food and Drug Administration (FDA) is warning consumers about alcohol-based hand sanitizers that are being packaged in containers that may appear as food or drinks and some that contain food flavors. Eating or drinking these products can cause serious injury or death. FDA Warning ⧉

Summary of Recent Changes

Updates as of March 12, 2021   ∧

- Expanded guidance background for what is known about COVID-19 and transmission in child care settings
- Updated guidance for mask use for child care
- Updated guidance on ventilation and water systems
- Updated guidance for children with special needs and disabilities
- Updated guidance on cohorting and staggering strategies
- Updated guidance for communal spaces, food service, playgrounds and play space.
- Updated guidance on recognizing signs and symptoms of COVID-19 and screening
- Updated guidance on protecting people at higher risk
- Updated guidance for Direct Service Providers (DSPs)

Key Points

- Child care providers, also known as Early Childhood Education providers, can help protect children, families, and staff and slow the spread of COVID-19 by using CDC's updated Guidance for Operating Child Care Programs during COVID-19.
- This guidance is intended for all types of child care programs, including child care centers, family child care homes, Head Start programs and other pre-kindergarten programs.

- This guidance outlines strategies that child care programs can use to maintain healthy environments and operations, lower the risk of COVID-19 spread in their programs, prepare for when someone is sick with COVID-19, and support coping and resilience.

New CDC COVID-19 Resources for Child Care:

For Child Care Centers

- Guidance for Operating Youth and Summer Camps During COVID-19
- Child Care Providers Quick Guide Symptoms of COVID-19 at Child Care 🔴 [5 MB, 1 page]
- Quick Guide: Help Protect your Child Care Center from COVID-19 🔴 [1 MB, 2 pages]
- COVID-19 Child Care Symptom Screening Flowchart 🔴 [56 KB, 1 Page]
- What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Child Care Center Flowchart 🔴 [55 KB, 1 Page]
- A Child is Showing Signs of COVID-19 in my Child Care Program: What Should I Do? Quick Guide for Providers 🔴 [4.9 MB, 1 Page]
- Ventilation in Schools and Child Care Facilities
- Vaccines for Teachers and Staff
- Vaccine Toolkits for Schools and Childcare Settings

For Family Child Care Homes

- Quick Guide: Help Protect your Family Child Care Home from COVID-19 🔴 [2MB, 2 Pages]
- What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Family Child Care Home Flowchart 🔴 [50 KB, 1 page]

For Parents, Guardians, and Caregivers

- My Child is Showing Signs of COVID-19 in Child Care: What Should I Do? Quick Guide for Parents, Guardians, and Caregivers 🔴 [1.4 MB, 1 Page]

Introduction

As a child care provider, you can help protect children, their families, and staff and slow the spread of COVID-19 by using CDC's updated Guidance for Operating Child Care Programs during COVID-19. Tailor your COVID-19 plan based on the unique needs of your child care program and the spread and impact of COVID-19 in your community. Continue to work with your local public health officials, child care licensing boards/bodies, child care accreditation bodies, health consultants, school districts, and other early childhood partners to monitor the situation and revise your plan as needed.

This CDC guidance is meant to supplement—**not replace**—any federal, state, tribal, local, or territorial public health and safety laws, rules, and regulations with which child care programs must comply. This guidance is intended for many types of child care programs, including:

- Family child care programs, also known as home-based child care
- Pre-K (Pre-kindergarten) programs at private and public schools or faith-based institutions
- Head Start and Early Head Start programs
- Private child care centers
- Employer-based child care centers
- Emergency or temporary child care centers operated by municipalities for the children of essential service providers, such as first responders, healthcare workers, transit workers, and other industries where a parent cannot stay home
- Child care centers that partner with healthcare facilities to support healthcare workers who need child care
- Child care programs located in congregate living programs such as homeless shelters or residential programs for women and children

and children

- School age child care programs

Children and COVID-19

While fewer children have been sick with COVID-19 compared with adults during the pandemic, children can be infected with the SARS-CoV-2 virus that causes COVID-19, can get sick with COVID-19, and can spread the virus to others.(1,2,3,4) Most children with COVID-19 have mild symptoms, and some have no symptoms at all.(5) The symptoms of COVID-19 in children are similar to symptoms of other common illnesses, like colds, strep throat, influenza, or allergies. Like adults, children who have COVID-19 but have no symptoms can still spread the virus to others.(6) For more information, visit COVID-19 in Children.

Children with underlying medical conditions are at increased risk for severe illness from COVID-19. Although the number of children who have been hospitalized with COVID-19 is low compared with adults, one third of hospitalized children with COVID-19 are admitted to the intensive care unit.(6) Additionally, a small number of children might develop a rare but serious condition associated with COVID-19 called Multisystem Inflammatory Syndrome in Children (MIS-C). Although the risk for death among children is low compared with adults, some children in the United States have died from COVID-19.(7)

Reports have shown that children in child care settings can become infected and spread COVID-19 to others in the child care program, at home, and in the community.(8,9) Some staff and household family members might be at increased risk of severe illness. For example, people who are older and have underlying medical conditions are at increased risk for severe illness from COVID-19. For information about who is at increased risk, visit People at Increased Risk. However, child care programs support children's social-emotional, behavioral, and mental health while fostering early learning development. Child care programs can also help serve children in need through nutrition programs, special education services, and after-school programs. In addition, child care programs support parents with reliable and safe care so they can return to work. The benefits of keeping child care programs open should be weighed against the risks posed by COVID-19 spread in the child care program and community.

Additional information has shown that a comprehensive, multipronged approach for COVID-19 prevention strategies might help slow transmission in the early care and education setting.(10) Child care programs should make decisions about reopening and continuing operations based on available data including levels of community COVID-19 transmission (spread) and the child care program's ability to implement appropriate prevention strategies (risk reducing actions) to stay open safely and protect children, staff, and administrators.

Taking Actions to Lower the Risk of COVID-19 Spread

COVID-19 is mostly spread through close contact and inhalation of respiratory droplets released when people talk, sing, breathe, sneeze, or cough. Although less likely, it is possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own eyes, nose, or mouth. To slow the spread of COVID-19 in your community and facility, your child care program should fully implement and adhere to multiple prevention strategies.

Prevention strategies are the actions put in place by the child care program and taken by people to reduce the risk of spreading COVID-19 (for example, staying home when sick, wearing a mask that covers the nose and mouth, physical distancing, avoiding crowds, avoiding poorly ventilated indoor spaces, frequent handwashing, cohorting, and regular and consistent cleaning and disinfecting, which are described in detail later in this document). Consistent and correct use of these strategies can lower the risk of transmission in your child care program. Keep in mind that community spread plays a part in overall risk to your program. So, it is important to stay updated on your community's COVID-19 status through your local health department ⧉ as you regularly assess your program's prevention strategies.

COVID-19 Vaccination

Vaccines are an important tool to help stop the COVID-19 pandemic. Early care and education providers hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. As frontline essential workers, child care providers have been prioritized nationally to receive vaccination. CDC's Advisory Committee on Immunization practices (ACIP) recommends that frontline essential workers, including child care providers, be prioritized for vaccine allocation in phase 1b. To address this important public health issue, the Health and Human Services Secretary issued a Secretarial Directive ⧉ on March 2, 2021, that directs all COVID-19 vaccination providers administering vaccine purchased by the U.S. government to make vaccines available to those who work in pre-K-12 schools, as well as Head Start and Early Head Start programs. Those who work as or for licensed child care providers are also eligible. This means that in addition to existing state and local COVID-19 vaccination sites, teachers and staff in schools and child care programs across the nation

can sign up for an appointment at over 9,000 pharmacy locations participating in the Federal Retail Pharmacy Program for COVID-19 Vaccination. Getting vaccinated as soon as the opportunity is available is an important way for you and your staff to stay safe and reduce the risk of getting seriously ill from COVID-19. Review CDC's COVID-19 Vaccination Information or talk to your healthcare provider for more information.

New CDC resources are available to provide information about this directive:

- The COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers webpage provides school and childcare staff with the latest information about where and how to book an appointment.
- The COVID-19 Vaccine Toolkit for School Settings and Childcare Programs provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.

Even after child care providers and staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future including wearing masks, physical distancing, and other important prevention strategies outlined in this guidance document.

Plan and Prepare

Two of the most important steps to take before reopening and for continuing operations are **planning and preparing**. To best plan and prepare, you should expect that children, staff, and family members might become sick with COVID-19, and your child care program must know what to do when this happens.

An important step is to review, update, and implement emergency operations plans (EOPs) – *also known as Emergency or Disaster Preparedness Plans*. Your child care program should have a plan in place to protect staff, children, and their families from the spread of COVID-19. Your COVID-19 plan should include steps you will take when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19 or tests positive for COVID-19. You should develop your plan based on state licensing regulations and in collaboration with regulatory agencies, state and local public health departments, and child care health consultants or other organizations that support your child care program.

- See key resources on emergency preparedness (for example, Caring for our Children ⬈ National Health and Safety Performance Standards Guidelines for Early Care and Education Programs and the Emergency Preparedness Manual ⬈ for Early Childhood Programs) while reviewing, updating, and implementing your EOP.
- Involve staff, parents/guardians, and other community partners (for example, youth service organizations and health centers) in the development of your EOP.

As you develop your EOP, CDC recommends that you:

- Keep track of the spread of COVID-19 in your area. This information can often be found on the local health department website or on CDC's COVID Data Tracker County View. This can help you make decisions about changes to your prevention strategies, and if closing your child care program may be necessary.
- Develop communication systems between your child care program and parents, guardians, and caregivers. This could be through a combination of phone, email or texting protocols, and/or periodic virtual meetings with parents, guardians, caregivers, and child care providers. Use these systems to help track absenteeism in children or staff or to respond to an outbreak at the facility.
- Adopt measures to promote preventive behaviors that reduce the spread of COVID-19 and share information on these risk reducing measures with parents, guardians, and caregivers.
- Consider needs of children with disabilities, children with healthcare needs, children experiencing homelessness, migrant children, and other needs of your families and children. Some examples include:
  - For a specific child with disabilities or health concerns, work directly with the child, the child's family, and the child's providers (health care or special education) to determine how to best serve their needs.
  - Connect with key partners that can link families experiencing homelessness to community resources.
  - Provide information and resources to staff and families about how to reduce the spread of COVID-19. Ensure that the resources selected are culturally relevant, in plain language, and available in appropriate languages and accessible formats for the families your child care program serves.
  - In collaboration with local officials, decide on clear criteria for when your child care program will suspend in-person operations to stop or slow the spread of COVID-19, as well as clear criteria for when to resume operations.

- Assess the services your child care program provides to meet the basic needs of children and families (such as meals and snacks through the USDA nutrition programs ⬈ and other provided services) and develop measures to address these needs if operations are suspended or if a child needs to isolate or quarantine as a result of a diagnosis of or exposure to COVID-19.

Learn about Guidance for Operating Youth and Summer Camps

Promoting Behaviors that Reduce Spread of COVID-19

The actions put in place by your child care program and taken by the staff and families will help reduce the risk of spreading COVID-19. Using many of the following prevention strategies at the same time can lower the risk of transmission of COVID-19 in your child care program.

Staying Home when Appropriate

Educate your staff and families about when they/their child(ren) should not come to the child care program:

- Staff and children should stay home if they are sick or have recently had close contact (within 6 feet for a cumulative total of fifteen minutes or more over a 24-hour period) with a person with COVID-19.
- Staff and children should stay home if they have tested positive for or are showing symptoms of COVID-19.
- Develop policies that encourage sick employees to stay at home without fear of negative consequences. Ensure policies are clearly communicated to your staff.
  - CDC's criteria can also help inform when your children and staff can return:
    - If they have been sick with COVID-19
    - If they have recently had close contact with a person with COVID-19
- Child care programs may also consider consulting CDC's webpage on Workplaces and Business, which provides guidance and strategies to prevent and reduce transmission and maintain healthy business operations and work environments.

Respiratory Etiquette and Hand Hygiene

Help children learn simple steps to keep from getting and spreading COVID-19. Use visual tools, demonstrations, stories, and play:

- Encourage staff and children to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds or use hand sanitizer.
- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among all children and staff. Make sure hands are thoroughly dry after washing using either a clean, dry towel or air drying.
- If soap and water are not readily available, staff and children (over age 2) can use hand sanitizer that contains at least 60% alcohol. Make sure all surfaces of hands are covered and that hands are rubbed together until they feel dry. Hand sanitizers should be stored up, away, and out of sight of children and should be used only with adult supervision for children under age 6 years. Hand sanitizers might not be as effective when hands are visibly dirty or greasy, handwashing with soap and water for 20 seconds is recommended.
- Assist children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing or helping them put on or adjust their mask, staff should also wash their hands.
- All children and staff should wash their hands with soap and water at the following key times:
  - Arrival to your facility
  - Before and after preparing food or drinks
  - Before and after eating or handling food or feeding children
  - Before and after helping a child put on or adjust their mask
  - Before and after administering medication or medical ointment
  - Before and after diapering a child
  - After using the bathroom or after helping a child use the bathroom

- After using the bathroom or after helping a child use the bathroom
  - After having contact with body fluids
  - After handling garbage

Holding, Washing, or Feeding a Child

It is important that you comfort crying, sad, or anxious infants and toddlers and they often need to be held. To the extent possible when holding, washing, or feeding young children, protect yourself by:

- Washing your hands frequently.

- Wash your hands, neck, and anywhere you have been touched by a child's body fluids.

- Avoid touching your eyes while holding, washing, or feeding a child.

- If body fluids get on the child's clothes, change them right away, whenever possible, and then your hands should be rewashed.

- Wash your hands before and after handling infant bottles prepared at home or in the facility.

Wearing Masks

- Everyone 2 years and older should wear a mask covering their mouth and nose when around people who do not live in their household, except when eating or sleeping.

- Teach and reinforce the consistent and correct use of masks for all staff and children aged 2 years and older.

- A mask is NOT a substitute for physical distancing. **Masks should still be worn in addition to physical distancing.** Wearing a mask is especially important indoors and when physical distancing is difficult to implement or maintain while providing care to young children.

- Learn from CDC about How to Select, Wear, and Clean Your Mask.

- After touching or removing your mask, wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

- CDC recognizes there are specific instances when wearing a mask is not be feasible. In these instances, consider adaptions and alternatives.

Face Shields and Goggles

CDC **does not recommend** using face shields or goggles as a substitute for masks. Do NOT put a plastic face shield (or a mask) on newborns or infants. For more information, visit Considerations for Wearing Masks.

How to Store and Wash Masks

Store cloth masks properly and wash them regularly to keep them clean. Have more than one mask on hand so that you can easily replace a dirty mask with a clean one. Make sure to remove your mask correctly and wash your hands after touching a used mask. When reusing your mask after a break, keep the same side facing out.

For more information on washing masks, visit How to Wash Masks.

Signs and Messages

- Post signs in visible locations (entrances and restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a mask).

- Signs should be clear, be easy-to-understand, use pictures, be at appropriate reading and literacy level, and be in primary languages spoken by your staff and families.

- Use various communication methods to ensure accessibility for all, including those with disabilities and vision impairments.

- Find freely available CDC print and digital resources on CDC's communication resources main page. CDC also has videos including one with American Sign Language related to COVID-19 and other communication tools. CDC has also created several resources and infographics for child care providers available at CDC's toolkit for child care programs.

Maintaining Healthy Environments

Consider using the following recommended changes to physical spaces to maintain a healthy child care environment.

Cleaning

- Develop a schedule for increased frequency of routine cleaning of high-touch surfaces. An example can be found here ⧉
  - Ensure safe and correct use ⧉ and storage of your cleaning and disinfection products, including storing products securely away from children. If surfaces are dirty, clean them using a detergent or soap and water prior to disinfection. Use products on List N: Disinfectants for Coronavirus (COVID-19) ⧉ and follow instructions for how long a product must be in contact with a surface to be effective.
  - If possible, provide EPA-registered disposable wipes to staff so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on cleaning and disinfecting your facility.
  - Cleaning and disinfection products should not be used by children or placed near children. Staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.
  - Special considerations should be made for people with asthma. Some cleaning and disinfection products can trigger asthma. Learn more about reducing your chance of an asthma attack while disinfecting to prevent COVID-19.
- Ensure adequate supplies.
  - Ensure you have adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. This includes soap and water, hand sanitizer with at least 60% alcohol (for your staff and children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, masks (as feasible), and no-touch/foot-pedal trash cans (if available).
  - If you have difficulty obtaining these supplies, please consider contacting your state child care office to see if additional resources are available through the Federal Emergency Management Agency (FEMA). ⧉ Additionally, you may contact your local Child Care Resource and Referral (CCR&R) Agency to learn more about service organizations in your community that may have additional resources. Your local CCR&R Agency ⧉ can be found at Child Care Aware of America ⧉ .
- Clean surfaces.

Reducing the Spread of Germs at Schools

Cleaning and promoting hand hygiene are important everyday actions schools can take to slow the spread of COVID-19 and other infectious diseases and protect students and staff.

Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces. Cleaning high touch surfaces and shared objects once a day is usually enough to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your school. For more information on cleaning and disinfecting schools, see Cleaning and Disinfecting Your Facility.

Disinfecting (using disinfectants on U.S. Environmental Protection Agency (EPA)'s List N ⧉) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

Clean more frequently or clean AND disinfect surfaces and objects if certain conditions apply

- High transmission of COVID-19 in your community
- Low number of people wearing masks or improper mask usage
- Infrequent hand hygiene
- The space is occupied by people at increased risk for severe illness from COVID-19

When Someone is Sick

If someone in your school is sick or someone who has COVID-19 has been in your school in the last 24 hours, clean and disinfect your facility. For more information on cleaning and disinfecting safely, see Cleaning and Disinfecting Your Facility.

Use Disinfectants Safely

Always read and follow the directions on how to use and store cleaning and disinfecting products. Disinfection products should not be used by children or near children. Ventilate the space when using these products to prevent children from inhaling toxic vapor.

Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the building. Learn More.

Always follow standard practices and appropriate regulations specific to your school for minimum standards for cleaning and disinfection. For more information on cleaning various surfaces and other cleaning guidelines, see Cleaning and Disinfecting Your Facility.

- Clean and sanitize toys.
  - Caring for Our Children ⬈ provides national standards for cleaning, sanitizing, and disinfection of educational facilities for children.
  - Toys that can be put in the mouth should be sanitized between uses or not used if they cannot be cleaned and sanitized.
  - Set aside toys that children have placed in their mouths or that are otherwise contaminated through contact or other body fluids until they can be cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, and sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You can also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
  - Machine washable cloth toys should be used by one person at a time or should not be used at all. These toys should be laundered before being used by another child.
  - Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
  - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
  - Children's paperback books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional procedures for cleaning or disinfection.
- Diapering a child.
  - When diapering ⬈ a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures.
  - Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
  - After diapering, take off gloves and wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free disinfectant that is EPA List N: Disinfectants for Coronavirus (COVID-19) ⬈ as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
  - If reusable cloth diapers are used, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service. (Download posters with diaper changing procedures.)
- Transport vehicles.
  - If transport vehicles (for example, buses or vans) are used by your child care program, drivers should practice all safety actions and protocols as indicated for other staff (for example, hand hygiene, masks). To clean and disinfect buses or other transport vehicles, see guidance for bus transit operators. Create distance between children on transport buses (for example, seat children one child per row, skip rows) when possible. However, children from the same home can be seated together.

Ventilation

Consider how you can bring in as much fresh air into your child care center or family child care home as possible. Bringing fresh, outdoor air into your center or home helps keep virus particles from concentrating inside.

- Increase outdoor air ventilation, using caution in highly polluted areas. See CDC's webpage to get more information about local air quality.
  - If it's safe to do so, **open doors and windows** as much as you can to bring in fresh, outdoor air. While it's better to open them wide, even having a window cracked open slightly can help.
  - If you can, **open multiple windows and doors** to allow more fresh air to move inside.
  - Do not open windows and doors if doing so is unsafe for you or others (for example, risk of falling, triggering asthma symptoms, high levels of pollution).
  - If opening windows or doors is unsafe, consider other approaches for reducing the amount of virus particles in the air, such as using air filtration and exhaust fans.
  - Consider running your HVAC system at maximum outside airflow for 2 hours before and after the center or home is occupied.
  - Ventilation considerations are also important on your transport vehicles such as buses or vans. Open windows to increase airflow from outside when safe to do so.
- Ensure restroom exhaust fans are functional and operating at full capacity when the center or home is occupied. Clean and change filters as recommended by manufacturer.
- Inspect and maintain your local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use child safe fans to increase the effectiveness of open windows. Placing a fan by an open window to blow inside air out is a good way to encourage air flow throughout the room. Even without an open window, fans can improve air flow and keep virus particles from staying concentrated in one place.
- Ensure your ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space. Additional information for child care centers and family child care homes can be found on Ventilation in Schools and Child Care Programs page. This page has a more in-depth list of ventilation interventions that can help reduce the concentration of virus particles, such as SARS-CoV-2, in the air. The American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) also has Guidance for Building Operations During the COVID-19 Pandemic [↗] . Review additional ASHRAE guidelines for schools and universities [↗] for further information on ventilation recommendations for different types of buildings and building readiness for occupancy.
- If your child care center or family child care home does not have an HVAC system or wants extra filtration, consider using a portable high-efficiency particulate air (HEPA) cleaner. HEPA cleaners trap particles that people exhale when breathing, talking, singing, coughing, and sneezing.
  - When choosing a HEPA cleaner, select one that is the right size for the room(s). One way to do this is to select a HEPA fan system with a Clean Air Delivery Rate (CADR) that meets or exceeds the square footage of the room in which it will be used. See EPA's Guide to Air Cleaners in the Home for more information.

Water Systems
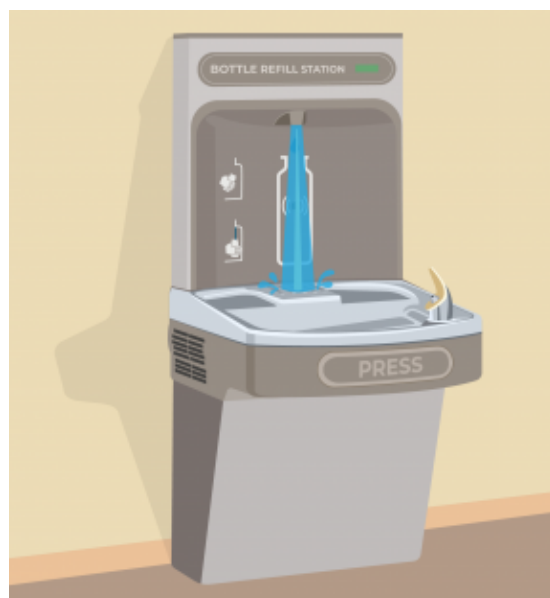
Before students and staff return to a school or childcare building that has been closed for an extended time, look for ways to reduce potential hazards. Flush plumbing (including all sink faucets, water fountains, water bottle fillers, hoses, and showers) to replace all water inside building pipes with fresh water. This can help protect occupants from possible

exposure to lead, copper, and Legionella bacteria. You can also follow the U.S. Environmental Protection Agency (EPA) 3Ts – Training, Testing, and Taking Action ⧉ – for reducing lead in drinking water at schools and childcare centers. Follow guidance to check your building for mold and remediate as needed.

Drinking fountains should be cleaned and sanitized. Encourage staff and families to bring their own water to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.

Modified Layouts

- Physically distance child seating areas when possible.

- Turn your tables to face in the same direction (rather than facing each other), or have your children sit on only one side of your tables, spaced apart, particularly at mealtimes.

- Modify your learning stations and activities to keep children physically distanced, when possible.

Physical Barriers and Guides

- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children maintain 6 feet physical distance from other "classrooms" or cohorts in common areas (for example, guides for creating "one-way routes" in hallways). Recognizing that for very young children, lining up physically distanced may be developmentally difficult and may need to be modified.

- Install physical barriers, such as sneeze guards and partitions, particularly in settings where it is difficult for people to remain physically distanced (for example, child care center reception desks and entryways). Ensure barriers are regularly cleaned and disinfected.

- Family child care providers can use physical barriers and guides where it is difficult to remain physically distanced.

Communal Spaces

The use and number of communal spaces may vary by child care program type.

- If your child care program does have communal spaces that are used by multiple different groups of children throughout the day such as dining halls, multi-purpose rooms, and playgrounds, stagger their use and properly clean and disinfect between groups. Ensure proper hand hygiene is practiced by children and staff before and after each use. Closing communal spaces may be considered if you are unable to maintain routine cleaning. For more information, see cleaning and disinfecting facilities page.

- It is important that adults consistently and correctly wear masks and maintain a distance of 6 feet from each other, especially for longer interactions.

- Child care programs interested in outdoor learning may benefit from reviewing CDC's COVID-19 guidance on Considerations for Outdoor Learning Gardens and Community Gardens.

Playgrounds and Outdoor Play Spaces

- Outdoor spaces reduce risk of spreading COVID-19, but still require preventive behaviors (staying home when sick, physical distancing, avoiding crowds, wearing a mask, handwashing, cohorting, and cleaning and disinfection).

- Communal outdoor spaces, such as playgrounds (play structures, jungle gyms, swing sets) and play spaces with shared toys or equipment (for example balls, tricycles, toy cars) are important for healthy child development, but can pose a risk for spreading COVID-19. Even though outdoor spaces reduce risk of spreading COVID-19, the virus can still spread when young children touch contaminated objects, and then touch their eyes, nose, or mouth. Preventive behaviors such as wearing a mask, handwashing, and cohorting are needed.

- Keep readily available your supplies, such as hand sanitizer with at least 60% alcohol, disinfectant wipes, paper towels, tissues, and no-touch trash cans in outdoor areas for staff and children.

- Based on existing prevention strategies implemented and the needs of your children and families, it is important that you carefully consider the use of your playground, play spaces, toys, and equipment.

  - Consult with public health officials and refer to state and local regulations on playgrounds.

  - Outdoor areas generally require normal routine cleaning and do not require disinfection. Do not spray disinfectant on sidewalks and in outdoor play areas as it is not an efficient use of disinfectant supplies and has not been proven

on sidewalks and in outdoor play areas as it is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19. You should continue existing cleaning and hygiene practices for outdoor areas.

- The targeted use of disinfectants can be done effectively, efficiently, and safely on outdoor hard surfaces and objects frequently touched by multiple children and staff (for example, handrails, benches); make sure disinfectant has thoroughly dried before allowing children to play.

- Routinely clean high touch surfaces made of plastic or metal, such as grab bars and railings.

- Do not clean and disinfect wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand).

- Consider restricting your use of play structures or equipment that position children close by one another (for example facing each other on a tire swing, crawling close together in tunnels, or enclosed with one another in fort-type structures.)

- Stagger your use of playgrounds and play spaces by reducing the group size in the play area at one time or remaining in cohorted groups while sanitizing shared objects and high touch surfaces between groups.

- If multiple cohort groups need to be in your play area at the same time, consider using fencing or another barrier to designate separate areas for each cohort.

Reinforce Prevention Strategies in Indoor Shared Spaces

The number and use of shared spaces may vary by child care program type.

- **Before entering any shared space**, require children to wash their hands with soap and water for at least 20 seconds.
- **During use of a shared space**, combine multiple prevention strategies, such as use of masks, physical distancing, hand hygiene, and cleaning and disinfection of shared objects and high touch surfaces.
- **Masks should be used in both indoor and outdoor spaces by child care program staff and children over the age of 2.** However, masks should **not** be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing
  - Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance
- As feasible, clean and disinfect your shared objects and surfaces more frequently. For example, clean community-use objects such as popular play toys at scheduled times, or if someone sneezes or coughs, between uses.
- Require hand washing or use of hand sanitizer after coughing or sneezing.
- Wash hands with soap and water for at least 20 seconds and dry hands thoroughly with a clean towel or air dryer. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent sanitizer ingestion or contact with eyes.
- **After use of a shared space**, require all children to wash their hands with soap and water for at least 20 seconds.

Food Service

While there is currently no evidence that ingesting food is associated with spreading COVID-19, it is possible that a person can get COVID-19 by touching a surface or object, including food or food packaging, that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not the main way the virus spreads.

- Use a mask or require staff to wear a mask and continue using prevention strategies like physical distancing, hand hygiene, and proper ventilation when preparing and serving meals.
- As feasible, have children and staff eat meals outdoors or in well ventilated classrooms or spaces within the family child care home while maintaining distance as much as possible. Masks should be stored in a space designated for each child that is separate from others when not being worn (for example, in individually labeled containers, bags, or cubbies) and put back on when not eating.
- If cafeterias or communal dining halls will be used, ensure separate "classrooms" or cohorts remain 6 feet apart while eating and faced in the same direction. Consider staggering when classrooms eat, so children can maintain their small groups. Clean and disinfect tables, chairs, and highchairs between each use. Surfaces that come in contact with food should be washed, rinsed, and sanitized (using EPA List N: Disinfectants for Coronavirus (COVID-19) ⬈) before and after meals.

- Ensure that children and staff wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after handling, preparing, serving or eating food.
- If feasible, remove or limit additional staff coming into classrooms during mealtimes. All staff should wear a mask covering their mouth and nose and wash their hands for 20 seconds with soap and water before entering the room where meals are being served.
- Staff should always wear gloves when preparing food.
- Where feasible, food preparation should not be done by the same person who diapers children. If you are the only person available for both diapering and food preparation, consider meal preparations that can be done ahead of time or choose food with minimal preparation.
- Avoid offering any self-serve food or drink options. Instead, serve individually plated or pre-packaged meals and snacks while ensuring the safety of children with food allergies.
  - If your meals are typically served family-style, identify one employee to place food on plates so that multiple staff and children are not handling serving utensils.
- Use disposable food service items (for example, utensils, trays).
  - If using disposable items is not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed, rinsed, and sanitized to meet food safety requirements.
- Everyone should wash their hands after removing their gloves or after directly handling used food service items.
- Avoid holding any in-person events that includes family members or other adults who do not work in the child care program.
- Avoid using cloth table coverings or other hard to clean table covers.
- Avoid group type activities for taste testing, cooking demonstrations, and other food sampling.
- Utilize no-touch or foot pedal trash cans, if available.
- Of note: USDA has issued the COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility ⬈ in the Child Nutrition Programs, such as the Child and Adult Care Food Program (CACFP).

Maintaining Healthy Operations

Multiple strategies can be used by your child care program and staff to maintain healthy child care program operations.

Protections for Staff at Higher Risk for Severe Illness from COVID-19

- Offer modified job responsibilities for your staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk.
- Encourage staff to talk to their healthcare providers to assess their risk and to determine if they should stay home, and to get a vaccine ⬈ when it is offered.
- Consistent with applicable laws, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

Children with Disabilities or Special Needs

Provide accommodations, modifications, and assistance for children with disabilities and special needs:

- Your child care program should remain accessible for children with disabilities.
- Physical distancing can be difficult for young children with disabilities.
- Wearing masks may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues. For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate children and/or staff (for example, during carpool drop off or pick up, or when standing in line).
- If interacting with people who rely on reading lips, consider wearing a clear mask or a cloth mask with a clear panel.
- Many children require assistance or visual and verbal reminders to cover their mouth and nose with a tissue when they cough or sneeze, throw tissues in the trash, and wash their hands.
- Where service or therapy animals are used, use guidance to protect the animal from chemical disinfectants and from COVID-19 (even though the number of dogs and other pets who have contracted COVID-19 from humans remains low).

- Cleaning and disinfecting procedures might negatively affect children with sensory or respiratory issues. Avoid overuse, use safer products ⬈ , and clean and disinfect when these children are not nearby, if possible.

- Behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues for positive reinforcement) can help all children adjust to changes in routines and take preventive actions but may be especially beneficial for some children with disabilities.

- If outside program services are necessary in the facility, see guidance below for Direct Service Providers.

- Organizations that support people with disabilities have information and resources to help child care programs with these behavioral techniques. In addition, behavioral therapists or local mental health or behavioral health agencies may be able to provide consultation for specific concerns.

Guidance for Direct Service Providers (DSPs)

- Direct Service Providers (DSPs) include direct support professionals, paraprofessionals, therapists, early intervention specialists, and others. DSPs should be allowed into your facility to provide important services to children, and there are several steps you can take to make sure they do so as safely as possible.

- Ask DSPs before they enter your facility if they are experiencing any symptoms of COVID-19 or if they have been in contact with someone who might have COVID-19. If DSPs provide services in other programs or facilities, ask specifically whether any of the other places have had positive COVID-19 cases. For guidance related to screening of staff (including DSPs), please refer to CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 and the Prevent Transmission Among Employees section of CDC's Resuming Business Toolkit 📄 [1.15 MB, 22 pages].

- If space allows, limit the interaction of the DSP to only the child(ren) they need to see and utilize mask wearing and physical distancing as much as feasible.

- When developing cohorts, it is important to consider services for children with disabilities, so that they may receive services within the cohort if feasible.

- CDC has developed guidance for DSPs. Child care providers should review the DSP guidance and ensure that DSPs that need to enter your child care program facility are aware of those preventive actions, which include:

  - DSPs should wash their hands with soap and water when entering and leaving any child care program, when adjusting or putting on or off facemasks, and before putting on and after taking off disposable gloves. If soap and water are not readily available, they should use a hand sanitizer that contains at least 60% alcohol.

  - DSPs should launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.

  - When working with or having direct physical contact with young children, DSPs can consider protecting themselves by wearing an oversized, button-down, long sleeved shirt and changing it when traveling between child care programs.

- Child care programs can work with families and healthcare providers in the community to help keep children and families healthy during the pandemic. Children should continue regular well-child visits for routine immunizations and preventive screenings, such as screening for autism and lead poisoning, during the pandemic. Adults and children should get a flu vaccine before or during the influenza season (fall–winter; usually November–March). Children younger than 5 years old – especially those younger than 2 – are at higher risk than some other populations of developing serious flu-related complications. Currently, COVID-19 vaccines are not yet approved for use in children under 16 years old. However, CDC recommends an annual flu vaccine for everyone 6 months and older. Child care programs can also share information with families on child development and positive parenting.

Identifying Small Groups and Keeping Them Together (Cohorting)

Place children and child care providers into distinct groups that stay together throughout an entire day.

- If possible, your child care groups should include the same children each day, and the same child care providers should remain with the same group of children each day.

- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.

- The number of cohorts or groups may vary depending on child care program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.

Consider whether to alter or halt daily group activities that might increase risk of COVID-19 transmission.

- Keep each group of children in a separate area (classroom or outdoor area if weather permits).
- Limit the mixing of your children, such as staggering your playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible. Consider placing children (or infants in cribs) head to toe in order to further reduce the potential for viral spread.

Staggering Schedule (Parent Drop-Off and Pick-Up)

- Stagger child arrival, drop-off, and pick-up times or locations by group, or put in place other plans to limit contact between groups and to limit staff's direct contact with parents, guardians, and caregivers.
- Consider going outside your child care center or family child care home to pick up children as they arrive. A plan for curb side drop-off and pick-up should limit direct contact between parents/guardians and staff members and ensure 6 feet distance between adults. You can transport infants in their car seats and then store car seats out of children's reach. If curbside, outdoor, or staggered pick up and drop off are not feasible, consider how you limit or decrease direct contact between parents, guardians, and caregivers to ensure physical distancing when possible.
- Hand hygiene stations should be set up at the entrance of the child care center or family child care home, so that staff and children (over age 2) can use hand sanitizer before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets or the door to the home. Keep hand sanitizer out of children's reach and supervise use for children under 6 years old. If possible, place sign-in stations outside and provide sanitary wipes for cleaning pens between each use.

Gatherings, Visitors, and Field Trips

- Pursue virtual group events, gatherings, or meetings involving families, if possible, and promote distancing of at least 6 feet between people if events are held in person. Avoid events that involve mixing children or families from different cohorts. Limit your group size to the extent possible.
  - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations.
  - For family child care homes, consider minimizing contact between children in your care and others who are not a part of child care program.
    - If there are other people living in the home who are not part of the child care program, consider having them stay in a different part of the home. If they will need to be in shared areas, have them wear a mask and maintain as much physical distance as possible. Limit or avoid having nonessential visitors enter the family child care home during child care hours.
- While limiting the number of people entering your facility, it is **important not to limit access for mothers who are breastfeeding** to meet the nutritional needs of their infants.
- Learn more about activities related to summer camps

Designated COVID-19 Point of Contact

- Designate someone to be responsible for responding to COVID-19 concerns. Make sure staff and families know who their designated person is and how to contact them. In a family child care home, the provider is the designated contact person.

Travel and Transit

- Encourage staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others to the extent feasible (for example, biking, walking, driving or riding by car either alone or with household members).
- Encourage staff who use public transportation or ride sharing to follow CDC guidance on how to protect yourself when using transportation.
- If transport vehicles (for example, buses or vans) are used by your child care program, drivers should practice all safety actions and protocols as indicated for other staff (for example, hand hygiene, masks). To clean and disinfect buses or other transport vehicles, see guidance for bus transit operators. Create distance between children on transport buses (for example, seat children one child per row, skip rows) when possible. However, children from the same home can be seated together.

seated together.

Communication

- Put systems in place for staff and families to self-report to your child care program if a staff member, child, or household member has symptoms of COVID-19, tests positive for COVID-19, or was exposed to someone with COVID-19 within the last 14 days.

- Your reporting system should be consistent with state requirements as applicable with state regulatory and the health information sharing regulations for COVID-19 ⧉ (for example see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick section below**) and other applicable federal and state laws and regulations relating to privacy and confidentiality.

- Your communication methods should be accessible for all your families and staff, including those with disabilities and limited English proficiency (for example, use interpreters and translated materials).

- Notify your staff and families of closures and any restrictions in place to limit COVID-19 exposure (for example, limited hours of operation).

Leave (Time Off) Policies and Excused Absence Policies

Staff who are at increased risk of exposure to patients with COVID-19, such as those caring for sick family members, increase the risk of spreading COVID-19 in your facility. To minimize the likelihood of infecting others in the facility, consider implementing flexible sick leave policies and practices that enable your staff to stay home when they are sick, have been exposed, or are caring for someone who is sick.

- Leave policies should be flexible, not punish people for taking time off, and allow your sick employees to stay home and away from co-workers and children.

- Leave policies should account for employees who need to stay home with their children if there are school or child care closures, or to care for sick family members.

- Additional flexibilities might include permitting advances on future sick leave days and allowing employees to donate sick leave to each other.

- Develop policies for return-to-work after a COVID-19 illness or exposure. CDC's criteria to discontinue home isolation and quarantine can inform these policies.

Back-Up Staffing Plan

- Monitor absenteeism of your children and staff to ensure proper provider-to-child ratios are being maintained as stated by licensing regulations.

- Cross-train your staff and create a roster of trained back-up staff that have successfully completed background checks.

- Develop plans to cover your child care classrooms in the event of increased staff absences.

- Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if your regular staff members need to stay home due to illness or ill family members.

- Family child care home providers should arrange for a backup family child care provider in case the provider or others in the family child care home become ill.

Staff Training

- Train your child care program staff on all COVID-19 safety protocols and ensure they understand and can implement your new policies or procedures. (This training may count toward or be implemented in addition to required health and safety training.)

- Allow time for staff to voice concerns, identify areas of needed support and training, and give input into ways to implement your new COVID-19 protocols in your facility.

- Conduct training virtually or ensure that prevention strategies to reduce the risk of COVID-19 spread, including physical distancing is maintained during in-person training.

Recognize Signs and Symptoms of COVID-19

The best way to prevent the COVID-19 spread is to keep the virus from getting into your child care program in the first place. It is important to communicate to parents, guardians, or caregivers to monitor their children every day for signs of infectious illness including COVID-19. Children who have symptoms of any infectious illness or symptoms of COVID-19 should not attend your child care program. The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness.

Conduct daily health screenings ⧉ for any person entering the child care facility, including children, staff, family members, and other visitors, to find those with symptoms, diagnosis, or exposure to COVID-19. People with COVID-19 can have symptoms ranging from mild symptoms to severe illness. Symptoms can appear **2–14 days after exposure to** COVID-19. See Symptoms of Coronavirus and COVID-19 in Children for more information.

Screening for symptoms and for possible exposure to the virus are important COVID-19 prevention strategies. However, given the wide range of symptoms and the fact that many people, especially children, with COVID-19 illness have no symptoms at all, screening will not identify everyone who has COVID-19.

The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or "colds" every year. (11) Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. For some children, COVID-19 can have serious complications. Download this table comparing symptoms of COVID-19 with other common illnesses 📄 [579 KB, 1 page].

Examples of daily health screenings include self-checks for symptoms by staff and families before arriving at the child care facility, answering screening questions upon arrival, and performing daily temperature checks. All child care providers should consider putting into practice a daily routine of conducting a brief verbal health assessment as your children are dropped off, before the parent or caregiver leaves, that asks about

- Symptoms of COVID-19
- Fever equal to or higher than 100.4°F
- If the child has been exposed to someone with known COVID-19
- If the child is being tested for COVID-19
- If the child has been diagnosed with COVID-19 and not yet cleared to discontinue isolation

People who have a fever of 100.4^0 (38.0^0C) or above or other signs of illness should not be admitted to your child care facility. Encourage your families to be on the alert for signs of illness in their children and to keep them home when they are sick.

Examples of Screening Methods

If you choose to implement onsite temperature screening, there are several methods your facility can use to protect child care program staff while conducting temperature screenings. The most effective protective methods incorporate maintaining physical distance (using a no-contact remote thermometer) and keeping screening interactions brief to minimize exposure due to close contact to a child or adult during screening.

Screening Method 1: Parent or guardian takes temperature while staff physically distance

1. Maintain 6 feet distance from families and wear a mask, no personal protective equipment (PPE) necessary.
2. Parents/guardians take their children's temperature either at home before coming to the facility or upon arrival at the facility using a no-contact thermometer.
3. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
4. Parent/guardian confirms that the child does not have fever, shortness of breath, cough or other symptoms of COVID-19.

Screening Method 2: Staff take temperature

1. Stand behind a physical barrier (such as a glass or plastic window or partition) that can serve to protect the staff member's face, mouth, and nose from respiratory droplets that can be produced if the child being screened sneezes, coughs, or talks.
2. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
3. Conduct temperature screening (follow steps below) using a no-contact remote thermometer, while wearing disposable gloves. Always make sure your face stays behind the barrier during the screening. If you did not have physical contact with the child, you do not need to change gloves before the next check and you do not need to clean a no-contact remote thermometer with alcohol after each child.

If your program chooses to conduct symptom screening, they should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations (for example, Americans with Disabilities Act [⬈] and the Health Insurance Portability and Accountability Act (HIPAA) [⬈] .

The guidance detailed here are intended for children, but a similar process can be followed for screening staff. For specific considerations related to screening staff, please refer to CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 and the Prevent Transmission Among Employees section of CDC's Resuming Business Toolkit [📄] [1.15 MB, 22 pages].

Prepare for When Someone is Sick with COVID-19

Your child care program should implement multiple COVID-19 prevention actions to prepare for when someone is sick with COVID-19.

Isolation and Transportation of Children and Staff Who Begin to Have Symptoms While at the Child Care Program

- Your children or staff might begin to have COVID-19 symptoms while at your facility. You should take action to isolate people who begin to have these symptoms from other children and staff. Plan to have an isolation room or an area, preferably with access to a separate restroom, you can use to isolate a sick child or staff member. Ensure that isolated children are still under adult supervision. Arrange safe transportation home or to a healthcare facility (if severe symptoms) for the child or staff if showing symptoms of COVID-19.
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable.

- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible and increase ventilation in the area. You should ensure safe and proper use of cleaning and disinfection products [⬈] , including storing products securely away from children.
- See CDC's Toolkit for Child Care Programs for more resources on what to do if a child becomes sick while at the child care program.

Make Sure that Staff and Families Know When They Should Stay Home

Communicate with your staff and the families of your children so that they know when to stay home. Make sure they know to notify your child care program administrator (for example, the designated COVID-19 point of contact) if they (staff) or their child (families) test positive for COVID-19 or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case. For information on getting tested for COVID-19 and to find testing sites in your community, reach out to your healthcare provider or contact your local health department. These critical communications should be accessible to people with disabilities and limited English proficiency.

Follow Home Isolation and Quarantine Criteria

Sick staff or children should not return to your child care program until they have met CDC's criteria to discontinue home isolation. If they have met all the CDC criteria for ending isolation, then no additional testing is needed in order to return to the facility.

Return-to-Child Care Policies

If staff, children, or family members have or think they might have COVID-19, it is important to stay home and away from other people.

In most instances, those who have had COVID-19 can be around others after

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to people with severe COVID-19 or with severely weakened immune systems (immunocompromised). These individuals should follow the advice of their healthcare provider regarding when to resume being around others.

For Anyone Who Has Had Close Contact with a Person with COVID-19

Anyone who has had close contact with someone who has (suspected or confirmed) COVID-19 should stay home for 14 days **after their last exposure** to that person. Close contact is defined as within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

Notifications and Possible Closure of Facility

- In accordance with state and local laws and regulations, your child care program should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) ⬈ or any other applicable laws and regulations.
- Inform those who have had close contact with a child or staff member diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if they have COVID-19 symptoms. You will need to maintain confidentiality as required by the Americans with Disabilities Act (ADA) or and other applicable laws and regulations.
- Your child care program might need to implement short-term building closure procedures **if an infected person has been at the facility** during their infectious period and has close contact with others. If this happens, **work with local public health officials to determine next steps.** One option is for you to have an initial short-term closure and cancellation of events and activities to allow time for your local health officials to gain a better understanding of the COVID-19 situation and help your child care program determine appropriate next steps, including whether such a closure needs to be extended to stop or slow further spread of COVID-19. In situations where your child care program is cohorting (for example, staying in a small group of just their class), your administrator may choose to close certain places in the building (for example, classrooms, common areas) where others were exposed to the sick person. If your local health officials do not recommend building or child care classroom closures, thoroughly clean and disinfect areas where the infected person spent significant time.
- Local health officials will decide whether and for how long to close your child care program or events.

Sharing Facilities

- Encourage any organization that shares or uses your child care facility to also follow this guidance and the multiple prevention strategies you put in place.

Support Coping and Resilience

- Remain as transparent as possible (communicate openly) about program and policy changes. You can solicit staff input in decisions about new process and procedures to assist staff in feeling increased sense of control and reducing anxiety.
- Promote healthy eating habits, physical activity, getting sleep, and finding time to unwind among staff, families, and children.

- Discuss and share stress reduction strategies such as mindfulness practices, social support, deep breathing, and spending time in nature or outside.

- Encourage staff and older children to talk with people they trust about their concerns and how they are feeling.

- Communicate openly with staff, children, and families about mental health support services available in the community, including if mental health consultation is available to the program. These critical communications should be accessible to people with disabilities and limited English proficiency.

- Share facts about COVID-19 regularly through trusted sources of information (such as your state health department or CDC) to counter the spread of misinformation and ease fear.

- Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.

- Encourage staff to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or Lifeline Crisis Chat ⬚ if they are feeling overwhelmed with emotions such as sadness, depression, anxiety; or call 911 if they feel like they want to harm themselves or others.

> After reviewing the suggestions listed on this page, child care administrators can use relevant sections of the CDC's K-12 Schools COVID-19 Mitigation Toolkit 🗎 [2 MB, 36 pages] to assess their sites in order to protect children, staff, and communities.

Related Pages

COVID-19 Basics

- › Latest COVID-19 Information

- › Managing Stress and Coping

- › People at Increased Risk

- › Children and COVID-19

- › Talking with children about Coronavirus Disease 2019

- › What to do if a Student Becomes Sick at School or Reports a New COVID-19 Diagnosis Flowchart

For Child Care Providers and Parents, Guardians, and Caregivers

- › NEW: Quick Guide: Help Protect Your Family Child Care Home from COVID-19 🗎 [2 MB, 1 Page]

- › NEW: Quick Guide: Help Protect Your Child Care Center from COVID-19 🗎 [1 MB, 2 Pages]

- › NEW: COVID-19 Child Care Symptom Screening Flowchart 🗎 [56 KB, 1 Page]

- › NEW: What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Child Care Program Flowchart 🗎 [55 KB, 1 Page]

- › NEW: What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis At Your Family Child Care Home

- › NEW: My Child is Showing Signs of COVID-19 in Child Care: What Should I Do? Quick Guide for Parents, Guardians, and Caregivers 🗎 [1.4 MB, 1 Page]

- › NEW: A Child is Showing Signs of COVID-19 in my Child Care Program: What Should I Do? Quick Guide for Providers 🗎 [4.9 MB, 1 Page]

- › Ventilation in Schools and Child Care Programs

- › Guidance for Schools and Child Care Centers

- › Guidance for Direct Service Providers, Parents, Caregivers, and Guardians, and People with Developmental and Behavioral Disorders

› Behavioral Disorders

› Guidance for Direct Service Providers

› Guidance for Handlers of Service and Therapy Animals

› Limitations and Considerations for COVID-19 Symptom Screening in K-12 Schools

› Considerations for Outdoor Learning Gardens and Community Gardens

› Pregnancy, Breastfeeding, and Caring for Newborns

More Information

For Businesses and Workplaces

Guidance for Businesses and Employers

HIPAA and COVID-19 ⧉

OSHA Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace ⧉

U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19 ⧉

Everyday Steps to Slow the Spread

Cleaning and Disinfection

Community Mitigation

COVID-19 Prevention

Use of Masks to Help Slow the Spread of COVID-19

Handwashing Information

Physical distancing

COVID-19 Fact Sheets, Posters, and Videos

CDC Communication Resources

CDC COVID-19 Communication Toolkit

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