**CDC INTERIM GUIDANCE FOR CHILD CARE PROGRAMS May 19, 2020**

The gradual scale up of activities towards pre-COVID-19 operating practices at child care programs is crucial to helping parents and guardians return to work. Many states have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs.

CDC’s **Interim Guidance for Administrators of US K-12 Schools and Child Care Programs** <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html> and supplemental **Guidance for Child Care Programs that Remain Open** <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> provide recommendations for operating child care programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by state and local authorities, child care programs should be closed. However, child care programs can choose to remain open to serve children of essential workers <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>, such as healthcare workers.

All decisions about following these recommendations should be made locally, in collaboration with local health officials <https://www.cdc.gov/publichealthgateway/healthdirectories/index.html> who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems.

CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

**Scaling Up Operations**

**• In all Steps:**

o Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.

o Protect <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/what-you-can-do.html> and support staff, children, and their family members who are at higher risk <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> for severe illness.

o Provide staff from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to childcare programs in lower transmission (later Step) areas and vice versa.

o Follow CDC’s supplemental Guidance for Child Care Programs that Remain Open <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.

o Encourage any other community groups or organizations that use the child care facilities also follow this guidance.

• Step 1: Restrict to children of essential workers <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>.

• Step 2: Expand to all children with **enhanced** social distancing measures.

• Step 3: Remain open for all children with social distancing measures.

**Safety Actions**

**Promote healthy hygiene practices** <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19> **(Steps 1-3)**

• Teach and reinforce washing hands <https://www.cdc.gov/handwashing/when-how-handwashing.html> and covering coughs and sneezes among children and staff.

• Teach and reinforce use of cloth face coverings <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html> among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

• Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.

• Post signs on how to stop the spread of COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf>, properly wash hands, promote everyday protective measures <https://www.cdc.gov/handwashing/posters.html>, and properly wear a face covering <https://www.cdc.gov/coronavirus/2019-ncov/images/face-covering-checklist.jpg>.

**Intensify cleaning, disinfection, and ventilation (Steps 1-3)**

• Clean, sanitize, and disinfect <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html> frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day and shared objects between use.

• Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.

• Ensure safe and correct application of disinfectants <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and keep products away from children.

• Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.

• Take steps <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html> to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease <https://www.cdc.gov/legionella/wmp/index.html> and other diseases associated with water.

**Promote social distancing**

• **Steps 1 and 2**

o Ensure that classes include the same group of children each day and that the same child care providers remain with the same group each day, if possible.

o Restrict mixing between groups.

o Cancel all field trips, inter-group events, and extracurricular activities (Step 1).

o Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).

o Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.

o Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.

o Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> in between uses.

o If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child’s meal on a plate, to limit the use of shared serving utensils and ensure the safety of children with food allergies. <https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf>

o Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.

• **Step 3**

o Consider keeping classes together to include the same group of children each day, and consider

keeping the same child care providers with the same group each day.

o Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to

those that can maintain social distancing, support proper hand hygiene, and restrict

attendance of those from higher transmission areas (Step 1 or 2 areas).

o Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if

possible.

o Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining

halls, if possible; if this is not possible, stagger use and disinfect in between uses.

o Consider continuing to plate each child’s meal, to limit the use of shared serving utensils and

ensure the safety of children with food allergies.

o Consider limiting nonessential visitors, volunteers, and activities involving other groups.

Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).

o Consider staggering arrival and drop-off times or putting in place other protocols to limit close

contact with parents or caregivers as much as possible.

• **Limit sharing (Steps 1-3)**

o Keep each child’s belongings separated and in individually labeled storage containers, cubbies,

or areas and taken home each day and cleaned, if possible.

o Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible

(art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment

by one group of children at a time and clean and disinfect between use.

o If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.

o Avoid sharing of foods and utensils.

o Avoid sharing electronic devices, toys, books, other games, and learning aids.

o Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).

• **Train all staff (Steps 1-3)**

o Train all staff in the above safety actions. Consider conducting the training virtually, or, if in person, ensure social distancing is maintained.

**Monitoring and Preparing**

**Check for signs and symptoms** <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> **(Steps 1-3)**

• Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children

are provided in CDC’s supplemental Guidance for Child Care Programs that Remain Open <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> and in CDC’s General Business FAQs <https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html> for screening staff.

• Implement health checks (e.g. temperature checks and symptom screening <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>) safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.

• Employers and child care directors may use examples of screening methods in CDC’s supplemental Guidance for Child Care Programs that Remain Open <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> as a guide.

• Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

**Plan for when a staff member, child, or visitor becomes sick (Steps 1-3)**

• Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.

• Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.

• Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.

• Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>, and keep disinfectant products away from children

• Advise sick staff members or children not to return until they have met CDC criteria to discontinue home isolation. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

• Inform those who have had close contact <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html> if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

**Maintain healthy operations (Steps 1-3)**

• Implement flexible sick leave policies and practices, if feasible.

• Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.

• Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.

• Create a communication system for staff and families for self-reporting of symptoms and notification <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html> of exposures and closures.

• Support coping and resilience among employees and children. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

**Steps 1-3**

• It is very important to check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.

• Where a community is deemed a significant mitigation community, child care programs should close, except for those caring for the children of essential workers, such as the children of health care workers.

• In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

Accessed online 5/21/20 at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=40&zoom=100,86,100>, pp 40-44