Interim Guidance for Child Care Programs

For more information, go to https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

Supplemental Guidance for Child Care
Updated April 21, 2020

These additional considerations are intended to provide guidance for a range of child care programs, including:

- Family child care programs, also known as home-based child care
- Pre-K (Pre-kindergarten) programs at private and public schools
- Head Start and Early Head Start programs
- Private child care centers
- Temporary child care centers operated by municipalities for the children of essential service providers, such as first responders, healthcare workers, transit workers, and other industries where a parent cannot stay home
- Child care centers that partner with healthcare facilities to support healthcare workers who need child care

This information is intended for **child care programs that remain open** and should be used in conjunction with CDC's guidance for administrators of child care programs and K-12 schools. This guidance does not supersede applicable federal, state, and local laws and policies for child care programs.

General Preparedness and Planning

As you think about how your facility will deal with the impact of coronavirus disease 2019 (COVID-19), it is important to work with your local health officials, school districts, child care licensing boards/bodies, child care accreditation bodies, health consultants, and other community partners to determine the most appropriate plan and action. This document is meant to help administrators create emergency operations plans and tailor them to your community's level of transmission.

No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children, and their families from the spread of COVID-19.

See CDC's guidance for more details.

Prevent the Spread of COVID-19

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies, please contact your local Child Care Resource and Referral (CCR&R) Agency to learn more about service organizations in your community who may have additional resources. Your local CCR&R Agency can be found at Child Care Aware of America.

Encourage staff to take [everyday preventive actions](#) to prevent the spread of respiratory illness.

- [Wash hands](#) often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- [Clean and disinfect frequently touched surfaces](#).
- [Cover cough and sneezes](#).
- Cover your mouth and nose with a [cloth face covering](#) when you have to go out in public.
- Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Require sick children and staff to stay home.

- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Sick staff members should not return to work until they have met the [criteria to discontinue home isolation](#).

Have a plan if someone is or becomes sick.

- Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home](#) and [isolation in healthcare settings](#).
- Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
  - Close off areas used by the person who is sick.
  - Open outside doors and windows to increase air circulation in the areas.
  - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
  - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
  - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
    - Continue routine cleaning and disinfection.

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

Review plans for implementing social distancing strategies

- Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. Detailed guidance for implementing social distancing strategies in child care centers and schools is found here.

Assess Group Gatherings and Events

- Follow current guidance about gatherings and events.
- Plan to limit nonessential visitors and postpone or cancel use of classroom volunteers.

If Your Child Care Program Remains Open

Child care programs that remain open during the COVID-19 pandemic should address these additional considerations:

- Implement social distancing strategies
- Intensify cleaning and disinfection efforts
- Modify drop off and pick up procedures
- Implement screening procedures up arrival
- Maintain an adequate ratio of staff to children to ensure safety.
    - Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
- When feasible, staff members and older children should wear face coverings within the facility. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Some schools, child care programs, and service organizations are supporting their communities by providing temporary or emergency child care services for the children of essential service providers such as first responders, healthcare workers, transit or food retail workers, and persons who do not have paid leave, cannot work from home, or do not have a family caregiver at home.

- If you re-purpose your school or service facility as an emergency or temporary child care center, please follow CDC guidance for administrators of child care programs and K-12 schools.

- Be sure to follow state and local child care [licensing policies and regulations](#). Specifically, all facilities should continue to adhere to their state and local licensing policies unless otherwise notified by their local health department.
- Guidance may also be provided by the department of education and/or health department in your state, city, or locality.

Social Distancing Strategies

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using preparedness strategies and consider the following social distancing strategies:

- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
    - Keep each group of children in a separate room.
    - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
    - If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.

Parent Drop-Off and Pick-Up

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
    - Have child care providers greet children outside as they arrive.
    - Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
    - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).

Screen Children Upon Arrival (if possible)

Persons who have a fever of 100.4° (38.0° C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival, if possible.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

Examples of Screening Methods
Reliance on Social Distancing (example 1)

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.

Reliance on Barrier/Partition Controls (example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
  - o Perform hand hygiene
  - o Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements**.

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
  - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
  - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
  - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.

Clean and Disinfect

Caring for Our Children (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, door knobs, and floors can be disinfected.

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found here.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily

cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants for child care settings.

- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on disinfection for community settings.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Clean and Disinfect Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

Caring for Infants and Toddlers

Diapering

When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child's hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Download posters with [diaper changing procedures](#).

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.

- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
- Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

School nurses in schools that have been re-purposed as emergency or temporary child care centers should use Standard and Transmission-Based Precautions when caring for patients with confirmed or possible COVID-19. See: What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection.

Healthy Hand Hygiene Behavior

- All children, staff, and volunteers should engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food, or feeding children
  - Before and after administering medication or medical ointment
  - Before and after diapering
  - After using the toilet or helping a child use the bathroom
  - After coming in contact with bodily fluid
  - After handling animals or cleaning up animal waste
  - After playing outdoors or in sand
  - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
  - After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Food Preparation and Meal Service

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.

Facilities should follow all other applicable federal, state, and local regulations and guidance related to safe preparation of food.

Vulnerable/High Risk Groups

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.

- If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.
Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an asthma action plan.
- If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.

Other Resources

CDC's website contains a variety of resources for child care programs and K-12 schools, including detailed guidance, considerations for closures, and frequently asked questions for administrators, teachers, and parents. Together, these resources provide additional information on:

- What to do if a child or staff member at your facility becomes sick.
- Closures of child care programs.

The resources emphasize that any decision about temporary closures of child care programs or cancellation of related events should be made in coordination with your federal, state, and local educational officials as well as state and local health officials. Child care programs are not expected to make decisions about closures on their own. The resources also address steps to ensure continuity of meal programs and other essential services if your facility is closed; additional government resources related to meals and snacks can be found here: https://www.fns.usda.gov/cacfp

Guidance is also available on these topics:

- Children and COVID-19
- Talking with children about Coronavirus Disease 2019
- Information about COVID-19 and:
  - Pregnancy and breastfeeding
  - Stress and coping

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