#StayStrongNC

ChildCareStrongNC Public Health Toolkit

INTERIM GUIDANCE

Published March 23, 2020 • Updated February 21, 2022

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

What's Inside

What's New:

- Page 3: Public health guidance section revised as background information for the rest of the edits in the Toolkit.
- Page 5: Mask wearing exemptions provided.
- Page 8: Promotion of the no-cost at-home testing option included.
- Page 10: Individual contact tracing and exclusion from child care programs of asymptomatic people after an identified exposure is no longer recommended statewide in child care settings.
- Page 10: Guidance for identifying individuals exposed to COVID-19 has been updated.
- Page 10: *Summary Table for Returning to Child Care* revised to include revised guidance for exclusion and isolation.
- Page 11: Scenarios related to individuals who are been exposed have been removed.
- Glossary:
  - Terms "contact tracing" and "variant" were added.
  - Isolation and quarantine definitions were updated to match current guidance.

What Do We Know about COVID-19 and Child Care Settings?

Current Public Health Guidance

As the pandemic evolves, the North Carolina Department of Health and Human Services (NC DHHS) is applying the most effective and appropriate public health tools for the current phase of the pandemic. The best tools right now are getting vaccinated and boosted, masking, testing after exposure, ventilating areas, and staying home when sick.

An important tool for slowing the spread of COVID at earlier points in the pandemic has been formal contact tracing – identification, notification, and guidance by local public health authorities for individuals who have been exposed to COVID-19. While contact tracing remains important in certain high-risk settings, such as long-term care facilities and homeless shelters, formal contact tracing is a less effective tool in other settings, such as child care facilities because:

- New COVID-19 variants have emerged which have a shorter incubation period and are more contagious.
- Individuals with the newer COVID-19 variants are most contagious prior to the start of their symptoms and during the first few days of illness.
- A large number of individuals who have COVID-19 do not have symptoms and have less severe illness.
- Many infections are never identified by local public health departments because individuals with asymptomatic or mild cases may not get tested. Many individuals are also using over the counter at-home tests which do not get reported to the local public health department.
- In most instances, people are most contagious before their test results are known.

For these reasons, formal contact tracing may not be limiting the spread of COVID-19 in child care settings and is no longer recommended by NC DHHS.

The emerging data is described in CDC's Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs.

Fortunately, there are many preventive strategies that child care programs can take to help lower the risk of COVID-19 exposure and spread during the day as outlined in this Toolkit.

Prevention Strategies

This Toolkit offers child care providers recommendations for implementing layered prevention strategies based on current COVID-19 trends in North Carolina.

Each section of the Toolkit has been organized into three categories that prioritize implementation of the strategies that have been shown to be most effective in lowering the risk of COVID-19 exposure and spread in child care settings.

- Strategies that are **REQUIRED** are based on existing North Carolina laws and child care rules and must be followed by all child care providers.
- Strategies that **SHOULD** be implemented:
    - These strategies, if not implemented, create conditions of high risk for COVID-19 exposure and spread.
    - **NCDHHS strongly advises that child care programs adopt all the strategies in these sections.**
- Strategies that child care programs COULD CONSIDER adopting:

> – These are strategies to provide additional layers of prevention and that, if implemented, will further reduce the risk of COVID-19 exposure and spread.

Child care providers should continue to consult with local public health officials about transmission and vaccine rates in their community to make operational decisions. Child care programs should consider developing a COVID-19 policy to inform staff and families of how they will plan to implement the guidance in this toolkit.

Child care providers should continue to maintain awareness of:

- the effectiveness of their current policy
- any new restrictions by state or local public health leaders that are necessary to control the spread of the disease.

All of these COVID-19 prevention strategies remain critical to protect people, including children, families, and staff, especially in areas of moderate-to-high community transmission levels. When considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time and the facility should closely monitor increases in COVID-19 cases among children and staff and community outbreaks and clusters.

Promoting Vaccination

The most effective way for individuals to protect themselves and their loved ones from COVID-19 is to get vaccinated and stay up-to-date with booster doses and/or additional doses. Evidence shows that COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.

COVID-19 vaccines are now available and recommended for people 5 years of age and older. To determine eligibility for additional doses and/or booster shots, visit: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

Child care programs can promote vaccines by:

- Encouraging staff and families, including extended family members who have frequent contact with children in the child care program, to get vaccinated and boosted as soon as they can.
- Encouraging parents to talk to their child's pediatrician about the COVID-19 vaccine.
- Encouraging vaccine trust and confidence.
- Establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- Visiting yourspotyourshot.nc.gov or call 1-888-675-4567 to find out where to get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the child care program.
- Identifying potential barriers unique to the workforce and implement policies and practices to address them.
- Finding ways to adapt key messages to help families and staff become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Using the NC DHHS COVID-19 Vaccine Communication Toolkit to promote COVID-19 vaccination.
- Hosting information sessions to connect parents and guardians with information about the COVID-19 vaccine. Child care staff and health professionals such as Child Care Health Consultants can be trusted sources to explain the safety, effectiveness, and benefits of COVID-19 vaccines and answer frequently asked questions.
- Offering flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have side effects after vaccination. See CDC's Post-vaccination Considerations for Workplaces for more information.

All child care programs should:
- Keep COVID-19 vaccination status on file for children and staff.

More CDC resources on vaccination:

- COVID-19 Vaccination Information

- COVID-19 Vaccines for Children and Teens
- COVID-19 Vaccine Toolkit for School Settings and Childcare Programs

Masks

When people consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important during times of widespread virus transmission in crowded indoor settings when physical distancing cannot be maintained. It is recommended that child care program have a universal masking policy in place for everyone (age 2 and older), in areas of high or substantial transmission, as defined by the CDC. Programs can consider moving to mask optional when community transmission levels decline to moderate or low levels of community transmission.

Child care programs should:

- Require all adults and all children two (2) years or older, to wear **masks** consistently when indoors in areas of high or substantial transmission, as defined by the CDC , unless the following **exemptions** apply:

  > Individuals who have had a known exposure to COVID-19 should wear a well-fitting mask for 10 days after the last known exposure, unless an **exemption** to mask wearing applies.

  - children less than 2 years of age
  - children who are sleeping or anyone actively eating or drinking
  - persons with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability
  - adults for whom wearing a mask would create a risk to workplace health, safety, or job duty
- Model consistent and correct use for children aged 2 or older in their care.
- Communicate with staff and families that most people with underlying medical conditions can and should wear masks.
  - If a person has respiratory conditions and are concerned about wearing a mask safely, he/she should discuss with his/her health care provider the benefits and potential risks of wearing a mask.
  - If a person has asthma, he/she can wear a mask. He/she can discuss with his/her healthcare provider if he/she has any concerns about wearing a mask.
    Read more about masks at CDC.
- Be aware that certain groups of people may find it difficult to wear a mask, including some children 2 years and older and people of any age with certain disabilities. When determining if children/people with certain disabilities can wear a mask safely, assess their ability to
  - Wear a mask correctly
  - Avoid frequent touching of the mask and their face
  - Limit sucking, drooling, or having excess saliva on the mask
  - Remove the mask without assistance.
- Discuss the possibility of reasonable accommodation with staff who are unable to wear or have difficulty wearing certain types of masks because of a disability, and the parents/legal guardians of children who are unable to wear a mask because of a disability or their stage of development.
- Share guidance and information with staff, children, and families on the proper use, wearing, removal, and cleaning of masks, such as CDC's guidance. Visit NCDHHS' COVID19 response site for more information about masks, and to access sign templates that are available in English and Spanish.
- Provide masks to those children and staff who need them (including on transportation), such as children who forgot to bring their mask or whose families are unable to provide them. No disciplinary action should be taken against a child who does not have a mask. To facilitate learning and social/emotional development, consider having staff

wear a clear mask or a mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.

If a child care program does not require all individuals to wear a mask, the program should ensure a layered mitigation strategy, including physical distancing, ventilation, hand hygiene, adequate access to diagnostic and screening testing and closely monitor for increases in COVID-19 cases.

When masks are worn by child care providers and staff in the workplace, the masks should meet one of the following criteria:

- CDC mask recommendations
- NIOSH Workplace Performance and Workplace Performance Plus masks

Cohorting and Physical Distancing

Maintaining physical distance is often not feasible in a child care setting, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance in child care settings, it is especially important to layer multiple prevention strategies as described in this Toolkit to help reduce transmission risk. Use of masks is particularly important when physical distance cannot be maintained.

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.

Child care programs are required to:
- **Allow parent/legal guardian access to the facility during its operating hours for the purposes of contacting the child or evaluating caregiving space and the care provided for the child, as described in 10A NCAC 09 .0205 and 10A NCAC 09 .1710.**
- **Allow Regulatory agencies access to the facility as required by 10A NCAC 09 .0201 and 10A NCAC 09 .1709.**

Child care programs should:
- Ensure consistent cohorting by placing children and adults into distinct groups that stay together throughout the entire day.
    - If possible, child care groups should include the same children each day, and the same adults should remain with the same group of children each day.
    - Minimize or eliminate interaction between different groups or cohorts. Maintain at least 6 feet between children and staff from different cohorts.
- Allow access for:
    - Professionals who support children with special health care needs and/or behavioral/mental health needs to provide services and/or assessment.
    - Early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP)
    - Itinerant teachers and related service providers for children Individualized Education Plans (IEP)
    - Technical assistance providers.

- Limit non-essential visitors, volunteers and activities involving external groups or organizations with people who are not up-to-date on COVID vaccinations.
- Allowing water play, sensory play (such as rice, beans, or playdough activities), and sand play, for individual groups (cohorts) of children.

Child care programs could consider:
- Developing plans or procedures that maintain prevention strategies but allow:
  - family and staff to meet for orientation to the program
  - families to visit children.
- Separating children's naptime mats or cribs and place them so that children are head to toe for sleeping with as much distance as possible between mats or cribs, ideally at least 6 feet apart. Masks should not be worn when sleeping, even by children who have been exposed to COVID-19 or have returned after 5 days of isolation.
- Prioritizing outdoor activities. When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water.
- Allowing outdoor water play using sprinklers, as long as water drains quickly to avoid puddling and is not collected or recirculated.
  - 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.
- Allowing off-premises activities. When off-premises activities occur, the procedures outlined in Child Care Rules 10A NCAC 09 .1005 and 10A NCAC 09 .1723; as well as all applicable guidance as described in the Transportation section of this toolkit MUST be followed.

It is also recommended that off-premises activities maintain groups (cohorts) of children and adults AND that the cohorts are not exposed to other groups of children or adults.

Monitoring and Determining Exclusion for COVID-19

Symptoms: Children and staff who have symptoms of COVID-19 should stay home and contact their health care provider or other available testing sites for diagnostic testing and care. Staying home when sick is essential to keeping infections out of child care settings and preventing spread to others.

The presence of any of these symptoms suggests the person may need to be tested for COVID-19:
- Fever (temperature 100.4 ºF or higher) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste of smell
- Sore throat
- Congestion or runny nose
- Diarrhea
- Nausea or vomiting

Individuals with the virus that causes COVID-19 may experience any, all, or none of these symptoms.

Identifying individuals with COVID-19

Screening for symptoms

Children and adults should be checked for symptoms at home, upon arrival at child care, and throughout the day. The presence of any of the symptoms above generally suggests a person has an infectious illness and should not attend child care, regardless of whether the illness is COVID-19.

Testing

COVID-19 testing can be performed by a health care professional - at a doctor's office, health department, pharmacy, or other testing sites, including no-cost community events. At-home test devices allow an individual to test at home and get a result for a self-collected specimen.

Families and staff can order four (4) no-cost rapid antigen at-home COVID-19 tests to be sent to their residential address at from USPS.com.

Read more about testing for COVID 19 at the Food and Drug Administration and at the CDC website.

Testing for individuals who have symptoms
Children and staff who have symptoms of COVID-19 should stay home and contact their healthcare provider or other available testing sites for diagnostic testing for COVID-19 and care.

Testing for individuals who have been exposed
Individuals who have been exposed to COVID-19 and **have not developed symptoms** should:

- Be tested on day 5 after exposure, unless the person tested positive for COVID-19 within the last 90 days.
- If the person develops symptoms, they should stay home and get tested immediately.
- The individual may also choose to test immediately upon notification of exposure to start isolation period sooner if the test is positive.

Individuals who have had a COVID-19 infection in the last 90 days and develop symptoms should consult with health care provider about testing.

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

- **Exclude children and adults from the child care facility who have tested positive for COVID-19. [Required by NC GS § 130A-144.]**
- **Immediately notify the local health department if they have reason to suspect that a person within the child care facility has COVID-19. Required by NC GS § 130A-136 and Communicable Disease Rule 10A NCAC 41A .0101 (50-52).**

- **Exclude children if:**
  - **The child has a fever taken by any method, including at armpit or orally:**
    - **A child older than two months has a temperature of 101 degrees Fahrenheit or higher.**
    - **An infant younger than two months has a temperature of 100.4 degrees Fahrenheit or higher.**
  - **Has two or more episodes of vomiting within a 12-hour period or**
  - **Has more than two stools above the child's normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents**
  - **Is unable to participate comfortably in activities.**

- o **Has symptoms that result in a need for care that is greater than the staff members can provide without compromising the health and safety of other children. [Required by** [North Carolina Child Care Rules 10A NCAC 09 .0804 and .1720(a)](#)**.]**

Child care programs should:

- Immediately isolate a person who develops COVID-19 symptoms during the day while at the facility and send him/her home as soon as possible.
- While waiting for a child who is sick or has tested positive for COVID-19 to be picked up, have a caregiver stay with the child in a place isolated from others and, if possible, ventilated to outside air.
  - ○ If possible, a caregiver who is up-to-date on COVID-19 vaccination should stay with the child in a place isolated from others.
  - ○ If possible, allow for air flow throughout the room where the child is waiting by opening windows or doors to the outside.
  - ○ Remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision.
  - ○ Wear a mask and other Personal Protective Equipment including disposable gloves and face shields, if available. If the child is over the age of 2 and can tolerate a mask, the child should also wear a mask, if available. Masks should not be placed on:
    - ▪ Anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance or
    - ▪ Anyone who cannot tolerate a mask due to development, medical, or behavioral health needs.

Child care programs could consider:

- Allowing one family member to accompany his/her own child(ren) to and from the classroom at drop-off and at pick up, while limiting the amount of time spent in the building, if the family member consistently wears a mask.
- Conducting a [Health Check](#) each day of the child in the classroom before the parent leaves, to determine whether the child has had any:
  - ○ signs or symptoms of other illness or injury,
  - ○ accidents, unusual events, or injuries,
  - ○ mood or behavior changes.
- Maintaining a dedicated space to isolate people with symptoms who become ill during the day. That space should not be used for other purposes.

Exclusion from Child Care

Exclusion from child care for people with COVID-19 is required following the specific criteria listed in the table below, as required by [NC GS § 130A-144.](#)

Exclusion for people with COVID-19

- People with COVID-19 must be excluded from child care for 5 days after the first day of symptoms or date of COVID-19 test, if they have no symptoms.
- People may return to child care after 5 days if they have no symptoms or symptoms are improving and they have been fever free for 24 hours without use of fever reducing medications, but must continue to wear a mask for an additional 5 days to minimize the risk of infecting others, unless a mask exemption applies. The mask can be removed during napping, eating, and drinking.

Exclusion for people who are exposed to COVID-19:

NC DHHS recommends child care facilities no longer exclude individuals after an identified exposure to COVID-19 (regardless of location of exposure) unless they develop symptoms.

Although exclusion from child care is no longer recommended following an exposure, when an individual with COVID-19 is identified in the child care setting:

- Child care staff should notify staff and families of children who have been exposed so they can receive appropriate public health guidance, testing, and access to any resources that might be needed.
- Individuals who have been exposed should:
  - Wear a well-fitting mask for 10 days after the last known exposure, unless an exemption to face covering applies.
  - Be tested on day 5 after exposure, unless the person tested positive for COVID-19 within the last 90 days.
    - If the exposed person develops symptoms, he/she should stay home and get tested immediately.
    - The exposed person may also choose to test immediately upon notification of exposure to start isolation period sooner if the test is positive.

For individuals exposed, day of exposure is considered day zero (0). In child care settings where layered prevention strategies (universal masking for children over 2 years of age, cohorting, improved ventilation) are not being widely used, it is highly recommended to follow the strategies of:

- exposure notification,
- masking after exposure, and
- testing of individuals who are exposed.

Although exclusion is no longer required statewide for people who have been exposed but have no symptoms, child care facilities may allow asymptomatic children to stay home for five days after an exposure if they choose to do so. Child care facilities should consider implementing policies that allow asymptomatic staff to stay home for five days after an exposure. This policy could include using Child Care Stabilization Grant funds to pay sick leave for the affected employee. Children and staff who develop symptoms should follow isolation guidance listed elsewhere in the Toolkit.

Local public health officials may continue requiring exclusion of exposed children and staff if determined necessary based on local conditions.

Adhere to the following criteria for allowing a child or staff member to return to child care:

Summary Table for Returning to Child Care

Exclusion Category	Scenario	Criteria to return to child care
Positive antigen test without symptoms	Child/staff person has tested **positive** with an **antigen test (including an at-home test)** but does **not** have or develop symptoms of COVID-19.	If the child/staff person takes a repeat PCR/molecular test performed in a laboratory within 48 hours of their positive antigen test, and that PCR/molecular test is negative, the positive antigen test can be considered a false positive and the person can immediately return to child care; OR If the child/staff person does not take a repeat PCR/molecular test, or takes one within 48 hours and it is also positive, he/she can return to child care 5 days

Exclusion Category	Scenario	Criteria to return to child care
		after the specimen collection date of the first positive test, as long as they did not develop symptoms. The person must continue to mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies . Isolation should begin starting from the date of their first positive test. The person is not required to have documentation of a negative test in order to return to child care.
Positive PCR test without symptoms	Child/staff person has tested **positive** with a **PCR/molecular test** but the person does **not** have and does not develop symptoms.	Person can return to child care 5 days after the specimen collection date of their positive test as long as they did not develop symptoms. The person must continue to mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies.
Positive antigen or PCR test with Symptoms	Child/staff person **has symptoms** of COVID-19 and has tested **positive** with an **antigen test or PCR/molecular test.**	Child/staff person can return to child care when • He/she completes 5 days of isolation*.; AND • It has been at least 24 hours since the he/she had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving. The person must continue to mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies . The person is not required to have documentation of a negative test in order to return to child care.
Symptoms without COVID-19 test or alternative diagnosis	Child/staff person has symptoms of COVID-19 but has **not** been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Child/staff person can return to child care when • He/she completes 5 days of isolation*; AND • It has been at least 24 hours since he/she had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving. The person must continue to mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies.
Symptoms with negative COVID-19 test or alternative diagnosis	Person has symptoms of COVID-19 but has received a **negative test for COVID-19*** or has visited a health care provider and received **an alternate diagnosis** that would explain the symptoms of COVID-19. *In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection. *See CDC guidance for interpretation of antigen tests.	Child/staff person can return to child care when • It has been at least 24 hours since he/she had a fever (without using fever reducing medicine); AND • Other symptoms improving for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

For individuals with COVID-19, day zero (0) is:
- the day symptoms start (if person has symptoms)

- the day of specimen collection for individuals with no symptoms.

Personal Protective Equipment

Personal protective equipment (PPE) protects the person wearing it and those nearby from the spread of germs. When used properly, PPE acts as a barrier between germs found in blood, body fluids, or respiratory secretions and the wearer's skin, mouth, nose, or eyes.

Examples of PPE are:
- disposable gloves
- face shields
- disposable procedural masks, N95, or KN95 masks

PPE, other than masks, should be used only when necessary and should not be used with healthy children. Disposable PPE should be used by adults when caring for a child who, while in care:
- starts showing symptoms of COVID-19
- receives news of a positive COVID-19 test or diagnosis from a health care professional.

PPE should also be worn when completing breathing-related health care procedures, such as nebulizer treatments (see below).

Considerations for children who require asthma treatments

It is uncertain, but possible, that giving nebulizer treatments to children in child care may increase the spread of COVID-19. During the COVID-19 pandemic, asthma treatments using inhalers with spacers should be used whenever possible and nebulizers should be avoided.

During the COVID-19 pandemic, if a child cannot use an inhaler with a spacer, the CDC recommends:

- Only the child and the adult who is helping give the treatment should be in the room where the treatment is being given
- The adult who is giving the treatment should be trained in medication administration, provided with proper PPE (gloves, disposable procedure masks and face shields) and be trained on:
  - when to use PPE
  - what PPE is necessary
  - where the PPE is stored
  - how to properly don (put on) and doff (take off) PPE, and
  - how to properly dispose of used PPE

After the nebulizer treatment, the separate room that was used should undergo cleaning and disinfection.

Face Shields

According to CDC guidance, face shields should not be used as a substitute for masks. Face shields protect the wearer's eyes and mask from liquid splashes and sprays. Reusable face shields should be cleaned after each use following the manufacturer's guidelines. If manufacturer guidelines are unavailable, follow CDC guidance.

Cleaning and Hygiene

Requirements and recommendations for Cleaning and Hygiene have been updated to align with guidance from the Center for Disease Control and Prevention to prevent the spread of COVID-19. Continuing with good hand hygiene practices and routine cleaning/sanitizing/disinfecting routines based on child care and sanitation requirements will prevent the spread of all infectious diseases.

Child care programs are required to:

- **Follow NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations.**
- **Follow North Carolina Child Care and Sanitation rules.**

Child care programs should:

- **Clean surfaces once a day, prioritizing high touch surfaces.**
- If there has been a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean and disinfect the space using an EPA-approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19).
- **Create a plan for cleaning, sanitizing and disinfecting that protects children and adults.**
    - Develop an internal plan for cleaning, sanitizing, and disinfecting that protects children and adults from both surface contamination and exposure to products.
    - Cleaning products should not be used near children.
    - Staff should ensure that there is adequate ventilation when using cleaning, sanitizing, and disinfecting products to prevent children from inhaling toxic fumes (e.g., open doors and/or windows). Always read and follow the manufacturer's use instructions.
    - All cleaning products must be kept secure and out of reach of children in accordance with NC child care and sanitation rules.
    - Avoid mixing chemicals. In particular, do not mix bleach with ammonia, acids, or other cleaners, as this can cause serious inhalation hazards and injuries. Be sure to always read the product label before using a cleaning product.
- Remove and not use toys that cannot be easily cleaned.
- Clean all toys that are used consistently:
    - At least weekly, whenever visibly soiled, or as listed below:
    - Mouthed toys or other objects contaminated with oral or respiratory secretions should be removed when a child is finished with them and before another child has access to them. Place these toys in a bin that is inaccessible to other children, then wash hands.
    - In all classrooms, clean and sanitize mouthed toys and contaminated objects between use by individual children in a dishwasher with a sanitizing setting or using the following procedure:
        1. Scrub in warm, soapy water using a brush to reach into crevices.
        2. Rinse in clean water.
        3. Submerge in a sanitizing solution containing 50 to 200 ppm of chlorine for at least two minutes (or sanitize with another approved sanitizing solution) if the toy is submersible. If toy is not submersible, spray the item with sanitizer.
        4. Let air dry.
    - Pacifiers must be reserved for use by one child. Pacifiers that have been observed or suspected to have been shared should be cleaned and sanitized using following procedure:
        1. Scrub in warm, soapy water using a brush to reach into crevices.
        2. Rinse in clean water.
        3. Spray with a sanitizing solution containing 50-200 ppm of chlorine (or sanitize with another approved sanitizing solution).
        4. Wait at least two minutes or the approved contact time for the type of sanitizing solution.

5. Rinse again to remove sanitizer residue.
6. Inspect the pacifier for fluid trapped inside. (Discard damaged pacifiers or ones with fluid trapped inside.)
7. Let air dry.

Child care programs could consider:

- Maintaining awareness of children's behaviors in the classroom in order to remove toys and objects which become contaminated with oral and/or respiratory secretions when the child is finished with it, and clean as described below.

- Minimizing items that are shared between groups/cohorts of children. (Outdoor play equipment is acceptable to share between groups of children.)

- Setting up hand hygiene stations at the entrance of the facility so that people can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol. Keep hand sanitizer out of children's reach and supervise use.
  - Routinely check and refill/replace supplies to support healthy hand hygiene, such as soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol for safe use by staff and older children.
  - Teach and reinforce adult and child handwashing with soap and water for at least 20 seconds.
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue, and to avoid touching eyes, nose, and mouth.
- Brushing children's teeth daily using the NC Toothbrushing Guidelines for Child Care Programs: Infant/Toddler and Preschool Classrooms. CDC also recommends:
  - For group brushing, stagger toothbrushing with smaller groups and promote physical distancing as much as possible. Clean and sanitize the table(s) between groups of children.

For additional recommendations for cleaning and hygiene, see the Center for Disease Control.
- Guidance for Cleaning and Disinfecting in Community, Work and School
- Guidance for Operating Child Care Programs during COVID-19

Transportation

Child care programs are required to:
- **Follow NC Child Care Rules .1000 - Transportation Standards.**
- **Follow the Center for Disease Control Transportation Order which requires passengers and staff wear a mask on public transportation vehicles.**

Child care programs should:

- Require that all children ages 2 years older and all staff, and adult visitors wear masks when they are on a bus, van, or other group transportation vehicle, unless the person (or family member, for a child) states that an exception applies.
- Have staff perform daily self-monitoring of COVID-19 symptoms before boarding group transportation

- Have families conduct daily home-based monitoring of symptoms before children board group transportation.
- Not allow people who report symptoms of COVID-19 to enter a transportation vehicle.
- Enforce that if an individual becomes sick during the day, he/she does not use group transportation to return home and follow protocols outlined above.
- Enforce if a driver develops symptoms during the day, he/she follows protocols outlined above and not

return to drive students until he/she meets criteria to return.

- Keep windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate, safe, and weather permitting.
- Clean 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.
- Clean 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).
- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Clean equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- Create a plan for getting sick children home safely if they are not allowed to board the vehicle.
- Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all transportation vehicles for safe use by staff and older children.
- Hand sanitizer should only remain on transportation while the vehicles are in use.

Ventilation and Water Systems

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening screened 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. During transportation, open or crack windows in vans and other forms of transportation, if doing so does not pose a safety risk.

Check for hazards such as mold, Legionella (bacteria that causes Legionnaires' disease), and lead and copper contamination from plumbing that has corroded after reduced operation or temporary building shutdown.

For more specific information about maintenance, use of ventilation equipment or plumbing, actions to improve ventilation and reduce hazards, consult with your local Environmental Health Specialist or refer to CDC guidance:

- Ventilation in Schools and Child Care Programs
- Ventilation FAQs
- Improving Ventilation in Your Home

Resources for Early Educators

The NC Department of Health and Human Services, in partnership with the North Carolina Psychological Foundation, created Hope4Healers, a confidential mental health support for early educators and child care staff who are on the front lines of the pandemic. The child care workforce is essential, both for NC families with young children and our economy. NCDHHS aims to support these individuals and their families with a timely, easily accessible helpline. The Hope4Healers helpline is staffed 24/7 with counselors trained in helping.

- NCDHHS: Coping and Resilience
  - For early educators and staff – Hope4Healers or **919-226-2002**
  - For families – Hope4NC or **1-855-587-3463**
- NC Child Care Health and Safety Resource Center: Child Care Health Consultant Network
- Local Health Departments: Contact Information by County
- NCDHHS: Interim Guidance for Safe Application of Disinfectants
- NCDHHS: COVID-19: Individuals and Families
- CDC: Guidance for Operating Child Care Programs during COVID-19
- CDC: People at Increased Risk
- CDC: On-going COVID-19 exposure FAQ
- CDC: Cleaning and Disinfecting Your Facility
- CDC: How to Protect Yourself and Others
- CDC: Coping with Stress
- CDC: For Facilities Planning to Reopen After Extended Closure
- 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

Glossary

Antigen Test: Rapid antigen tests, which detect protein on the surface of the virus, are less sensitive than a PCR/molecular test. This means they miss some infections that would be detected by a PCR/molecular test. However, they can be performed without having to send the sample to a laboratory and results come back quickly (e.g., approximately 15 minutes). For this test, a sample may be collected through a nasal swab, and the test can be conducted inside a doctor's office, or even at a community event that meets the right set of requirements. At-home antigen tests are also available.

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

Close Contact: Being within 6 feet of a person diagnosed with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period. See also **Exposure.**

Cohort: A group of non-overlapping children, teachers and staff who are designated to follow identical schedules. Keeping clear and distinct schedules helps limit the spread of COVID-19.

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

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

Confirmed Case: Someone who tests positive for SARS-CoV-2, the virus that causes COVID-19, with a PCR, molecular test, or antigen test.

Contact Tracing: Formal contact tracing is identification, notification, and guidance given by local health authorities to individuals who have been exposed to someone who is contagious with COVID-19.

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

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

Exclusion: An individual is not allowed to attend child care in person in order to isolate because they are, or are presumed to be, COVID-positive.

Exposure: Being in close contact with a person diagnosed (through lab-confirmed diagnostic testing, by a health care professional, or by at-home test) with COVID-19 while they are contagious. Individuals are contagious starting from 2 days before symptoms began (or, for asymptomatic individuals, 2 days prior to test specimen collection date) until they have completed isolation. See also **Close Contact.**

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

Isolation: When someone tests positive for COVID-19 or is presumed to be positive, they separate (isolate) themselves from others for 5-10 days to make sure they do not spread the virus.

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

Masks: Masks cover the wearer's nose and mouth and are fitted properly to prevent leaks. May be:

- Cloth masks made from multiple layers of tightly woven breathable fabric
- Disposable masks, also known as surgical masks or medical procedure masks, made with multiple layers of non-woven materials
- N95 or KN95 masks, where available. Note: Specially labeled "surgical" N95 respirators should be prioritized for healthcare personnel.

Off-premises Activities: Any activity that takes place away from the child care premises (defined as: the entire child care building and grounds including natural areas, outbuildings, dwellings, vehicles, parking lots, driveways and other structures located on the property).

PCR/molecular Testing: Polymerase chain reaction (PCR)/molecular tests detect the virus's genetic material. This test is the "gold standard" for detecting

the virus that causes COVID-19 and typically requires a sample being sent to a laboratory. For this test, it is most common that samples are collected through a nasal swab.

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

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

Physical Distancing: Consistently putting space between yourself and other people. The goal is to slow down how fast an infection spreads. The CDC recommends keeping at least six feet between you and others around you in public. Physical distancing also includes avoiding crowds and groups in public.

Presumed Positive: Person has symptoms of COVID-19 but has not been tested for COVID-19 nor has visited a health care provider.

Positive COVID-19 Test: An individual has taken a PCR/molecular COVID-19 test or an antigen COVID-19 test and the result is positive. This includes at-home tests.

Quarantine: Quarantine refers to the time spent away from other people by an individual who has been in close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) with someone who is positive with COVID-19. This is not the same thing as isolation, which is for someone who is positive with COVID-19.

Symptom Screening: A series of basic questions about a person's health condition and recent potential exposure to someone who has had COVID-19. This is not the same thing as a COVID-19 test.

Symptomatic: When a person shows signs or symptoms of illness.

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

Vaccinated:
- **Fully vaccinated** – individuals who have completed a **primary series** of COVID-19 vaccine are considered "fully vaccinated":
  - 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
  - 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine
- **Up-to-date** – individuals are considered up-to-date who have completed both a primary series AND any additional doses and/or booster doses for which they are eligible. Unlike the primary series, individuals are considered "up to date" immediately after receiving a booster dose. For more information on who should receive booster and additional doses and when, see CDC.

Variant: Viruses constantly change through mutation and sometimes these mutations result in a new variant of the virus. Some variants emerge and disappear while others persist.