

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

Updated March 23, 2020

This guidance is intended to help 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. To reduce the likelihood of COVID-19 transmission in our community, K-12 public schools in North Carolina are closed by order of the Governor for at least two weeks, effective March 16, 2020. Child care centers and family child care homes have the option to remain open and provide a needed service for essential personnel. The same steps that a child care facility would take to prevent the spread of any other respiratory illness, such as flu, will also reduce the likelihood of COVID-19 transmission. Precautions that both staff and children should take include:

- Stay home when sick (e.g., fever, cough, shortness of breath, sore throat, diarrhea)
- Wash 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
 - o 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

Follow standard handwashing guidance for <u>adults</u> and <u>children</u>.

- Avoid touching eyes, nose, and mouth.
- Cover coughs and sneezes with a tissue.

facemasks are available, wear a facemask.

- Provide supplies including handwashing stations with soap and water, paper towels, and lined trash cans.
- Except for diapering or eating, preparing, or serving food, hand sanitizing products with 60% 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.

Wh

nen S	Someon	e is Sick				
	Children and staff must remain home if sick (e.g., fever, cough, shortness of breath, sore throat,					
	diarrhe	ea)				
	If a child or staff member develops the following symptoms, send them home as soon as					
	possible:					
	0	Fever				
	0	Cough				
	0	Shortness of breath				
	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 (fever, cough, shortness of breath), the caregiver should remain as far away as safely possible from the child (preferably, 6 feet). If

	Ensure that the facility has flexible sick leave and absentee policies that do not encourage people to come in while sick.						
Screen	ing Criteria						
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	(absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms), whichever is longer.						
	☐ For infants and young children, temperature can be taken by axillary (under the arm). For children over age four, temperature can be taken orally (under the tongue). Individual plastic covers should be used on oral thermometers with each use or thermometers should be cleane and sanitized after each use according to the manufacturer's instructions. Another option for children ages six months and older is an ear or forehead thermometer with a disposable cover that is changed after each reading. Temperature should not be taken rectally in a child care setting.						
	onal Exclusion Criteria						
	Follow standard <u>exclusion criteria</u> for illness. Post signs with screening criteria at the entrance to						
	the facility.						
	Individuals or children who have had close contact (e.g., household member) with a person with respiratory illness are encouraged to stay at home and monitor themselves for symptoms (i.e. fever, cough, shortness of breath). O If someone in the household has respiratory illness or is suspected/confirmed to						
	have COVID-19, the child or staff member should stay home, self-monitor, limit outside interaction as much as possible, and self-isolate if he/she develops symptoms. Staff/children should self-monitor for 14 days following the last date of exposure to the ill person while that person was sick.						
	Recommend exclusion for children or staff who are considered high-risk						
	 People aged 65 years and older 						
	 People with high-risk conditions: 						
	 People with chronic lung disease or moderate to severe asthma People who have heart disease with complications 						
	 People who are immunocompromised including cancer treatment 						
	People of any age with severe obesity (body mass index [(BM]I)≥40) or						
	certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk						
	Please note that people 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						

	Have parents drop off children outside the facility, or immediately inside the facility while maintaining appropriate social distancing. Staff should meet children as they are dropped off. Only staff needed to maintain ratio compliance should be inside classrooms. Restrict teachers to one classroom with one group of children. Do not use "floater" teachers. This is in order to reduce the number of people coming in and out of classrooms. Cancel or postpone any planned field trips or outings to areas with large crowds of people. The CDC recommends cancelling or postponing any events of 50 people or more. For events with under 50 people in attendance, please refer to the guidance for group gatherings and these Frequently Asked Questions .		
Helpin	g the Community		
-	Children of healthcare workers and other key personnel may be in attendance during periods of school closure, even if they are school age. This will ensure that healthcare workers and other personnel can continue to provide community essential services during the outbreak.		
	 Teacher-to-child ratio should be based on the age of the youngest child present. Ask these children to bring schoolwork and/or age-appropriate entertainment (e.g., books, toys) with them. 		
	Encourage parents to keep children at home with them if they are able. This will reduce the chance of spread.		
Clean 1	Thoroughly		
	Follow regular cleaning protocols and use an <u>EPA-registered disinfectant that is active against coronaviruses</u> . Clean and disinfect frequently touched surfaces throughout the day and at night Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is done 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.		
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Be Pre	Stay informed about the COVID-19 outbreak.		
	Know the signs and symptoms of COVID-19 in <u>children</u> and <u>adults</u> . Children typically have milder disease than adults.		
	Plan ahead in case the facility needs to close: O Determine how staff will communicate with staff and parents. If a patient with COVID-19 was in the building, the facility may need to close briefly (2-5 days) for cleaning and disinfection. The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.		

For more information, please see the following sources:

- o NC COVID-19 website
- o <u>CDC COVID-19 website</u>
- o NC environmental cleaning guidance
- o CDC guidance for schools and childcare facilities