COVID-19

COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

Updated Nov. 10, 2021

Key Takeaways

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among all eligible individuals can help Early Care and Education (ECE) programs protect staff and children in their care, as well as their families.
- Most ECE programs serve children in an age group that is not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in ECE programs.
- Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking in ECE programs for those ages 2 years and older, regardless of vaccination status.
- COVID-19 prevention strategies remain critical to protect people, including children and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels.
- Localities should monitor community transmission, vaccination coverage, and the occurrence of outbreaks with attention to disproportionately affected and underserved populations. Localities should also monitor local policies and regulations to guide decisions on the use of multiple prevention strategies.

Summary of Recent Changes

Updates as of November 10, 2021 ⌄

- Updated to recommend universal indoor masking in ECE programs for everyone ages 2 and older, and other strategies to prevent spread of COVID-19, regardless of vaccination status.
- Added screening testing information to prevention strategies section.
- Added recommendation for fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 5-7 days after exposure, regardless of whether they have symptoms.
- Added recommendations for staying home, testing, and masking for individuals with COVID-19 in the last 90 days.

Updates as of November 5, 2021 ⌄

- Updated guidance to reflect authorization of COVID-19 vaccines for children ages 5–11.

Updates as of August 25, 2021 ⌄

- Updated the guidance for mask use and physical distancing for fully vaccinated people.

- Clarified that [CDC's order requiring the wearing of masks by people on public transportation](#) applies to ECE vehicles.
- Corrected the recommendations for cleaning surfaces between groups of children brushing teeth to specify sanitizing instead of disinfecting.

Introduction

This updated version of COVID-19 guidance for Early Care and Education (ECE) programs, including child care centers, home-based programs and family child care, Head Start, and other pre-kindergarten programs, outlines strategies for ECE programs to reduce the spread of COVID-19 and maintain safe operations. While fewer children have been sick with COVID-19 compared with adults during the pandemic, children can get sick with COVID-19 and can spread the virus to others. CDC's [science brief on transmission in schools and ECE programs](#) includes information on scientific evidence on the spread of the virus among children and in school and ECE settings.

Generally, ECE programs serve many children who are not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple prevention strategies together, including vaccination of staff, families and eligible children, to protect people. The guidance is intended to help programs and local health officials select appropriate, layered prevention strategies. This guidance is based on [current scientific evidence and lessons learned](#) from schools and ECEs implementing COVID-19 prevention strategies.

This CDC guidance is meant to supplement—**not replace**—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which ECEs must comply. The adoption and implementation of this guidance should be done in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and in compliance with state and local policies and practices.

CDC recommends universal indoor masking in ECE programs for everyone ages two and older and other strategies to prevent spread of COVID-19, regardless of vaccination status.

COVID-19 Prevention Strategies Most Important for ECE Operations for In-Person Care

ECE programs are an important part of the infrastructure of communities. They provide safe and supportive care environments for children that support social and emotional development, provide access to critical services, and improve life outcomes. They also employ people and enable parents, guardians, and caregivers to work. Given the many benefits of ECE, in-person ECE learning opportunities should be prioritized over other non-essential activities and using multiple prevention strategies is critically important when physical distancing is not possible at all times.

CDC's Science Brief on [Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#) summarizes evidence on COVID-19 among children and adolescents and what is known about preventing transmission in schools and ECE programs.

ECE programs should work with [local public health officials](#), consistent with applicable laws and regulations, including those related to privacy, to determine the prevention strategies needed in their area by monitoring [levels of community transmission](#), local [vaccine coverage](#) rates, the occurrence of outbreaks, and local policies and regulations. ECEs should communicate their strategies and any changes in plans to staff and families, and directly to older children, using accessible materials and communication channels, in a language and at a literacy level that staff, families, and children understand. See CDC's feature on [helping young children and parents transition back to school](#).

Health Equity

ECE programs play critical roles in promoting [equity](#) in learning, care, and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian or Alaska Native, Black or African American, or Hispanic or Latino have been disproportionately affected by COVID-19; these disparities have also emerged among children. For these reasons, health equity considerations related to the ECE setting are a critical part of decision-making and have been considered in CDC's updated guidance for ECE programs. ECE

administrators and public health officials can ensure safe and supportive environments and reassure families and ECE staff and providers by planning and using comprehensive prevention strategies for in-person learning and care and communicating those efforts. ECE programs can work with parents to understand their preferences and concerns for in-person learning and care.

ECE administrators can promote health equity by ensuring all staff and children have resources to support physical and mental health. ECE administrators can offer modified job responsibilities for staff at higher risk for severe illness who have not been fully vaccinated while protecting individual privacy. Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving people with disabilities, while maintaining efforts to protect all children and staff from COVID-19.

Section 1: Prevention Strategies to Reduce Transmission of SARS–CoV–2 in ECE Programs

To help ensure the safety of students, families, and their communities, some ECE programs have requirements ⧉ for COVID-19 vaccinations for staff. Even so, many ECE programs will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated because ECE programs primarily serve children who are not yet eligible for a COVID-19 vaccine. Therefore, ECE administrators will have to make decisions about the use of COVID-19 prevention strategies in their programs to protect people who are not fully vaccinated.

Together with local public health officials, ECE administrators should consider multiple factors when they make decisions about using prevention strategies against COVID-19. ECE programs typically serve their surrounding communities; therefore, decisions should be based on the program population, families and children served, as well as their communities. The primary factors to consider include:

- Level of community transmission of COVID-19.
- COVID-19 vaccination coverage in the community and among children and staff.
- COVID-19 outbreaks or increasing trends in the ECE program, or surrounding community.
- Strain on healthcare system capacity for the community.
- Ages of children served by ECE programs and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

Prevention Strategies

- Promoting vaccination
- Consistent and correct mask use
- Physical distancing and cohorting
- Screening Testing for COVID-19
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing in combination with isolation and quarantine
- Cleaning and disinfecting

Using multiple or layered COVID-19 prevention strategies remains critical to protect people, including children and ECE staff especially in areas of moderate-to-high community transmission levels.

1. Promoting Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Currently approved and authorized vaccines in the United States are highly effective at protecting vaccinated people against severe illness from COVID-19. Fully vaccinated people are less likely to become infected and, if infected, less likely to develop symptoms of

COVID-19. They are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people.

Infections in fully vaccinated people happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. When these infections occur among fully vaccinated people, they tend to be mild. However, evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others.

ECE programs can promote vaccinations among staff and families, including pregnant women, by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. Some ECE programs have requirements for COVID-19 vaccinations for staff.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Staff and families may differ in their level of vaccine confidence. ECE administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, ECE programs can:

- Visit vaccines.gov to find out where staff and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the ECE program.
- Encourage staff and families, including extended family members who have frequent contact with children in the ECE program, to get vaccinated as soon as they can.
- Identify potential barriers to getting vaccinated that may be unique to the workforce and implement policies and practices to address them. The Workplace Vaccination Program has information for employers on recommended policies and practices for encouraging COVID-19 vaccination uptake among workers.
- Use or modify key messages to help families and staff become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Use CDC COVID-19 Vaccination Toolkits to educate members of the ECE community and promote COVID-19 vaccination. CDC's Workers COVID-19 Vaccine Toolkit is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccines. ECE staff and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.
- Offer flexible, supportive sick leave options, such as paid sick leave, for employees to get vaccinated or who have side effects after vaccination. See CDC's Post-vaccination Considerations for Workplaces.
- Promote vaccination information as part of enrollment activities for families entering the ECE program.

- Remind families that children should get all routine vaccinations to help protect themselves and others from vaccine-preventable diseases in addition to regular well-child visits and preventive screenings, such as screening for autism and lead poisoning. Remind staff and families about routine vaccinations for adults.

CDC resources on vaccination

- COVID-19 Vaccination Information
- COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers
- COVID-19 Vaccine Toolkit for School Settings and Childcare Programs
- CDC's Interim Public Health Recommendations for Fully Vaccinated People

2. Consistent and Correct Mask Use

When people wear a mask correctly and consistently, they protect others as well as themselves. ECE program staff can model consistent and correct use for children aged 2 or older in their care. Consistent and correct mask use by all people, especially those who are not fully vaccinated, is especially important indoors and when physical distancing cannot be maintained.

- **Indoors:** CDC recommends universal masking in ECE programs for everyone two years of age and older, regardless of vaccination status.
- **Outdoors:** In general, people do not need to wear masks when outdoors. CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to mask outdoors regardless of the level of transmission, particularly if they or someone in their household is immunocompromised, at increased risk for severe disease, or if someone in their household is unvaccinated.

The following is a possible exception to the universal masking recommendation for everyone ages 2 and over in ECE settings:

- A person who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of reasonable accommodation ⬈ with workers who are not fully vaccinated who are unable to wear or have difficulty wearing certain types of masks because of a disability.

To facilitate learning and social and emotional development, consider having staff wear a clear mask or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.

Masks worn by ECE staff should meet one of the following criteria:

- CDC mask recommendations
- NIOSH Workplace Performance and Workplace Performance Plus masks

Resources on masks

- How masks control the spread of SARS-CoV-2
- How to select, wear, and clean your mask

During transportation: CDC's Order applies to all public transportation conveyances including transportation for ECE programs. Passengers ages 2 years and older and drivers must wear a mask on buses and vans, including on buses operated by public and private school systems and ECE programs, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order. Learn more here.

ECE programs should provide masks to those children who need them (including on buses and vans), such as children who forgot to bring their mask or whose families are unable to afford them.

3. Physical Distancing and Cohorting

Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities such as diapering, feeding, holding/comforting, and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk. Mask use is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between adults who are not fully vaccinated.

For people who are fully vaccinated, maintaining physical distancing is not necessary unless required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Distancing should still be maintained, when possible, between individuals who are not fully vaccinated.

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. When determining how to ensure physical distance and size of cohorts, ECE programs should consider education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend ECE programs in person.

Place children and ECE providers into distinct groups that stay together throughout the entire day.

- If possible, your ECE groups should include the same children each day, and the same ECE 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.
- The number of cohorts or groups may vary depending on ECE program type, such as centers versus homes, and size, with smaller programs having fewer cohorts than larger ones.
- Maintain at least 6 feet between children and staff from different cohorts.
- Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping with as much distance as possible between mats. Masks should not be worn when sleeping. Layer additional strategies such as improved ventilation if possible.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger use of communal spaces between cohorts.
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
- Prioritize outdoor activities. When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water.

4. Screening Testing for COVID-19

Screening testing identifies people with COVID-19, including those with or without symptoms who are likely to be contagious, so that measures can be taken to prevent further transmission. In ECE programs, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to SARS-CoV-2 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education.

People who are fully vaccinated do not need to participate in screening testing and do not need to quarantine unless they have symptoms or are a close contact to someone with COVID-19. Decisions regarding screening testing may be made at the state or local level. Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in ECE programs where other prevention strategies are not implemented. More frequent testing can increase effectiveness, but feasibility of increased testing in ECE programs needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect staff privacy.

Screening testing can be used to help evaluate and adjust prevention strategies and provide additional layered prevention strategies and provide added protection for ECE programs that are not able to provide optimal physical distance between students. Screening testing should be offered at any level of community transmission and, to all staff who have not been fully vaccinated to help interrupt transmission. ECE programs should offer screening testing at least once a week.

Testing in low-prevalence settings might produce false positive results, but screening testing can be an important prevention strategy to limit the spread of COVID-19 in in-person education settings.

5. Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to:

- Ventilation in Schools and Child Care Programs
- Ventilation FAQs
- Improving Ventilation in Your Home

Additional ventilation recommendations for different types of education buildings can be found in the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) schools and universities guidance document 📄 ⧉ .

Funds provided through the American Rescue Plan Act Child Care Stabilization Grants and Head Start Programs funding increases can support improvements to ventilation. Please see guidance for these funds from the Administration for Children and Families Office of Child Care ⧉ and Office of Head Start. ⧉ The American Rescue Plan Act also provides Coronavirus State and Local Fiscal Recovery Funds ⧉ to state, local, and tribal governments that may also be available for some ECE programs.

6. Handwashing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette including covering coughs and sneezes to keep from getting and spreading infectious illnesses including COVID-19. ECE programs can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol with staff and older children that can use it safely. Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Post signs and graphics that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures, and be in primary languages spoken by your staff and families.
- Set up hand hygiene stations at facility entrances.
- Wear gloves when cleaning and disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is sufficient.

Resources on handwashing and respiratory etiquette

- COVID-19 Communication Resources
- Resources for Schools and ECE Programs
- COVID-19 videos including one with American Sign Language and other communication tools
- Coughing and Sneezing

7. Staying Home When Sick and Getting Tested

Children and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to a healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of programs and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19 and get tested. ECE programs should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment. Employers should ensure that workers are aware of and understand these policies.

The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. Children who have symptoms of infectious illness or certain symptoms of COVID-19 should not attend your ECE program. Encourage your families to be on the alert for signs of illness in their children and to keep them home when they are sick.

- Fever, temperature 100.4 °F or higher, or chills

- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Diarrhea, vomiting, or stomachache

People who have a fever of 100.4 ºF (38.0 ºC) or above or other signs of illness should not be admitted to your facility.

The length of time the child should stay out of an ECE program depends on whether the child has COVID-19 or another illness. In most instances, those who have COVID-19 can be around others after

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving

Children who test positive for COVID-19 but do not have symptoms can be around others 10 days after their first positive COVID-19 test.

Preparing for When Someone is Sick

Your ECE program should implement multiple COVID-19 prevention actions to prepare for when someone is sick with COVID-19. Take action 🗎 to isolate children or staff who begin to have COVID-19 symptoms while at your facility to protect other children and staff.

- Plan to have an isolation room or an area, preferably with access to a separate restroom, you can use to isolate a sick child or staff member.
- Ensure that isolated children are still under adult supervision.
- Arrange safe transportation home or to a healthcare facility, if severe symptoms, for the child or staff if showing symptoms of COVID-19.
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable.
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible and increase ventilation in the area. You should ensure safe and proper use of cleaning and disinfection products ⬏ , including storing products securely away from children.
- Consult resources on what to do if a child becomes sick while at the ECE program:
  - School and ECE Settings
  - Child Care Providers Quick Guide Symptoms of COVID-19 at Child Care 🗎
  - Quick Guide: Help Protect Your Family Child Care Home from COVID-19 🗎
  - Quick Guide: Help Protect Your Child Care Center From COVID-19 🗎

Getting Tested for COVID-19

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread, especially if key prevention strategies of masking, distancing, and cohorting are not in use.

- Encourage families to monitor children at home for signs of infectious illness including COVID-19 to decide when to seek testing or medical care.
- Develop policies that encourage sick staff to stay at home without fear of negative consequences. Ensure policies are clearly communicated to staff. CDC's criteria can help inform when children and staff who are not fully vaccinated can

return if they have recently had close contact with a person with COVID-19. CDC also has guidance for symptoms monitoring, isolation, and quarantine for fully vaccinated persons.

- Develop and communicate with staff and families about your policies for returning to your ECE program after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies with specific guidance for fully vaccinated people.
- Offer referrals to viral testing to any child or staff member who is exhibiting symptoms of COVID-19 in the ECE setting.

8. Contact Tracing in Combination with Isolation and Quarantine

ECE programs should continue to collaborate with state and local health departments, to the extent allowable by federal, state, local, tribal, and territorial privacy laws, regulations and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which children and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine, based on vaccination status and history of prior infection. Children and staff who are infected with COVID-19 should isolate at home for 10 days, regardless of whether they have symptoms.

ECE programs should report, to the extent allowable by applicable federal, state, local, tribal, and territorial privacy laws and regulations, positive cases to their state or local health department as soon as they are informed. ECE administrators should notify, to the extent allowable by applicable federal, state, local, tribal, and territorial privacy laws and regulations, staff and families of children who were close contacts as soon as possible. If feasible, contact close contacts within the same day of being notified that someone in the program has tested positive.

The exception to the close contact definition for K-12 schools typically does not apply to ECE programs. If ECE programs are in K-12 indoor classroom settings or structured outdoor settings where mask use can be observed, extending the exception to younger ages may be appropriate.

Staff, families, and children who are not fully vaccinated and are determined to be a close contact of someone with COVID-19 need to quarantine.

They should:

- Get tested immediately and quarantine (stay at home and away from other people) immediately for a period of 14 days from the date of their last exposure, unless they receive different instructions from their ECE program or public health official.
- If they initially test negative, test again 5-7 days after the date of their last known exposure to determine if they have developed COVID-19 as early as possible. They should continue to quarantine for the full 14 days even if they test negative. Isolate immediately if they develop symptoms of COVID-19 or test positive and notify the ECE program so that they can conduct any necessary contact tracing.
- If the person who is quarantining does not develop symptoms of COVID-19 and does not test positive or is not tested, that person can go back into public spaces, including the ECE program, on day 15.
- Options to shorten quarantine provide acceptable alternatives of a 10-day quarantine or a 7-day quarantine combined with testing and a negative test result. Consult with your local public health department or ECE program about possible options to shorten quarantine.

Fully vaccinated close contacts should be referred for COVID-19 testing. If asymptomatic, fully vaccinated close contacts do not need to quarantine at home following an exposure. In addition to correctly wearing masks in the ECE program, they should wear a mask in other indoor public settings for 14 days or until they receive a negative test result.

For more information, please visit CDC's Toolkit for Responding to COVID-19 Cases for resources on contact tracing, quarantine, and isolation as well as sample letters for parents and caregivers.

During times in the ECE day when children 2 years of age and older or staff members may typically remove masks indoors, such as during lunches and snacks, have a plan for them to adequately distance from other cohorts and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating). ECE programs should instruct families to monitor children who are determined to be a close contact for symptoms for 14 days following their exposure and have them quarantine. ECE programs should educate staff and families about when they and their children should stay home and when they can return to ECE programs.

Resources on isolation, quarantine, and testing

- CDC's Toolkit for Responding to COVID-19 Cases
- Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination
- When to quarantine and COVID-19 testing
- COVID-19 information for Workplaces and Businesses

9. Cleaning and Disinfecting

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. However, in addition to cleaning for COVID-19, ECE programs should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids. See Caring for Our Children ⬈ . For general information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see Cleaning and Disinfecting Your Facility.

When Someone is Sick: If someone in the ECE program is sick or someone who has COVID-19 has been in the facility in the last 24 hours, clean and disinfect your facility. For more information on cleaning and disinfecting safely, see Cleaning and Disinfecting Your Facility.

Additional considerations for cleaning and disinfection:

- Ensure that personal items such as masks or toothbrushes are used only by one child and stored safely while not in use, for example, in individually labeled containers, bags, or cubbies. Ensure that children and staff wash hands after handling these personal items.
- Follow recommendations on cleaning and sanitizing toys ⬈ .
- Learn how to reduce the chance of an asthma attack while disinfecting.
- Consider contacting the state ECE office to see if additional resources are available to obtain cleaning and disinfecting supplies through the Federal Emergency Management Agency ⬈ or Child Care Resource and Referral Agency ⬈ .

Section 2: Additional Considerations for ECE Programs

Holding, Washing, or Feeding Children

It is important for you to comfort crying, sad, or anxious infants and toddlers and they often need to be held. To the extent possible when holding, washing, or feeding young children, protect yourself by:

- Washing your hands frequently.
- Washing your hands and anywhere you have contact with a child's body fluids.
- Avoiding touching your eyes while holding, washing, or feeding a child.
- Changing clothes right away if body fluids get on them, whenever possible, and then your hands should be rewashed.
- Washing your hands before and after handling infant bottles prepared at home or in the facility.

Diapering Children

- When diapering ⬈ a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper-changing procedures.
- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use prevention strategies, such as handwashing, between diapering and food preparation.
- After diapering, take off gloves and wash your hands even if you were wearing gloves and disinfect the diapering area with a fragrance-free disinfectant on the EPA List N: Disinfectants for Coronavirus (COVID-19) ⬈ 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, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents or guardians or laundry service. (Download posters with diaper changing procedures)

Transport Vehicles

If transport vehicles such as buses or vans are used by your program, drivers should practice all safety actions and protocols as indicated for other staff, for example, vaccination, hand hygiene, and mask use. To clean and disinfect buses or other transport vehicles, see guidance on workplaces and businesses. Create distance between children on transport buses; for example, seat children one child per row, and skip rows when possible. However, children from the same home can be seated together.

As described in the masks section above, passengers ages 2 years and older and drivers must wear a mask on buses and vans, including on buses operated by public and private school systems and ECE programs, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order.

Children with Disabilities or Other Healthcare Needs

Provide accommodations, modifications, and assistance for children and staff with disabilities or special healthcare needs when implementing COVID-19 safety protocols:

- Work with families to better understand the individual needs of children with disabilities.
- Help provide access for direct service providers (DSPs) such as paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others.
  - If DSPs are not fully vaccinated or provide services at more than one location, ask whether any of their service locations have had COVID-19 cases.
  - Ensure direct service providers are following prevention strategy guidance including vaccination, COVID-19 testing, contact tracing in combination with isolation/quarantine.
- Ensure access to services for students with disabilities when developing cohorts.
- Adjust strategies as needed
  - Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities, for example, visual or hearing impairments or for those with sensory or cognitive issues.
  - For people who are not fully vaccinated and only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate children and/or staff such as while standing in line or during drop off and pick up.
  - Consider having staff who are not fully vaccinated wear a clear or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.
  - Use behavioral techniques such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement to help all children adjust to transitions or changes in routines.
- Please see Guidance for Direct Service Providers for resources for those serving children with disabilities or other health care needs during COVID-19.

Visitors

- Review rules for visitors and family engagement activities.
- Limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas when there is moderate-to-high COVID-19 community transmission.
- Continue following ECE program visitor policies and restrictions, while allowing for safe access to Direct Service Providers and mothers who are breastfeeding their infants.
- Develop plans for meeting new families that allow family and staff to gather while maintaining prevention strategies.
- Develop plans or procedures for parents and/or guardians to visit their children while maintaining prevention strategies.

- Home-based ECE programs with people living in the home who are not fully vaccinated should require mask-wearing for unvaccinated persons and keep as much physical distance as possible while children are in their care.
- Home visitors should consult the Health Resources and Services Administration's Home Visiting Information During COVID-19 ⬈ .

Food Service and Meals

- Maximize physical distance as much as possible between people who are not fully vaccinated while eating, especially indoors. When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces.
- Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.
- People should wash hands with soap and water before and after meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.
- Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and eating areas.

Toothbrushing

Toothbrushing is an important component for many ECE programs. Because toothbrushing can cause droplet spatter and potential contamination of surfaces and supplies, programs should follow these steps for hygienic toothbrushing in group settings:

- Because there is the possibility of children who are not vaccinated transmitting COVID-19 to others via salivary droplets during brushing, it is recommended for program staff helping children with brushing to be fully vaccinated against COVID-19. They may consider wearing face and eye protection such as a face shield in addition to a properly fitted mask covering their nose and mouth for additional protection.
- Ensure that each child has his or her own toothbrush, clearly labeled. To prevent cross-contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is dispensed onto a piece of wax paper before dispensing any onto the toothbrush.
- Encourage children to avoid placing toothbrushes directly on counter surfaces.
- After children finish brushing, ensure that they rinse their toothbrushes thoroughly with water, allow them to air-dry, and store them in an upright position so they cannot contact those of other children.
- Have children bring a designated reusable cup or provide children with paper cups to use for rinsing after they finish brushing. Do not allow them to share cups and ensure that they dispose of paper cups or store reusable cups properly after a single use.
- Stagger the use of bathrooms or other communal spaces used for toothbrushing. Allow one cohort or group to complete toothbrushing, and clean and sanitize the area before another cohort has access to the area. The toothbrush area should be disinfected once all children are done for the day. Follow all available guidance for cleaning, sanitizing, and disinfection of surfaces in childcare centers ⬈ . Ensure that children and staff wash hands with soap and water for at least 20 seconds after brushing teeth.
- Additional prevention strategies to prevent transmission of COVID-19 to others during brushing should be followed, such as staggering children brushing their teeth to provide more space, having children spit into the sink after brushing one at a time, washing hands with soap and water for at least 20 seconds after brushing teeth or helping children brush their teeth, and cleaning and disinfecting the area used for toothbrushing before another group has access to the area.

For more information, see CDC's Use & Handling of Toothbrushes.

Playgrounds and Physically Active Play

In general, children and adults do not need to wear masks outdoors such as when participating in outdoor play. CDC recommends that people, 2 years and older, who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to mask regardless of

the level of transmission, particularly if they or someone in their household is immunocompromised, at increased risk for severe disease, or if someone in their household is unvaccinated. When physically active play is held indoors, people who are not fully vaccinated should wear masks and maximize distance when possible.

Physically active play is a daily part of ECE and provides children with enrichment opportunities that supports physical development and can help them learn and achieve, and support their social, emotional, and mental health. Some physical activities are more likely to increase exhalation for a sustained period of time and can put people who are not fully vaccinated at increased risk for getting and spreading COVID-19. Other indoor activities, such as singing, chanting, and yelling, can also increase exhalation.

Preventing COVID-19 for those who are not fully vaccinated in these activities remains important. Children who participate in indoor physical activity and other higher-risk activities should wear masks and remain in their cohort and keep physical distance from other cohorts as much as possible.

ECE providers who are planning structured physically active play including sports activities should also consider risks for people who are not fully vaccinated:

- **Setting of the event or activity.** In general, the risk of COVID-19 spread is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the event.
- **Physical closeness.** Spread of COVID-19 is more likely to occur in physical activity and sports that require sustained close contact.
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of participants.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the physical activity.
- **Duration of time.** The risk of COVID-19 spread increases the more time participants spend in close proximity or in indoor group settings.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take extra precautions.

Water Systems

Following reduced operation or temporary building shutdown check for hazards such as mold, *Legionella* (bacteria that causes Legionnaires' disease), and lead and copper contamination ⧉ from plumbing that has corroded. Refer to guidance from CDC, American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) ⧉, and the Environmental Protection Agency ⧉ .

Section 3: ECE Staff and Other Workers

Workers at increased risk for severe illness from COVID-19 include older adults and people of any age with certain underlying medical conditions if they are not fully vaccinated. Workers who have an underlying medical condition or are taking medication that weakens their immune system may not be fully protected even if fully vaccinated. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. Policies and procedures addressing issues related to workers at higher risk of serious illness should comply with applicable federal, state, local, tribal, and territorial laws and regulations, and be developed in consultation with occupational medicine and human resource professionals, keeping in mind Equal Employment Opportunity concerns and guidance ⧉ . Employers should also understand the potential mental health strains for workers during the COVID-19 pandemic. CDC recommends that ECE administrators educate workers on mental health awareness and share available mental health and counseling services. Employers should provide a supportive work environment for workers coping with job stress and building resilience, and managing workplace fatigue. See FY 2021 American Rescue Plan Funding Increase for Head Start Programs ⧉ to learn more about additional funds available and examples of activities grantees can consider as they continue supporting children and families and investing in safe and high-quality early childhood learning opportunities for children.

As part of each ECE program's COVID-19 response plan, administrators should conduct workplace hazard assessments ⧉ periodically to identify COVID-19 transmission risks and prevention strategies, when worksite conditions change, or when there are instances of COVID-19 transmission within the workplace. Strategies to prevent and reduce transmission are based on an approach that prioritizes the most effective practices, known as the hierarchy of controls. ECE employers should engage

and train all workers on potential workplace hazards, what precautions should be taken to protect workers, and workplace policies for reporting concerns. ECE programs should ensure communication and training for all workers are frequent and easy to understand.

Workers in ECE settings have the right to a safe and healthful workplace. The Occupational Safety and Health Administration (OSHA) has issued Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace ⤢ . This guidance contains recommendations to help employers provide a safe and healthy workplace free from recognized hazards that are causing, or are likely to cause, death or serious physical harm. It also contains descriptions of mandatory safety and health standards. If a worker believes working conditions are unsafe or unhealthful, they or a representative may file a confidential safety and health complaint ⤢ with OSHA at any time. In states where public sector employers and workers are not covered by OSHA-approved State Plans ⤢ , there may be agencies that provide public worker occupational safety and health protections and enforce such workers' rights to safe workplaces. Workers should contact state, county, and/or municipal government entities to learn more.

Section 4: Planning and Preparing

Emergency Operations Plans

ECE programs should have an Emergency Operations Plan (EOP) in place to protect children, staff, and families from the spread of illness and other emergencies. The EOP should:

- Describe COVID-19 prevention strategies to be implemented.
- Describe steps to take when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19.
- Document policy or protocol differences for people who are fully vaccinated for COVID-19 versus those who are not fully vaccinated.
- Be developed in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and comply with state and local licensing regulations, as well as applicable federal, state, local, tribal, and territorial laws and regulations.
- Be developed with involvement of staff, parents and guardians, and other community partners (for example, health centers).
- Describe how staff will be trained on the ECE program's COVID-19 safety protocols.
- Plan for back-up staffing.
- Consider the range of needs among staff, children, and families, including children's developmental needs, children with disabilities, children with healthcare needs, and children experiencing homelessness.

Resources for COVID-19 planning

- Resources for Schools and ECE Programs Caring for Our Children ⤢
- Vaccines for Teachers, School Staff, and Childcare Workers

Vaccination Verification

Existing laws and regulations require certain vaccinations for children attending ECE programs. ECE administrators regularly maintain documentation of children's immunization records. Recommended prevention strategies vary by COVID-19 vaccination status. ECE administrators who maintain documentation of children's and workers' COVID-19 vaccination status can use this information, consistent with applicable federal, state, local, tribal, and territorial laws and regulations, including those related to privacy, to inform masking and physical distancing practices, testing, contact tracing efforts, and quarantine and isolation practices. ECE programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information about children. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations, including those relating to privacy.

As part of their workplace COVID-19 vaccination policy, ECE programs should recognize that a worker who cannot get vaccinated due to a disability covered by the ADA, has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice, covered by Title VII of the Civil Rights Act of 1964, may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer's business. Additionally, ECE employers should advise workers with weakened immune systems about the importance of talking to their healthcare provider about the need for continued personal protective measures after vaccination. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. For more information on what you should know about COVID-19 and the ADA, the Rehabilitation Act, and other Equal Employment Opportunity Laws visit the website ⎋ .

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