UPDATE

Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

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

Updated Aug. 25, 2021 Print

Key Takeaways

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among 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 under the age of 12 who are not yet eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered COVID-19 prevention strategies (e.g., using multiple prevention strategies together) to protect children and adults who are not fully vaccinated.
- 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.
- Masks should be worn indoors by all individuals (ages 2 and older) who are not fully vaccinated. ECE settings may implement universal mask use in some situations, such as if they have increasing, substantial, or high COVID-19 transmission in their ECE program or community, and while they serve a population not yet eligible for vaccination.
- Localities should monitor community transmission, vaccination coverage, the occurrence of outbreaks, and local policies and regulations to guide decisions on the use of layered prevention strategies.

Summary of Recent Changes

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 be infected with the SARS-CoV-2 virus that causes COVID-19, can get sick with COVID-19, and can spread the virus to others. CDC's science brief on transmission in schools includes information on scientific evidence on the spread of SARS-CoV-2 among children and in school and ECE settings.

Generally, ECE programs serve children under 12 years of age who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered COVID-19 prevention strategies (e.g., using multiple prevention strategies together) to protect people who are not fully vaccinated, including infants and children (hereafter called children), staff, and other members of their households. The guidance is intended to help programs and local health officials select appropriate, layered prevention strategies and understand how to safely transition their care environments out of COVID-19 pandemic precautions when community transmission of COVID-19 reaches low levels. 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.

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.

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. CDC continues to recommend masking and other strategies to prevent spread of SARS-CoV-2. However, if ECE administrators decide to remove any of the layered prevention strategies in an ECE setting, they should be removed one at a time and monitored closely (with adequate testing through the community) for any outbreaks or increases in COVID-19 cases. 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/Alaska Native, Black or African American, and 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

Most ECE programs will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. ECE programs primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. 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 implementing layered prevention strategies against COVID-19. Since ECE programs typically serve their surrounding communities, 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 health 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
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing in combination with isolation and quarantine
- Cleaning and disinfecting

These COVID-19 prevention strategies remain critical to protect people, including children and ECE staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. When considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time, and children and staff should be closely monitored (with adequate testing through the community) for any outbreaks or increases in COVID-19 cases.

1. Promoting Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. In most settings, people who are fully vaccinated and do not have compromised immune systems can safely resume activities they did before the pandemic, except where prevention measures are required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

People 12 years and older are now eligible for COVID-19 vaccination, but most ECE programs serve children under 12 years old. 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.

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. Teachers, 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 that have frequent contact with children in the ECE program, to get vaccinated as soon as they can.
- Identify potential barriers 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.
- Find ways to adapt 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 vaccine. 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 (e.g., 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.

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 who are not fully vaccinated wear a mask correctly and consistently, they protect others as well as themselves. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and when physical distancing cannot be maintained.

- **Indoors:** Mask use is recommended for people who are not fully vaccinated, including children and staff. Children under 2 years of age should not wear a mask.
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, 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 who are not fully vaccinated.

CDC recommends universal indoor mask use in areas of substantial to high transmission, regardless of vaccination status.

Based on the needs of the community, ECE programs may opt to make mask use universally required (i.e., required regardless of vaccination status) in the program. Reasons for this can include:

- Serving a population that is not yet eligible for vaccination; which includes most ECE programs.
- Having staff model consistent and correct mask use for children aged 2 and older.
- Increasing or substantial or high COVID-19 transmission within the program or their surrounding community.
- Increasing community transmission of a variant that is spread more easily among children or is resulting in more severe illness from COVID-19 among children.
- Lacking a system to monitor the vaccine status of children and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.

  Awareness of low vaccination uptake within families, staff, or within the community.

ECE programs should also be supportive of people who are fully vaccinated, but choose to wear a mask, as a personal choice or because they have a medical condition that may weaken their immune system. ECE programs should work to ensure their selected mask use policy does not conflict with local, state, and territorial laws, policies, and regulations.

Programs that continue to require people older than 2 years of age to wear a mask should make exceptions for the following categories of people:

- 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.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

To facilitate learning and social and emotional development, 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.

When masks are worn by child care providers and staff in the workplace, the masks 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.

Schools should provide masks to those students 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

ECE programs where not everyone is fully vaccinated should implement physical distancing to the extent possible indoors. Because of the essential service that ECE programs provide, ECE programs should not exclude children from in-person care to keep a minimum distance requirement.

Maintaining physical distance is often not 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 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 by people who are not fully vaccinated 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.

People who are fully vaccinated do not need to physically distance except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Although challenging and at times not possible in an ECE setting, people who are not fully vaccinated should physically distance from others who are not fully vaccinated as much as possible and wear a mask.

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 child care providers into distinct groups that stay together throughout the entire day.

- If possible, your child care groups should include the same children each day, and the same child care 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 child care program type (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. 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 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. 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.

5. Handwashing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (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 (for staff and older children who can safely use hand sanitizer). 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.
- Wearing gloves is not necessary for protection from COVID-19 in most situations. CDC does recommend wearing gloves when cleaning and disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is recommended.

Resources on handwashing and respiratory etiquette

- COVID-19 Communication Resources
- Toolkit for Child Care Programs
- Cleaning, Disinfection, and Hand Hygiene in Schools – a Toolkit for School Administrators
- COVID-19 videos including one with American Sign Language and other communication tools
- Coughing and Sneezing

6. Staying Home When Sick and Getting Tested

Staying Home When Sick

Children and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their 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. 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. Parents should pay particular attention to

- Fever (temperature 100.4 ºF 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

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 child care 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.

Close Contacts of Persons with COVID-19

Whether and for how long to stay home for people who have been exposed to a person with COVID-19 depends on vaccination status.

- Children and unvaccinated staff who had close contact with someone who has (suspected or confirmed) COVID-19 should stay home (quarantine) for 14 days **after their last exposure** to that person. Close contact is defined as within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. Some localities might choose to use testing to shorten quarantine
- People who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine or get tested after an exposure to someone with COVID-19.
- ECE programs should educate staff and families about when they and their children should stay home and when they can return to ECE programs.

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.

- Your children or staff might begin to have COVID-19 symptoms while at your facility. You should take action to isolate people who begin to have these symptoms from 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.

- See CDC's Toolkit for Child Care Programs for more resources on what to do if a child becomes sick while at the child care program.

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 (masking and distancing) 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 employees 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 unvaccinated staff can return if they have recently had close contact with a person with COVID-19.
- 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.
- **ECE programs should offer referrals to diagnostic testing to any child or staff member who is exhibiting symptoms of COVID-19 in the ECE setting.**
- Some ECE programs may also elect to use screening testing for unvaccinated staff as a strategy to identify cases and prevent secondary transmission. This includes screening testing of asymptomatic people without known exposure with the intent of making decisions based on the test results. ECE programs interested in offering screening testing to staff should contact their local health department to discuss options for implementation.

7. 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 privacy laws 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.

ECE programs should report, to the extent allowable by applicable privacy laws, 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 privacy laws, staff and families of children who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the program has tested positive. Fully vaccinated people who were in close contact with someone who has COVID-19 but do not have COVID-19 symptoms do not need to quarantine or be tested.

Resources on isolation, quarantine, and testing

- 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

8. 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 (e.g., 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.
- Wash your hands and anywhere you have been touched by a child's body fluids.

  Avoid touching your eyes while holding, washing, or feeding a child.

- If body fluids get on the child's clothes, change them right away, whenever possible, and then your hands should be rewashed.
- Wash 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 additional 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 (for example, buses or vans) are used by your program, drivers should practice all safety actions and protocols as indicated for other staff (for example, hand hygiene, masks). To clean and disinfect buses or other transport vehicles, see guidance for bus transit operators. Create distance between children on transport buses (for example, seat children one child per row, skip rows) when possible. However, children from the same home can be seated together.

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.
- Remain accessible for children with disabilities:
  - Help provide access for direct service providers (DSPs) (e.g., paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others). If DSPs who are not fully vaccinated provide services at more than one location, ask whether any of their other service locations have had COVID-19 cases.

- 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 (e.g., 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 DSPs serving children with disabilities or other health care needs during COVID-19.

Visitors

ECE programs should review their rules for visitors and family engagement activities.

- ECE programs should 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.
- ECE programs should not limit access for DSPs or mothers who are breastfeeding their infants, but can ensure compliance with ECE program visitor polices.
- 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.
- Home visitors may 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 whenever possible.

- 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 family style 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.
- U.S. Department of Agriculture has issued several Child Nutrition COVID-19 Waivers. Learn more here .

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 and may consider wearing 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 (group) to complete toothbrushing, and clean and sanitize the area before another cohort has access to the area. 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 when outdoors (e.g., participating in outdoor play, recess, and physical education activities). However, in areas of substantial to high transmission levels, people who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated. When physically active play, physical education activities, and recess are held indoors, people who are not fully vaccinated should wear masks and maximize distance when possible.

Physical activities provide children with enrichment opportunities that supports physical development and can help them learn and achieve, and support their social, emotional, and mental health. Due to increased exhalation, some physical activities can put people who are not fully vaccinated at increased risk for getting and spreading COVID-19. Similar risks might exist for other indoor activities, such as singing, chanting, and yelling.

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 continue to wear masks and keep physical distance and remain in their cohort as much as possible.

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

- **Setting of the event or activity.** In general, the risk of COVID-19 transmission 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 foolder adultsr 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 be made 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 should 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. Additionally, ECE programs should ensure communication and training are in a language, format, and at a literacy level that workers 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.
- 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

- Toolkit for Child Care Programs
- Caring for Our Children
- Vaccines for Teachers, School Staff, and Childcare Workers

New COVID-19 Variants and Prevention in ECE programs

New variants of the virus that causes COVID-19 are spreading in the United States. Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against the circulating variants. CDC will continue to monitor variants to see if they have any impact on prevention strategies and how COVID-19 vaccines work in real-world conditions and will update guidance accordingly. For more information see: COVID-19 Vaccines.

Vaccination Verification

Existing laws and regulations require certain vaccinations for children attending ECE programs. ECE administrators regularly maintain documentation of children's immunization records. Since 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 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.

As part of their workplace COVID-19 vaccination policy, ECEs 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 professional 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 Equal Employment Opportunity Commission website.

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