

Guidance for Operations in Early Care and Education and Child Care Programs February 3, 2022

Early Care and Education (ECE) programs, including childcare centers, home-based programs, Head Start, and pre-kindergarten programs, are an essential part of community infrastructure and the maintenance of in-person services is a priority. ECE programs serve many children who are not yet eligible for COVID-19 vaccination. Therefore, this guidance is based on updated [CDC guidelines](#) and emphasizes the use of multiple layered prevention strategies.

Prevention strategies

During periods of high community transmission of COVID-19, it is reasonable to expect that anyone regularly attending a group setting such as a pre-school or childcare facility is likely experiencing exposure to people who have COVID-19. While these recommendations do not eliminate the risk of COVID-19 transmission in ECE settings, they balance the goal to reduce overall exposure risk with the need for these institutions to continue to operate and thereby allowing children to socialize and caregivers and childcare workers to return to work. However, when making decisions about daycare/preschool attendance, parents and caregivers must consider their individual circumstances and COVID-19 risk factors. ECE administrators should consider multiple factors when making decisions about implementing layered prevention strategies against COVID-19, including:

- Level of [community transmission of COVID-19](#) and occurrence of outbreaks in the program or community.
- [COVID-19 vaccination coverage in the community](#) and among children, teachers, and staff.
- Ages of children served by the program and associated social and behavioral factors that may affect the risk of transmission and feasibility of different prevention strategies.

The recommended layered prevention strategies include:

1. Vaccination

- **Encourage teachers, staff, and family members to remain [Up to Date](#) with COVID-19 vaccination**, including booster doses for those who are eligible.
- **Provide information to families about COVID-19 vaccine** safety and availability in the community.
- **Encourage seasonal influenza vaccination** for teachers, staff, family members, and children 6 months of age and older.

2. Masks

- **Encourage children ≥ 2 years of to wear masks or face coverings while indoors**, including on buses operated by public and private school systems, unless otherwise exempted (e.g., cannot wear a mask due to disability). Mask use is particularly important when physical distancing is not possible. The [American Academy of Pediatrics recommends](#) that children ≥ 2 years of age should be encouraged to wear a mask but should not be reprimanded or punished if mask compliance is not feasible. Masks should be required in compliance with any federal, state, local, and organization regulations.
- **Require use of well-fitting masks for adults and staff while indoors.**

- **In general, people do not need to wear masks when outdoors**, though mask use may be considered in outdoor settings that involve sustained close contact with other people who are not fully vaccinated.

3. Physical distancing

- **Physical distancing should be implemented to the extent possible in indoor settings where not everyone is fully vaccinated.** Maintaining physical distance is not always feasible in an ECE setting, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to limit mixing of groups of children.
- **Utilize cohorts or pods** (a small group that stays together throughout an entire day) to minimize opportunities for transmission.
 - If possible, childcare groups should include the same children each day, and the same childcare providers should remain with the same group of children each day.
 - Limit mixing between groups such that there is minimal or no interaction between groups or cohorts. Stagger use of communal spaces between cohorts.
 - Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping. Masks should not be worn when sleeping.
 - Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
 - Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
 - Prioritize outdoor activities. When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces.

4. Ventilation

- **Improve facility ventilation** as much as possible to increase circulation of outdoor air and increase delivery of clean air. Utilize outdoor spaces, where possible.

5. Handwashing and respiratory etiquette

- **Teach and reinforce handwashing** with soap and water for 20 seconds or use of hand sanitizer containing at least 60% alcohol. Ensure adequate supplies and opportunities for hand hygiene.

6. Isolation

- **Ensure sick children, teachers, or staff stay home** if they are having symptoms of infectious illness or certain symptoms of COVID-19, including:
 - Fever (temperature 100.4 °F or higher)
 - Sore throat
 - New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
 - Diarrhea, vomiting, or stomachache
 - New onset of severe headache, especially with a fever

- **Ensure persons who test positive for COVID-19 self-isolate** away from the ECE program for:
 - **At least 5 full days from the day that their symptoms started if they experienced symptoms of COVID-19.** The first day of symptoms is considered day 0. The individual may return to the ECE program after 5 days when their symptoms are fully resolved or after 10 days even if they have lingering symptoms. The individual should continue to wear a well-fitting mask for 10 full days at all times when around others indoors.
 - **5 full days from the date of testing if they did not have or develop symptoms of COVID-19.** The day of testing is considered day 0. The individual must continue to wear a well-fitting mask for 10 full days at all times when around others indoors. If the individual develops symptoms of COVID-19, they should follow the above isolation guidance for someone with symptoms.
 - **At least 7 days if they are unable to wear a mask properly and consistently** (e.g., children <2 years of age) and their symptoms have resolved or if they remain asymptomatic.

Individuals who test positive for COVID-19 through an “at-home” test should be instructed to self-isolate and follow the above isolation protocols.

- **Report cases of COVID-19** occurring in the facility to the Division of Regulated Child Care as well as the local health department per [childcare regulations for the reporting of communicable diseases](#).
- **Direct sick persons to be tested** and instruct them to isolate at home until they receive their test result. Sick children, teachers, or staff who are not tested for COVID-19 may return when their symptoms resolve or after 10 days if they have lingering symptoms.
- **Consider implementing a program to offer on-site rapid COVID-19 testing** for sick children, teachers, or staff. The U.S. Department of Health and Human Services has directly contracted with Eurofins Clinical Enterprise, Inc. to provide COVID-19 testing ECE programs at no cost. Facilities may e-mail OperationET@clinicalenterprise.com with questions or visit <https://operationexpandedtesting.com> to enroll.

7. Quarantine

- **When a person who has been at the facility tests positive for COVID-19** (including using an at-home test), ECE programs should determine if any individuals have had close contact with the infected person. A close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes in a 24-hour period while the person was considered contagious (two days before onset through five days after the start of symptoms).
- **Families should be notified** when a COVID-19 exposure has occurred in the classroom.
- **The following persons do not need to quarantine** following an exposure to a person diagnosed with COVID-19 if they are not experiencing symptoms:
 - Children 5-17 years of age who have completed their primary COVID-19 vaccine series ≥ 14 days prior to the exposure.
 - Persons 18 years of age and older who are Up to Date with their recommended COVID-19 vaccinations.
 - Persons who had documented COVID-19 illness in the 3 months prior to their exposure (with a positive COVID-19 PCR or antigen test). Antibody testing should not be used for determining need to quarantine; per the [FDA](#), antibody tests should not be used to evaluate a person’s level of immunity or protection from COVID-19 at any time.

- **Quarantine should be encouraged** for exposed persons not meeting the above exemption criteria. Quarantine may be discontinued after day 5 if the individual is symptom-free. The last day of exposure to the case is considered day 0. If the individual is continually exposed to COVID-19 (i.e., a household member that they are unable to isolate away from) then the last day of exposure is the last day that the case is considered infectious.
- **ECE facilities may consider allowing children who are exposed to COVID-19 and are asymptomatic to continue to attend ECE programs** when there is moderate-to-high community transmission (i.e., red or orange), but these children should be watched carefully for development of new symptoms. Where possible, children with known exposures should be cohorted together and avoid contact with other unexposed children.
- **ECE programs should inform families of the isolation and quarantine procedures** in the facility to allow families to consider their individual circumstances and COVID-19 risk factors when making decisions about ECE program attendance.

8. Cleaning and disinfection

- **Improve facility cleaning** to the greatest extent possible and follow [cleaning requirements for licensed childcare providers](#). Consider cleaning high-touch, shared surfaces more frequently.

Additional recommendations

- Nonessential visitors, volunteers, and activities with people who are not fully vaccinated should be limited, particularly when there is moderate-to-high (i.e., red or orange) COVID-19 transmission in the community.