



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interim Coronavirus Disease 2019 (COVID-19) Guidance for Child Care Settings

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Child care facilities have distinct needs from school and other business settings. They can take important steps to prevent the spread of COVID-19.

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.

On May 5th, Governor Cooper modified North Carolina's Stay At Home Executive Order, transitioning the state to Phase 1 of slowly easing COVID-19 restrictions. Executive Order 138 goes into on Friday, May 8 at 5 pm. In accordance with Executive Order 138, child care facilities may be open only if they operate in full compliance with Executive Order 130 and all guidelines issued by NCDHHS. Child care facilities that are open must follow the updated health guidance outlined in this document.

Anyone showing signs of illness of any kind or who may have been exposed to COVID-19 should not be in the child care facility.

Symptoms of COVID-19

- fever*
- cough
- shortness of breath or difficulty breathing

Additional symptoms include chills, new loss of taste or smell, and vomiting/diarrhea (children only). While symptoms in children are similar to adults, children may have milder symptoms.

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

Drop-off/Arrival procedure:

- Before arrival: Ask parents 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 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 not be a person at higher risk for severe illness from COVID-19.

- Staff should monitor and discourage congregation at arrival and drop-off.
- ❑ If possible, the same parent or designated person should drop off and pick up the child every day. Avoid designating those considered at high risk such as elderly grandparents who are over 65 years of age.
- ❑ Hand hygiene stations should be set up 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.

Prevent virus that causes COVID-19 from entering the building

- ❑ Post this [door sign](#) at all entrances to the facility (also available in [Spanish](#)).
- ❑ Only allow children and staff who are required for daily operations and ratio inside the building and classrooms.
- ❑ 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.**
- ❑ Conduct a daily health screening on all individuals who are entering the building (see page 6). This screening will exclude individuals who are in any one of these four categories:
 1. Person is showing any of the symptoms of COVID-19
 2. Person thinks they could have COVID-19
 3. Person has tested positive for COVID-19
 4. Person is awaiting the results of testing for COVID-19
- ❑ Exclude children and staff who share a home (including siblings) or who have been in close contact with anyone in the four categories above.
- ❑ **Support staff to stay at home as appropriate with flexible sick leave and paid leave policies.**

People who may be at higher risk of severe illness from COVID-19:

- ❑ People aged 65 years and older
- ❑ People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes, chronic kidney disease undergoing dialysis, or liver disease
 - Please note that people who are pregnant have been known to be at higher risk of severe viral illness, however, to date data on COVID-19 has not shown increased risk
- ❑ 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.

Preventing the spread in the classroom

- ❑ Follow [social distancing strategies](#). Maintain ratio and adhere to the [NC Child Care Rules](#) with [the special COVID-19 flexibility in requirements](#):
 - **Post signage and other messaging to remind staff of physical distancing.**
 - **Waiting areas should have 6 feet spacing markings.**
 - If possible, child care classes should include the same children in the group each day and the same child care providers.

- Consider whether to alter or stop daily group activities that may promote transmission such as mixing classrooms.
- Keep each group of children in their assigned rooms throughout the day including at naptime and for meals.
- Limit the mixing of children (e.g., staggering playground times, keeping groups separate for activities such as art and music).
- If possible, 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 in order to further reduce the potential for viral spread.
- If possible, arrange for administrative staff to telework from their homes.
- ❑ Follow proper 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). In addition to usual handwashing, make sure to 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
 - after toileting or changing diapers
- ❑ **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.**
- ❑ **Follow cloth face coverings guidelines:**
 - **When feasible, staff members should wear cloth face coverings when in the child care facility and when unable to maintain at least six feet distance outdoors.**
 - **Consider cloth face coverings for children over the age of 2 if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day.**
 - **Cloth face coverings should NOT be put on babies and children under the age of 2 because of danger of suffocation.**
 - **Provide information on proper use, removal, and washing of cloth face coverings to staff.**
 - **Follow [CDC Guidance](#) for wearing cloth face coverings.**
- ❑ Avoid touching eyes, nose, and mouth.
- ❑ Cover coughs and sneezes with a tissue or an elbow.
- ❑ 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.
- ❑ Water play and sensory play such as rice, beans, sand, or playdough activities are prohibited.
- ❑ 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.
- ❑ 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 must be stored out of reach of children when not in use. Cannot be used for diapering or eating, preparing, or serving food.

Sanitation and hygiene practices

- ❑ 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.
- ❑ 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)
- Wash linen items daily 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.
- Clean and disinfect shared tools, supplies, and equipment.
- Allow time for cleaning between activities.
- 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.

Children or staff who develop symptoms during the day

- If a child or staff member develops any symptoms of COVID-19, send them and any family members home as soon as possible.
- While waiting for a sick child to be picked up, caregivers should stay with the child in a room 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. If tolerated, the child should wear a cloth face covering also.**

Advise those who have been excluded

For people who think they might have COVID-19 or have **mild symptoms**, the Centers for Disease Control and Prevention recommends they stay home and call their doctor if they need medical advice. Learn more in this NCDHHS fact sheet in [English](#) and [Spanish](#).

Anyone with **more serious symptoms** should seek medical attention immediately, by calling their doctor or 911 right away. More serious symptoms can include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.

People who are sick with COVID-19 or believe they might have COVID-19 should stay home and separate themselves from other people in the home as much as possible. They should be excluded from the child care facility until they can answer YES to all the following questions:

- ✓ Has it been at least 10 days since you first had symptoms?
- ✓ Have you been without fever for three days (72 hours) without any medicine for fever?
- ✓ Are your other symptoms improved?

Household members and people who have **been in close contact with someone who has had symptoms of COVID-19** should stay home as much as possible for 14 days, monitor themselves for symptoms, and **consult with their local health department**. Close contact means within six feet for at least 10 minutes. If they start having symptoms of COVID-19, they should take the same steps as above to prevent spreading it.

For facilities planning to reopen after extended closure

- 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 are safe](#) to use after a prolonged facility shutdown to minimize the risk of Legionnaire’s Disease and other disease associated with water.
- Train all staff and communicate with families on the following:
 - Enhanced sanitation practices
 - Social distancing guidelines
 - Screening practices
 - COVID specific exclusion criteria.
- Make sure adequate supplies are available to meet cleaning requirements.

Stay informed

- Stay informed about the COVID-19 outbreak:
 - North Carolina DHHS [Website](#) | [Facebook](#) | [Twitter](#) | [Instagram](#) | [YouTube](#)
 - North Carolina Governor's Office [Website](#) | [Facebook](#) | [Twitter](#) | [Instagram](#)
 - Centers for Disease Control: [Website](#) | [Facebook](#) | [Twitter](#)
- Know the signs and symptoms of COVID-19 in [children](#) and [adults](#). Children typically have milder disease than adults.
- Plan ahead in case the facility needs to close:
 - 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.**
 - The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.
 - **Determine how to communicate with staff and families about potential exposures.**
- 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](#)

Daily Health Screening of Staff and Children for COVID-19

Below is the enhanced screening criteria for use during the COVID-19 outbreak which differs from standard exclusion criteria. However, standard exclusion criteria must still be followed as applicable.

The person doing screenings should maintain a six-foot distance while asking questions. Ask each staff person and person dropping off children the following questions before they enter the facility. Exclude anyone who answers YES to the following questions:

Ask everyone who enters the building:

- Do you or do any of the children you are dropping off have a **fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only)**?
- Have you or any of the children you are dropping off:
 - Had any of these symptoms since last time you were last here?
 - Been in contact with anyone with **fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only)** since the last time you were here?
 - Potentially been exposed** to COVID-19 or have reason to believe you/they have COVID-19?

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

**Exposure is sharing a household or having close contact with anyone with COVID 19 or has symptoms of COVID 19.

Ask staff members:

- Are you concerned about being at higher risk for severe illness from COVID-19?

Staff who are over 65 years of age, have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Staff who are pregnant are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk. Speak to your supervisor if you are concerned. Talk with your medical provider to assess your risk and determine if you should work.

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 8).

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 to for spacing.
- For the staff person taking temperature, 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) thermometers.

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.

