



# Interim Guidance for Child Care Settings

## June 9, 2020

Governor Cooper has implemented a [three-phased approach](#) to slowly lift restrictions while combatting 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:**

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 these symptoms may have COVID-19:**

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

This list does not include all the possible symptoms. Gastrointestinal symptoms (nausea, vomiting, or diarrhea) are less common than other symptoms, but have been reported in persons with COVID-19.

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.

**This guidance covers the following topics:**

- [Drop-off/Arrival Procedure](#)
- [Monitoring for Symptoms](#)



- [Preventing Spread in the Classroom](#)
- [Cloth Face Coverings](#)
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- [For Facilities Planning to Reopen After Extended Closure](#)
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- [Daily Health Screening for Child Care Staff and Children for COVID-19](#)
- [Daily Health Screening Log](#)

Actions that are **required** for each topic are stated in [Executive Order 141](#) or existing child care rules. Actions that are **recommended** for each topic were developed to protect the staff and children in child care 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.

### Drop-off/Arrival Procedure:

Child care programs are **required** to:

- Post signage in drop-off/arrival area to remind staff and children 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 staff and children 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

Continue to conduct regular screening for symptoms throughout the day to help reduce exposure. Staff 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, he or she must remain isolated under the supervision of an adult, and return home safely as soon as possible. If a staff member develops symptoms while at the facility, he or she should notify his or her 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 (see page 11).**
- ❑ **Not allow staff and children to enter the child care facility if:**
  - **They have tested positive for or are showing COVID-19 symptoms.**
  - **They have recently had close contact with a person with COVID-19.**
- ❑ **Immediately isolate a child or staff member that 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.**
- ❑ **While waiting for a sick child to be picked up, have a caregiver stay with the child in a place isolated from others. If the child has symptoms of COVID-19, the caregiver should remain as far away as safely possible from the child (preferably 6 feet) 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.
- ❑ **Notify local health authorities of confirmed COVID-19 cases 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.**
- ❑ **Adhere to the following guidelines for allowing a child or staff member to return to child care**
  - **If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they can return to the child care facility once they (or a family member for a young child) can answer YES to ALL three questions:**
    - **Has it been at least 10 days since the person first had symptoms?**
    - **Has it been at least 3 days since the person had a fever (without using fever-reducing medicine)?**
    - **Has it been at least 3 days since the person's symptoms have improved, including cough and shortness of breath?**
  - **If a person has been diagnosed with COVID-19 but does not have symptoms, they can return to child care once 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.**
  - **If an person has had a negative COVID-19 test, they can return to the child care facility once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.**



- If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they can return to the child care facility for 14 days after their last known exposure, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.
- A person who has been diagnosed with COVID-19 or has been presumed positive by a medical professional due to symptoms does not need to have documentation of a negative test in order to return to child care.

It is **recommended** that child care programs:

- Create a plan to coordinate with local health authorities and [consult CDC recommendations](#) to determine when it is safe for staff and children to return to child care after having COVID-19 symptoms or close contact with an individual with diagnosed COVID-19.
- Consult with your child care health consultant, environmental health specialist and the local health department for guidance on cleaning, closure, and potential exposures and suspected cases.
- Work with local health departments for follow-up and contact tracing.
- If a person with COVID-19 was in the child care setting while infectious, child care administrators should coordinate with [local health officials](#) to notify staff and families immediately while maintaining confidentiality in accordance with [NCGS § 130A-143](#) and all other state and federal laws.
- Determine how to communicate with staff and families about potential exposures and confirmed cases. For more information, use the following resources: [NC COVID-19 website](#), [CDC COVID-19 website](#), [NC environmental cleaning guidance](#), and [CDC guidance for schools and childcare facilities](#)
- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#). Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. In most cases, it will not be necessary to close down an entire building.
- 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.

## 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 staff and children to keep 6 feet of distance whenever feasible, use face coverings and wash hands (Wear, Wait, Wash). [Know Your W's](#) signs are available in English and Spanish.**
- Maintain ratios and adhere to the [Revised Flexibility in Policy and Regulatory Requirements for Child Care Providers](#).**

It is **recommended** that child care programs:

- Follow [social distancing strategies](#).
- Only allow children and staff who are required for daily operations and ratio inside the building and



classrooms with the following exceptions:

- Health professionals who support children with special health care needs, early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP), and itinerant teachers and related service providers for children 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 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. 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.
- ❑ Incorporate virtual events such as field trips, parents and family meetings, and special performances where possible.
- ❑ 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. [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

Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

It is **recommended** that child care programs:

- Teach and reinforce the use of cloth face coverings for staff. Face coverings should be worn by staff if feasible, and are most essential in times when physical distancing is difficult. An FAQ about face coverings is available in [English](#) and [Spanish](#).**
- Consider cloth face coverings for children ages 2 and above if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Individuals should be reminded frequently not to touch the 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.**
- Share guidance and information with staff and families on the proper use, wearing, and removal of cloth face coverings, such as [CDC's guidance on wearing and removing cloth face masks](#), [CDC's use of cloth face coverings](#), and [CDC's cloth face coverings FAQs](#).**

## 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). ~~and~~ 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 staff and children to cough and sneeze into their elbows, or to cover with a tissue. Encourage staff and children 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 ~~during the coronavirus outbreak~~. 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 [NC DHHS](#).

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 40 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 for severe illness 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.

### **Transportation (Added 6/4/2020)**

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

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 of Child Care Staff and Children for COVID-19 (page 11). 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 school, 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.
- Encourage that cloth face coverings be worn by staff, if feasible while onboard transportation, and as long as it would not create a visibility hazard for the driver. Consider cloth face coverings for children ages 2 and older if it is determined they can reliably wear, remove, and handle cloth face coverings following guidance (page 5) throughout the day. Individuals should be reminded frequently not to touch the face covering and to wash their hands.
- 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.

### 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 Legionnaire’s 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 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.

### Communication and Combatting Misinformation (Added 6/4/2020)

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: [NC DHHS COVID-19 Webpage](#), [Know Your Ws: Wear, Wait, Wash, NC DHHS COVID-19 Latest Updates](#), [NC DHHS 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 (Added 6/4/2020)

It is **recommended** that child care programs:

- Support coping and resilience by:
  - Encourage staff and children to talk with people they trust about their concerns and how they are feeling.



## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Provide staff and families with information on help lines to access information or other support in reference to COVID-19, e.g. 211 and Hope4NC Helpline (1-855-587-3463)
- ❑ 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.

### Additional Resources

- ❑ NC DHHS: [North Carolina COVID-19](#)
- ❑ NC Child Care Health and Safety Resource Center: [Child Care Health Consultant Network](#)
- ❑ 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 Child Care Staff and Children for COVID-19

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

**Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at the child care facility.**

- 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 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.

- 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

### Returning to Child Care

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

An individual can return to the child care facility when they can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the person first had symptoms?
- Has it been at least 3 days since the person had a fever (without using fever reducing medicine)?
- Has it been at least 3 days since the person's symptoms have improved, including cough and shortness of breath?

If an individual has had a negative COVID-19 test, they can return to the child care facility once there is no fever



without the use of fever-reducing medicines and they have felt well for 24 hours.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of child care until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If an individual has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of the child care facility for 14 days unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

### **Screen children and staff by:**

- Making a visual inspection of the person for signs of infection such as flushed cheeks, fatigue, or extreme fussiness.
- Choosing to conduct temperature screening using the protocol below.
- Recording temperature and/or any symptoms on daily health screening log (see page 13).

Health screenings should be repeated periodically throughout the day on staff and children 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.

