



#StayStrongNC

ChildCareStrongNC Public Health Toolkit

INTERIM GUIDANCE

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

What's Inside

WHAT'S INSIDE.....	2
INTERIM GUIDANCE FOR CHILD CARE SETTINGS.....	3
REQUIREMENTS AND RECOMMENDATIONS.....	4
DROP-OFF/ARRIVAL PROCEDURE	4
MONITORING FOR SYMPTOMS	5
RETURNING TO CHILD CARE AFTER EXCLUSION	6
PREVENTING SPREAD.....	9
FACE COVERINGS.....	10
PERSONAL PROTECTIVE EQUIPMENT	11
CLEANING AND HYGIENE	13
PROTECTING VULNERABLE POPULATIONS	14 15
FOR FACILITIES PLANNING TO REOPEN AFTER EXTENDED CLOSURE	15
TRANSPORTATION	16
COMMUNICATION AND COMBATING MISINFORMATION	17
ADDITIONAL CONSIDERATIONS	17
RESOURCES.....	18
DAILY HEALTH SCREENING FOR COVID-19 FOR ANYONE ENTERING THE BUILDING	19
DAILY HEALTH SCREENING LOG	24
GLOSSARY	26

What's New in June:

- Updated guidance pertaining to the rules that must be followed when participating in off-premise activities (Page 10)
- Alignment with Governor Cooper's latest Executive Orders (Pages 4,10,13,16)
- Added definition of off-premises activity (Page 26)

Have questions about this guidance? Reach out to dcdee.communications@dhhs.nc.gov.

Interim Guidance for Child Care Settings

What Do We Know About COVID-19?

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. That's why personal prevention practices (such as wearing face coverings, handwashing and staying home when sick) and environmental cleaning and disinfection are important practices covered in this Health Guidance.

While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms ("asymptomatic") can still spread the virus to others.

Most children with COVID-19 have mild symptoms or have no symptoms at all. However, some children can get severely ill from COVID-19. They might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die.

The CDC and their partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). We do not yet know what causes MIS-C and who is at increased risk for developing it.

More information is being learned every day about COVID-19, and will be used to make this child care guidance better.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever (100.4 °F or greater, or feels warm to the touch, or says they have recently felt feverish) or chills
- New cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Fatigue
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Headache

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Fever is determined by measuring a temperature of 100.4 °F or greater, or feeling warm to the touch, or giving a history of feeling feverish.

Fortunately, there are many actions that child care facilities can take to help lower the risk of COVID-19 exposure and spread. This guidance is intended to help licensed/regulated child care facilities put infection prevention measures in place and make informed decisions about COVID-19 to 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.

Click here to learn more about the [latest research on COVID-19 and children](#).



Requirements and Recommendations

Actions that are **required** for each topic are stated in current [COVID-19 Executive Orders & Directives](#) or are in existing child care rules. Actions that are **recommended** for each topic were developed to protect people in the child care facility 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. North Carolina continues to align to guidance from the Centers for Disease Control on public health recommendations in child care settings.



Drop-off/Arrival Procedure



Child care programs are required to:

- ☐ Post signage in drop-off/arrival area to remind people 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 (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 the children or anyone else in the household is showing any signs of illness or if the children have been exposed to COVID-19.
 - Stagger arrival and drop off times and/or plan to limit direct contact with parents/caregivers as much as possible. Have a staff member greet other staff members and children and their parent/caregiver as they arrive to drop off and pick up children, conduct a Daily Health Screening on anyone entering the building, and deny entry to anyone who answers “Yes” to any screening question.
 - 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. -OR-
 - Allow one family member to accompany his/her child(ren) to the classroom at drop-off and, at the end of the day, pick the child(ren) up at the classroom, IF the facility is able to ensure that supervision of children in the classroom is not compromised and that all parents/guardians:
 - Have answered “No” to all of the Daily Health Screening questions at arrival.
 - Consistently wear a face covering.
 - Maintain a physical distance of six (6) feet from others at all times.
 - Do not remain inside the building for more than a total of 15 minutes in one day.
 - The staff person who receives the child into the classroom should conduct a Daily Health Check of the child before the parent leaves.
 - The staff person greeting staff members, children and their families must wear a face covering and be a person who is not at higher risk for severe illness from COVID-19.
 - Staff should monitor and enforce physical distancing at arrival, drop-off and pick up.
- Communicate to families about modified drop-off/arrival and pick up 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 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.



Monitoring for Symptoms

Regular screening for symptoms should be done at the start of the day and throughout the day to help reduce exposure. Adults should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath and stay at home if experiencing any symptoms. If a child develops symptoms while at child care, he/she should 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/she should notify the supervisor immediately and must remain isolated before returning home as soon as possible. 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, parents/caregivers, and other essential visitors (see page 9 for a complete list) to identify symptoms, diagnosis, or exposure to COVID-19.**
 - If a child is coming to the child care facility on child care transportation, all children must be screened before entering the vehicle following the steps outlined in the Daily Health Screening for COVID-19 for Anyone Entering the Building, including a temperature check (if facility chooses to take temperatures). 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 must not board the vehicle, until they meet the criteria for returning to child care.
- ☐ **Child care programs must not allow people to enter the child care facility if they have tested positive for COVID-19 and are still in their isolation period.**
 - Notify the local health department of laboratory-confirmed COVID-19 case(s) 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.
 - Work with local health departments for follow-up and contact tracing.
- ☐ **If a person screens positive for COVID-19 symptoms at the entrance of the child care facility or develops COVID-19 symptoms during the day while at the facility**
 - Immediately isolate the person that screens positive for or develops fever, chills, shortness of breath, new cough, or new loss of taste or smell and send him/her and any family members 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, allow for air flow throughout the room where the child is waiting by opening windows or doors to the outside.
 - The caregiver should remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision.
 - The caregiver must wear a face covering or a procedure 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 face covering, the child should also wear a face covering or a procedure mask, if available. 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 face covering due to development, medical, or behavioral health needs.

It is recommended that child care programs:

- 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.
- Follow these steps when children or staff members have been in close contact with a person that develops symptoms of COVID-19 during the day.
 - Keep children and staff who have been in close contact with a person that develops symptoms of COVID-19 during the day in a contained cohort that is separate from others. For example, if there was a symptomatic child in a classroom, the staff and children who were in the classroom should remain together and not mingle with other staff or children from a separate classroom.
 - Remove children and staff and close off areas used by that person and do not use these areas until after cleaning and disinfecting. Wait several hours, if possible, before cleaning and disinfecting.
 - Maintain a separate cohort for children and staff who were close contacts with the symptomatic person until a negative COVID-19 test result is obtained.
 - Screen carefully when arriving and monitor closely for symptoms throughout each day. If a child or staff member develops COVID-19 symptoms, he/she should be immediately sent home and assessed by their healthcare provider.
 - Exclude children and staff who were close contacts if unable to remain in a separate cohort. They should quarantine for up to 14 days since last exposure to the symptomatic person.
 - Consult with the Local Health Department for further guidance.



Returning to Child Care After Exclusion

Child care programs are required to:

- ☐ Adhere to the following guidelines for allowing a child or staff member to return to child care after a positive COVID diagnosis or symptom screening, and refer to the Summary Table below.
- ☐ Follow the recommendations of the local public health department if someone at the child care facility has been exposed to COVID-19. Local public health authorities make the final decisions regarding whether individuals who have been exposed need to quarantine and how long quarantine should last in the communities they serve, based on local conditions and needs.

Local health departments must utilize the latest NCDHHS and the CDC quarantine guidance when determining who should quarantine. Some exceptions to quarantine may be allowed by the local public health department, based on an individualized assessment, for people:

- who have tested positive for COVID-19 and recovered, within the last 90 days (or the time period determined by the CDC and local public health department) as long as they do not develop new symptoms
- who have been fully vaccinated against the disease, as long as they do not develop new symptoms.

Unless an exception applies, the CDC continues to recommend quarantine for 14 days after last exposure.

CDC has offered options to reduce the duration of quarantine, if the local public health department recommends quarantine and allows reduced quarantine. If quarantine is reduced to less than 14 days, the individual must continue to monitor for symptoms daily and strictly adhere to interventions intended to reduce the spread of COVID-19, **including wearing a face covering at all times and practicing physical distancing** until 14 days have past since the date of last exposure.

- If an individual can strictly adhere to interventions to reduce spread, options to reduce the duration of quarantine are available in either of the following two scenarios:
 - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
 - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative PCR/molecular test on a test taken no earlier than day 5 of quarantine.

Child care facilities should describe their environment (age of children, ability to wear face coverings, physical distancing limitations) to the local health department so that an informed decision about who can be approved for reduced quarantine can be made.

Summary Table for Returning from Exclusion

Exclusion Category	Scenario	Criteria to return to child care
Diagnosis	Person has tested positive with an antigen test but does not have symptoms of COVID-19	If the person takes a repeat PCR/molecular test performed in a laboratory within 24 – 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 person does not take a repeat PCR/molecular test, or takes one within 24 – 48 hours and it is also positive, the person can return to child care when they complete 10 days of isolation. Isolation should begin starting from the date of their first positive test.
Diagnosis	Person has tested positive with a PCR/molecular test but the person does not have symptoms.	Person can return to child care when he/she completes 10 days of isolation. Isolation should begin starting from the date of their first positive test.
Symptoms	Person has symptoms of COVID-19 and has tested positive with an antigen test or PCR/molecular test	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from their first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	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.	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	Person has symptoms of COVID-19, and has tested negative with an antigen test, but no PCR test is taken. <i>*A negative antigen test for persons with symptoms does not rule out an active infection with COVID-19.</i>	The person can return to care when • The person completes 10 days of isolation. Isolation can begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms are improving.

Symptoms	Person has symptoms of COVID-19 but has tested negative with a PCR test .	Person can return to child care when • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours.
Symptoms	Person has symptoms of COVID-19 but has visited a health care provider and received an alternate diagnosis that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
Exposure	Person has been in close contact with someone with a confirmed case of COVID-19.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin after the last known close contact with the COVID-19 positive individual.
Household Member, Exposure	Person is a household member (e.g. a sibling) of someone with a confirmed case of COVID-19.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin either : • at the end of a 10-day isolation of the person with COVID-19 since that person may remain infectious for up to 10 days after symptom onset, OR • after the last known close contact with the COVID-19 positive person, in situations where the positive person isolates from all other household members.
Household Member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has not been tested for COVID-19, nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin either : • at the end of a 10-day isolation of the person who is presumed positive with COVID-19 since that person may remain infectious for up to 10 days after symptom onset. OR • after the last known close contact with the person who is presumed to be COVID-19 positive, in situations where the presumed positive person isolates from all other household members.
Household member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 who has tested negative with an antigen test , but no PCR test is taken . *A negative antigen test for persons with symptoms does not rule out an active infection with COVID-19.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin either : • at the end of a 10-day isolation of the person who is presumed positive with COVID-19 since that person may remain infectious for up to 10 days after symptom onset. OR • after the last known close contact with the person who is presumed to be COVID-19 positive, in situations where the presumed positive person isolates from all other household members.
Household member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 but has tested negative with a PCR test .	Person can return to child care immediately, as long as the person returning has not developed symptoms.

Household Member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has visited a health care provider and received an alternate diagnosis that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when symptomatic household member receives their alternate diagnosis. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
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Preventing Spread



Physical distancing can decrease the spread of COVID-19. 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 people 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:

- Limit external visitors who are nonessential to the care, safety, and well-being of the children being served in the child care facility. The list of essential visitors includes:
 - Parents/caregivers
 - 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)
 - Mothers who are breastfeeding to meet the nutritional needs of breastfeeding infants
 - Regulatory agencies
 - Consultants providing monitoring of health and safety practices and offering technical assistance.

These individuals working in compliance with their agency protocols are allowed to be in the classroom once screened and must adhere to health and safety guidelines by wearing face coverings and complying with physical distancing recommendations. Providers are encouraged to work collaboratively with professionals to safely meet the needs of children in their care.

- 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 in classrooms should have 6 feet spacing markings.
- Establish stable groups of children and adults (cohorts) to minimize the extent of exposure. Keep each cohort together in their assigned rooms throughout the day with the same child care providers, including at the start/end

of each day, at nap time, during outdoor play, 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).
- Minimize items that are shared between groups/cohorts of children. Outdoor play equipment is acceptable to share between groups of children.
- 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 help prevent the virus from spreading.
- Water play, sensory play (such as rice, beans, or playdough activities), and outdoor sand play is acceptable if physical distancing measures can be maintained. Perform hand hygiene and clean supplies and materials as described in the **Cleaning and Hygiene** section.
- Maintain awareness of children's behaviors in the classroom, remove toys and objects which become contaminated with oral and/or respiratory secretions when the child is finished with it, and clean as described in the **Cleaning and Hygiene** section.
- Outdoor water play using sprinklers is considered similar to playground usage and is allowed. 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.
- When off-premises activities occur, then the procedures outlined in Child Care Rules 10A NCAC 09 .1005 and .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.
- 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.



Face Coverings

There are exceptions – not all children should wear face coverings.



Wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Face coverings are not procedure masks, respirators ("N-95"), or other medical personal protective equipment. Recent studies on types of face coverings suggest that multi-layered, well fitted, cotton face coverings provide good coverage to keep droplets from spreading when we speak, sneeze, or cough. Individuals should be reminded frequently not to touch their face covering and to wash their hands.

Face coverings should fit snugly against the wearer's face and should not have gaps that let air leak in and out around the edges. Face coverings should not have exhalation valves or vents which allow virus particles to escape. Cloth face coverings with multiple layers of fabric or disposable face masks worn under a cloth face covering are recommended. It is not recommended to wear two disposable masks at the same time.

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 face covering due to developmental, medical, or behavioral health needs. Child care programs are required to:

- ☐ Have all adults and all children five (5) years or older wear a face covering at all times when indoors, unless:
 - the person (or family member for a child) states that an exception applies or
 - the person is eating or sleeping.
- ☐ Visit [NCDHHS COVID-19 response site](#) for more information about the [face covering guidance](#) and to access sign templates that are available in English and Spanish.

NOTE: Younger children may be unable to wear a face covering properly, particularly for an extended period of time. Child care program staff can prioritize having children wear cloth face coverings at times when it is difficult for children to maintain a distance of 6 feet from others (e.g., during pick-up or drop-off, when standing in line). Staff should make sure face coverings fit children properly and provide children with frequent reminders and education on the importance and proper way to wear face coverings. Additionally, small children are more likely to touch their face covering, so caretakers should wash children's hands often.

It is recommended that child care programs:

- [Encourage](#) children two (2) years of age and up to the age of five (5) to wear a face covering indoors if it is determined they can reliably wear, remove, and handle face coverings following [CDC guidance](#) throughout the day.
- Encourage face covering use outdoors:
 - When six (6) feet of physical distance from non-household members cannot be maintained, and
 - When the outdoor space is crowded.
- Consider increasing the amount of time spent outdoors so staff and children can take breaks from wearing face coverings.
- Provide face coverings for staff, other adults, and children five (5) years or older and ask them (or their families) to properly launder using hot water and a high heat dryer between uses.
- Use [strategies](#) to assist children with becoming comfortable wearing face coverings.



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

Disposable PPE is not always required, but should be used in child care by staff who are trained in their use while:

- Waiting with a child who has started showing symptoms of COVID-19 when it is not possible to maintain a distance of six feet
- Completing breathing-related health care procedures, such as nebulizer treatments (Note: see suggestions below for how to safely use nebulizer treatments in child care)

PPE should be used only when necessary and should not be used with healthy children.

Face Shields

According to CDC guidance, face shields should not be used as a substitute for face coverings. 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 for cleaning.

With proper cleaning, a face shield may be used until it:

- becomes damaged,
- no longer fastens securely, or
- it can no longer be seen through.

Child care providers who have continued close contact with people who cannot wear a face covering due to any of the following may consider wearing a face shield in addition to a face covering.

- their age and/or development
- a physical or developmental disability
- a medical condition

The use of a face shield and a face covering together may provide further protection.

Procedure Masks

- Disposable procedure masks should be used when caring for a child who has symptoms of COVID-19 when a distance of six feet cannot be maintained.
- In child care, procedural masks should be disposed of after each use.

Considerations for children who require asthma treatments

Giving nebulizer treatments to children in child care may increase the spread of COVID-19, as it makes the child's respiratory droplets hang in the air longer and perhaps spread to a larger area. 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.



Cleaning and Hygiene



Requirements and recommendations for Cleaning and Hygiene have been updated to align with guidance from the Center for Disease Control and NC Executive Order 209 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.
- ☐ 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).

It is recommended that child care programs:

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.

Handwashing and use of hand sanitizer

- 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.
- Monitor and reinforce handwashing during key times such as:
 - Upon arrival in classroom in the morning and after being outdoors
 - Before and after preparing food, eating meals and snacks
 - After blowing noses, coughing, or sneezing or when in contact with body fluids
 - After toileting or changing diapers
 - Before and after water play in individual buckets
 - After messy/sensory play
 - After touching objects with bare hands which have been handled by other individuals
 - Before and after putting on and before and after taking off face coverings
 - Before going home
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue, and to avoid touching eyes, nose, and mouth.
- Hand sanitizing products with 60 percent alcohol may be used upon arrival to the facility or when outdoors

on playgrounds if hands are washed upon returning to the classroom. Hand sanitizer should be applied to the palm of one hand, using the amount specified on the label, then hands should be rubbed together until hands are dry. Keep hand sanitizer out of children's reach and supervise use. Hand sanitizers shall not replace handwashing for diapering or preparing, serving, or eating food; however, they may be applied after proper handwashing. Hand sanitizer should be stored out of reach of children when not in use.

Cleaning toys and other objects in the classroom

- Toys that cannot be easily cleaned should be removed from the classroom and not used.
- Maintain awareness of children's behaviors to monitor for mouthed toys or any other objects that are contaminated with oral or respiratory secretions.
- When toys are being used by a consistent group/cohort of children, clean all toys:
 - 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 sanitized 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 should 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.

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](#)



Protecting Vulnerable Populations

Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill. Read more information from the [CDC](#). People at increased risk include anyone who:

- Is 65 years of age or older
- Lives in a nursing home or long-term care facility



- Is pregnant
- Is a smoker (current or former, defined as having smoked at least 100 cigarettes in their lifetime)
- Has one or more of the following conditions:
 - Asthma (moderate to severe)
 - Cancer
 - Cerebrovascular disease or history of stroke
 - Chronic kidney disease
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Cystic fibrosis
 - Dementia or other neurologic condition
 - Diabetes type 1 or 2
 - Down Syndrome
 - A heart condition such as heart failure, coronary artery disease, cardiomyopathy
 - Hypertension or high blood pressure
 - Liver disease, including hepatitis
 - Pulmonary fibrosis
 - Immunocompromised state (weakened immune system) from: immune deficiencies, HIV, taking chronic steroids or other immune weakening medicines, history of solid organ blood or bone marrow transplant
 - Overweight or obesity
 - Sickle cell disease (not including sickle cell trait) or thalassemia

It is recommended that child care programs:

- Enable staff that self-identify as high-risk for severe illness from COVID-19 to minimize face-to-face contact and to allow him/her to maintain a distance of 6 feet from others, modify job responsibilities that limit exposure risk, and/or to telework if possible.



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 Legionnaires' 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 exposure to Legionella and other bacteria that come from stagnant or standing water.
- Train all staff and communicate with families on the following:
 - Enhanced sanitation practices;
 - Physical distancing guidelines;
 - Screening practices; and
 - COVID-19 specific exclusion criteria.
- Make sure adequate supplies are available to meet cleaning requirements.



Transportation

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



Child care programs are **required** to:

- ❑ Ensure that all adults and children five (5) years or older riding public or private transportation regulated by the State of North Carolina wear face coverings, unless the person (or family member, for a child) states that an exception applies.
- ❑ If a child is coming to the child care facility on child care transportation, all children must be screened following the steps outlined in the [Daily Health Screening for COVID-19 for Anyone Entering the Building](#) and have his/her temperature checked before entering the vehicle. Children who have symptoms, have been diagnosed with COVID-19, or who have been in contact with someone who has been diagnosed with COVID-19 must not board the vehicle until they meet the criteria for returning to child care.

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) once per day.
 - 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 Daily Health 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.
 - Vehicles should park in a safe location away from the flow of traffic so that the screening can be conducted safely.
 - Upon arrival at the child care facility, 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.
- 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.

Optional: Child care providers may choose to allow parents of school-aged children to utilize an attestation form for symptom screening for their child in lieu of in-person screening for students who are riding child care transportation. However, a child whose parent/guardian submitted an attestation form **must** also be screened for symptoms and have temperature checked (if facility chooses to take temperatures) upon arrival at the child care facility.



Communication and Combating Misinformation

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: [NCDHHS COVID-19 Webpage](#); [Know Your Ws: Wear, Wait, Wash](#); [NCDHHS COVID-19 Latest Updates](#); [NCDHHS 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 can access communication channels to appropriate staff at the child care facility with questions and concerns.



Additional Considerations

It is recommended that child care programs:

- Support coping and resilience by:
 - Encourage people (including children) to talk with people they trust about their concerns and how they are feeling.
 - Provide staff and families with information or help lines to access information or other support in reference to COVID-19, such as 211, Hope4NC Helpline for all North Carolinians (1-855-587-3463), and Hope4Healers Helpline for child care staff (919-226-2002).
- 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.



Resources

- NCDHHS: [North Carolina COVID-19](#)
- NCDHHS:
 - COVID-19 Vaccine Information: [Your Spot Your Shot](#)
 - [COVID-19 Vaccine Frequently Asked Questions](#)
 - COVID-19 Vaccine Help Center toll-free call – 1-888-675-4567
- 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](#)
- CDC: [Guidance for Operating Child Care Programs during COVID-19](#)
- CDC: [Cleaning and Disinfecting Your Facility](#)
- 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 COVID-19 for Anyone Entering the Building

The person conducting screenings should maintain 6 feet distance while asking questions.

Ask these questions to any adult and the parent/guardian of any child entering the facility or transportation vehicle.

People should not be at the child care facility if they may have been exposed to COVID-19 or are showing symptoms of fever, chills, shortness of breath, difficulty breathing, new cough, and/or new loss of taste or smell.

When entering the child care facility, have you or any of the children you are dropping off:

1. Been diagnosed with COVID-19 since they were last at child care?

- ☐ Yes
- ☐ No

• *If No, move on to Question 2.*

• *If Yes, say and ask: "They cannot go to child care. Does anyone else who lives with them also go to or work at this child care?" ☐ Yes ☐ No*

– *If Yes, say: "Those individuals cannot go to child care."*

2. Had any of the following symptoms since they were last at child care?

- ☐ Fever
- ☐ Chills
- ☐ Shortness of breath or difficulty breathing
- ☐ New cough
- ☐ New loss of taste or smell

• *If No, move on to Question 3.*

• *If Yes to at least one symptom on this list, say and ask:
"They cannot go to child care. Does anyone else who lives with them also go to or work at this child care?" ☐ Yes ☐ No*

– *If Yes, say: "Those individuals cannot go to child care."*

3. Had close contact (been within 6 feet for a cumulative total of 15 minutes over a 24-hour period) with a person with undiagnosed symptoms of COVID-19 or diagnosed with COVID-19 in the last 14 days?

- ☐ Yes
- ☐ No

• *If No, move on to Question 4.*

• *If Yes, say: "They cannot go to child care." If the person is fully vaccinated and has no new symptoms, consult with the local health department for guidance.*

4. Has any health department staff or a health care provider been in contact with the person you are dropping off and advised them to quarantine?

- ☐ Yes
- ☐ No

• *If No, say: The person may go to child care.*

• *If Yes, say: They cannot go to child care.*

Daily Health Screening for COVID-19 for Anyone Entering the Building

Child care programs are required to:

- ☐ Adhere to the following guidelines for allowing a child or staff member to return to child care after a positive COVID diagnosis or symptom screening, and refer to the summary table further below.
- ☐ Follow the recommendations of the local public health department if someone at the child care facility has been exposed to COVID-19. Local public health authorities make the final decisions regarding whether individuals who have been exposed need to quarantine and how long quarantine should last in the communities they serve, based on local conditions and needs.

Local health departments should utilize the latest NCDHHS and the CDC quarantine guidance when determining who should quarantine. Some exceptions to quarantine may be allowed by the local public health department, based on an individualized assessment, for people:

- who have tested positive for COVID-19 and recovered, within the last 90 days (or the time period determined by the CDC and local public health department) as long as they do not develop new symptoms
- who have been fully vaccinated against the disease within the last 90 days (or the time period determined by the CDC and local public health department), as long as they do not develop new symptoms.

Unless an exception applies, the CDC continues to recommend quarantine for 14 days after last exposure.

CDC has offered options to reduce the duration of quarantine, if the local public health department recommends quarantine and allows reduced quarantine. If quarantine is reduced to less than 14 days, the individual must continue to monitor for symptoms daily and strictly adhere to interventions intended to reduce the spread of COVID-19, **including wearing a face covering at all times and practicing physical distancing** until 14 days have past since the date of last exposure.

- If an individual can strictly adhere to interventions to reduce spread, options to reduce the duration of quarantine are available in either of the following two scenarios:
 - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
 - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.

Child care facilities should describe their environment (age of children, physical distancing limitations) to the local health department so that an informed decision about who can be approved for reduced quarantine can be made.

Exclusion Category	Scenario	Criteria to return to child care
Diagnosis	Person has tested positive with an antigen test but does not have symptoms of COVID-19	If the person takes a repeat PCR/molecular test performed in a laboratory within 24 – 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 person does not take a repeat PCR/molecular test, or takes one within 24 – 48 hours and it is also positive, the person can return to child care when they complete 10

		days of isolation. Isolation should begin starting from the date of their first positive test.
Diagnosis	Person has tested positive with a PCR/molecular test but the person does not have symptoms.	Person can return to child care when he/she completes 10 days of isolation. Isolation should begin starting from the date of their first positive test.
Symptoms	Person has symptoms of COVID-19 and has tested positive with an antigen test or PCR/molecular test	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from their first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	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.	Person can return to child care when • The person completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptoms	Person has symptoms of COVID-19, and has tested negative with an antigen test , but no PCR test is taken. *A negative antigen test for persons with symptoms does not rule out an active infection with COVID-19.	The person can return to care when • The person completes 10 days of isolation. Isolation can begin starting from the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms are improving.
Symptoms	Person has symptoms of COVID-19 but has tested negative with a PCR test .	Person can return to child care when • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours.
Symptoms	Person has symptoms of COVID-19 but has visited a health care provider and received an alternate diagnosis that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
Exposure	Person has been in close contact with someone with a confirmed case of COVID-19.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin after the last known close contact with the COVID-19 positive individual.
Household Member, Exposure	Person is a household member (e.g. a sibling) of someone with a confirmed case of COVID-19.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin either : • at the end of a 10-day isolation of the person with COVID-19 since that person may remain infectious for up to 10 days after symptom onset, OR • after the last known close contact with the COVID-19 positive person, in situations where the positive person isolates from all other household members.
Household Member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has not been tested for COVID-19, nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin either : • at the end of a 10-day isolation of the person who is presumed positive with COVID-19 since that person

		may remain infectious for up to 10 days after symptom onset. OR after the last known close contact with the person who is presumed to be COVID-19 positive, in situations where the presumed positive person isolates from all other household members.
Household member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 who has tested negative with an antigen test, but no PCR test is taken. *A negative antigen test for persons with symptoms does not rule out an active infection with COVID-19.	Person can return to child care after completing 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin either: at the end of a 10-day isolation of the person who is presumed positive with COVID-19 since that person may remain infectious for up to 10 days after symptom onset. OR - after the last known close contact with the person who is presumed to be COVID-19 positive, in situations where the presumed positive person isolates from all other household members.
Household member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 but has tested negative with a PCR test.	Person can return to child care immediately, as long as the person returning has not developed symptoms.
Household Member, Symptoms	Person is a household member (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has visited a health care provider and received an alternate diagnosis that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Person can return to child care when symptomatic household member receives their alternate diagnosis. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

Screen those entering the facility by:

- ☐ Making a visual inspection of the person for signs of infection such as flushed cheeks, fatigue, or extreme fussiness.
- ☐ (RECOMMENDED) Conducting temperature screening using the protocol below.
- ☐ (RECOMMENDED) Recording temperature and/or symptoms on the [Daily Health Screening Log](#).
- ☐ (RECOMMENDED) Keep completed Daily Health Screening Logs for at least 30 days.

Health screenings should be repeated periodically throughout the day 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, 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.

Daily Health Screening Log

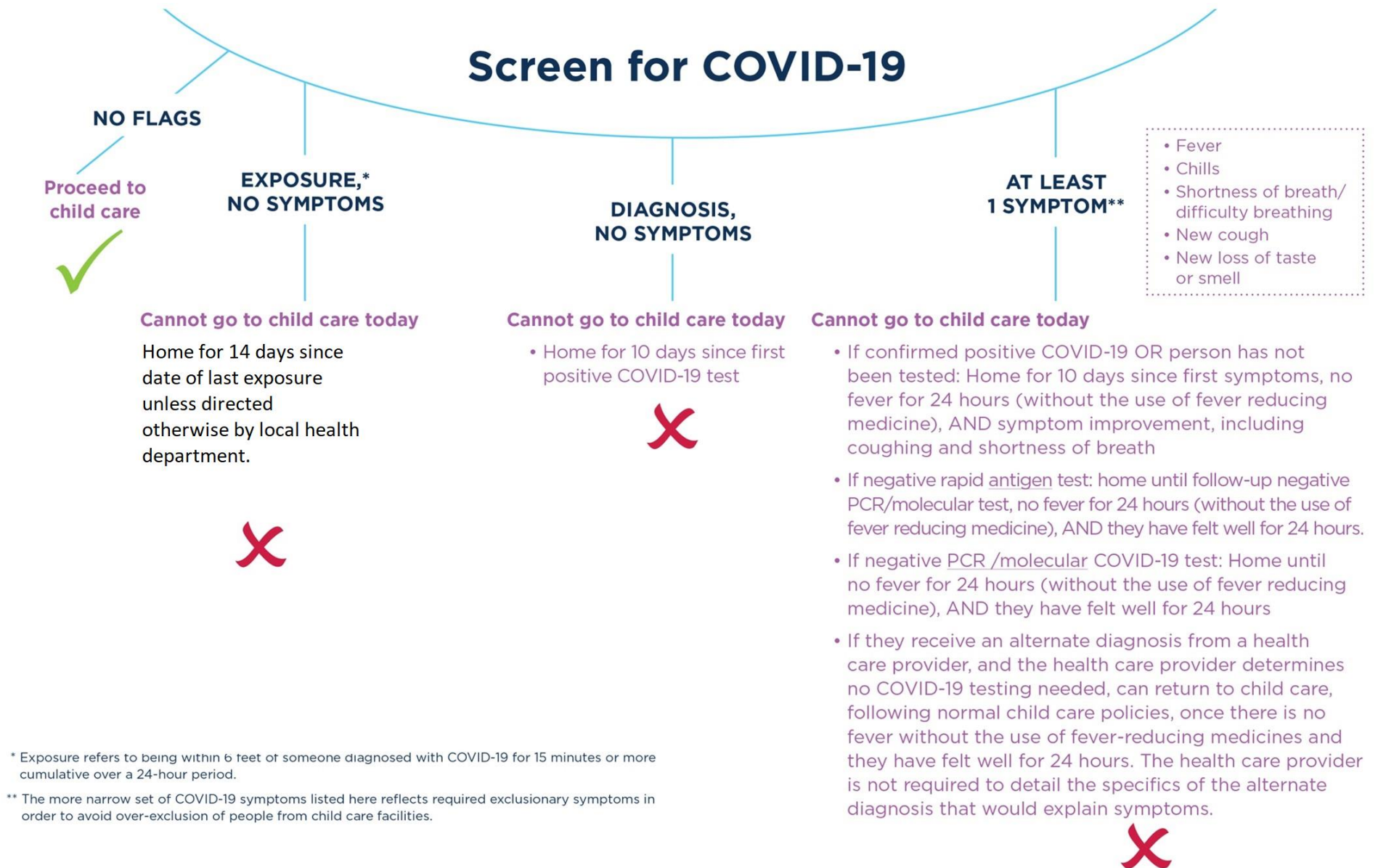
Health screenings should be repeated periodically throughout the day to check for new symptoms developing.

Date:

Person's name:	Temperature and time taken:	Temperature and time taken:	Comments

**DCDEE recommends keeping the completed Daily Health Screening Logs for at least 30 days.

Exclusion Flow Chart



Glossary

Antigen Test: Rapid antigen tests, which detect protein on the surface of the virus, are less sensitive and less specific than a PCR/molecular test. This means they miss some infections that would be detected by a PCR/molecular test, and they may be positive in someone who does not actually have the infection. However, they can be performed without having to send the sample to a laboratory and results come back quickly (eg., 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.

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

Close Contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before symptoms began (or, for asymptomatic individuals, 2 days prior to test specimen collection date) until the time the individual is isolated.

Cluster: Five or more positive COVID-19 cases in a setting within 14 days of one another, that have an epidemiological linkage between them (e.g., presumed COVID-19 transmission within a child care classroom.) Note: An "outbreak" is a specific term used for a congregate living setting, such as a nursing home, when there are two or more cases connected to each other. A cluster and an outbreak are not the same thing.

Cohort: A group of non-overlapping children, teachers and staff who are designated to follow identical schedules. Keeping clear and distinct schedules helps with contact tracing, should it be necessary.

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 tested and confirmed to have COVID-19.

Coronavirus: A family of related viruses. Many of them cause respiratory illnesses. Coronaviruses cause COVID-19, SARS, MERS, and some strains of influenza, or flu. 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, or to quarantine to ensure they do not expose others if they may become COVID-positive.

Exposure: Being within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes or more, over a 24-hour period.

Fully Vaccinated: People 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

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 10 days to make sure they do not spread the virus. This is not the same thing as quarantining, which is for someone who is NOT positive with COVID.

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

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 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 or throat 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.

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.

Presumptive Positive Case: A person who has COVID-19 symptoms but has not been confirmed positive by a health care provider or through a PCR/molecular test.

Positive COVID-19 Test: An individual has taken a PCR/molecular COVID-19 test and it has been confirmed positive through their local health department.

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. A person exposed to COVID-19 may quarantine for up to 14 days - the incubation period of the virus. 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 of illness. For COVID-19, that includes new cough, fever, shortness of breath, or new loss of taste or smell.

Testing: Testing is used to track cases of COVID-19 in the population. 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.