



Safer at Home

CHILD CARE

COVID-19 REOPENING GUIDANCE

GOVERNOR'S ECONOMIC REOPENING TASKFORCE



General Guidance to Protect Child Care Providers, Staff, and Children:

1. Review and follow the [Universal Guidelines](#) for All New Hampshire Employers and Employees.
2. Review and follow CDC [guidance for child care programs](#).
3. All child care providers and other staff encouraged to wear reusable/washable cloth face coverings over their nose and mouth at all times, especially when 6 feet of social distancing is not able to be maintained. and when caring for potentially vulnerable children with underlying health conditions or disabilities.
 - a. Provide training on cloth face coverings based on CDC guidance for [Use of Cloth Face Coverings](#).
 - b. Review the NH DHHS information about [using cloth face coverings](#).
 - c. People wearing face coverings must not touch their eyes, nose, mouth, or face, or adjust their face covering without first sanitizing hands. After touching face or adjusting face covering, hands must be sanitized.
4. All adults dropping children off at child care should be asked to wear a cloth face covering over their nose and mouth when within the child care facility or public spaces where other individuals are present.
5. NH DHHS does **not** recommend children wear masks or face coverings at child care programs for the following reasons:
 - a. CDC guidance states, “Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”
 - b. There are safety issues with young children having cloth, ties, elastics etc. around their mouths and necks which can pose choking or strangulation hazards.
 - c. The effectiveness of masks and other face coverings is impacted by proper handling and use, and children are more likely to play with the masks, adjust them or remove them without washing their hands before or after touching the masks, touch their face, etc. Touching the face and then touching other objects (e.g. toys) can potentially put other children in a group at risk.
 - d. Staff would need to increasingly be in close contact with children to provide assistance with face coverings, which can be counter-productive to maintaining distance as much as possible.
6. Staff and children should practice frequent hand hygiene:
 - a. Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - b. Always wash hands with soap and water if hands are visibly dirty.
 - c. Supervise and help young children to ensure they are washing/sanitizing hands correctly, and to prevent swallowing of alcohol-based hand sanitizer. When soap and water are not readily available and hand sanitizer is used with children, it should be used under the direct supervision of staff. When not in use, hand sanitizer should be kept out of reach of children (on a high shelf, cabinet, or in a backpack worn by staff outside).



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- d. At a minimum, require handwashing when arriving at the facility, entering the classroom, before and after meals or snacks, before and during meal preparation or service as necessary to prevent cross contamination, after outside time, before and after going to the bathroom or each diaper change, after handling any bodily fluid, before and after medication administration, after cleaning up and handling any garbage, after handling animals or cleaning up animal waste, and prior to leaving for home.
7. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.
8. Review and follow [CDC guidance on diapering](#).
9. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available). Alternatively, cough or sneeze into elbows.
10. Children, families, and staff, should be reminded to maintain a distance of at least 6 feet from others whenever possible.
11. If there is a confirmed case of COVID-19 at a child care facility, the facility should contact:
 - a. The Bureau of Infection Disease Control (BIDC) at 603-271-4496.
 - b. The Bureau of Child Development and Head Start Collaboration at 603-271-4242; and
 - c. The Child Care Licensing Unit at 603-271-9025, or ccluoffice@dhhs.nh.gov.

Employee Guidance:

1. Employees must be provided with education and training around safe practices as it relates to hand hygiene, sanitation (cleaning and disinfection policies), and illness policies outlined in the Universal Guidelines for All New Hampshire Employers and Employees.
2. Child care providers and other staff must be screened for symptoms or risk factors of COVID-19 before each shift as outlined below in Business Process Guidance:
3. Require all staff to report any symptoms of COVID-19 or close contact to a person with COVID-19 to supervisor.

Business Process Guidance:

1. All facilities should have a communication plan to educate staff, families, and children about COVID-19 health and safety practices at the child care facility.
2. Restrict non-essential visitors, volunteers, and activities involving other groups at the same time.
3. Children, child care providers, and other staff should be screened daily on arrival to the child care facility by asking if the individual:
 - a. Has any symptoms of COVID-19 (see Universal Guidelines for list of potential symptoms) or fever of 100.4 degrees F or higher.
 - b. Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days.



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- c. Traveled in the past 14 days either:
 - i. Internationally (outside the U.S.),
 - ii. By cruise ship, or
 - iii. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).
4. Person(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should **not** be allowed into the facility:
 - a. Symptomatic persons should be instructed to contact their health care provider to be tested for COVID-19 and [self-isolate](#) at home following the instructions below.
 - b. Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the traveled-related risk factors should [self-quarantine](#) for 14 days from their last exposure or return from travel.
 - c. **NOTE:** Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question
5. Person(s) with suspect or confirmed COVID-19 must stay out of child care until symptom-based criteria are met for [discontinuation of isolation](#):
 - a. At least 10 days have passed since symptoms first appeared **AND**
 - b. At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever off any fever reducing medications plus improvement in other symptoms)
6. Any person that develops symptoms of COVID-19 while at the child care facility should be masked if they are over 2 years of age, removed from contact with others, and be immediately sent home.

Social Distancing Strategies:

1. Space seating, bedding (head-to-toe positioning), and activities so that children are at least 6 feet apart, whenever possible.
2. Child care programs should, whenever possible, reduce group sizes to no more than 20 people total, including children and adults (e.g., three adults and seventeen children, five adults and fifteen children, etc.).
3. For child care facilities that have multiple rooms or groups, where feasible, consistently keep the same groups of children and staff together and avoid intermixing or interaction between groups during the day (e.g., at opening and closing, during lunch, outdoor play, etc.), where feasible.
4. Close communal use spaces, such as game rooms or dining halls, if possible.
5. Where allowable by local codes, child care facilities may divide rooms to accommodate additional groups of Ten provided the required 40 square feet per child is maintained. Child care facilities wishing to divide larger rooms to accommodate smaller groups as a way to increase social distancing can reach out to local officials, or the child care licensing unit if the program is licensed, to ensure compliance with local codes and child care licensing rules.



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Pick-up and Drop-off:

1. Develop a strategy to keep social distancing during drop-off and pick-up, such as a drop-off and pick-up process which staggers arrival/departure of children and parents/guardians so that children and parents/guardians from different groups do not interact. Attempt to also stagger drop-off and pick-up times to avoid congregating of parents and children within or outside the facility.
2. Wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
3. Limit direct contact with parents as much as possible and consider having child care providers greet children outside as they arrive.
4. Keep each child's belonging separated and in individually labeled storage containers, cubbies, or areas; take belongings home each day.

Outdoor Play:

1. Increase time outside, if possible.
2. Outdoor play should occur in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always ensure hand hygiene for staff and children immediately after outdoor play time.
3. See guidance below for considerations of removal of certain toys and materials from outdoor play spaces, and how to clean/disinfect playground toys.

Meal and Snack Time:

1. Keep group size small and do not comingle groups during meal time, such as having more than one time for meals and snacks to split the group, or by seating children every other seat to create more space; no sharing of food or utensils.
2. Meals and snacks should be provided in the classroom if possible to avoid congregating in large groups, or eat outside if weather and seating permits.
3. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts.
4. Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs.
5. Food preparation should not be done by the same staff who diaper children, whenever possible.

Transportation:

1. Those providing transportation to child care facilities should maximize space between riders (e.g. one rider per seat in every other row). Close seating on buses makes person-to-person transmission of respiratory viruses more likely.
2. Keeping windows open might reduce virus transmission.



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Cleaning and Disinfection Procedures:

1. Review and follow CDC [guidance on cleaning and disinfection for child care programs](#).
2. Review and follow CDC [guidance on creating a plan if staff or children become sick](#):
3. Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home](#) and [isolation in healthcare settings](#).
4. Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.
5. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
6. If COVID-19 is confirmed in a child or staff member:
 - a. Close off areas used by the person who is sick.
 - b. Open outside doors and windows to increase air circulation in the areas.
 - c. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle to reduce the risk to individuals cleaning.
 - d. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - e. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
7. Continue routine cleaning and disinfection
8. All cleaning materials should be kept secure and out of reach of children.
9. Develop a schedule for cleaning, sanitizing, and disinfecting. Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, toys, surfaces, etc.
10. Increase the frequency with which you clean and disinfect toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
11. Use alcohol wipes to clean keyboards and electronics and wash hands after use.
12. Minimize the potential for the spread of germs in the program space by temporarily removing items that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and disinfected. Personal comfort items from home need to be sent home daily and not shared.
13. Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning:
 - a. Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - b. High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - c. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
 - d. Sidewalks and roads should not be disinfected. Spread of COVID-19 from these surfaces is very low and disinfection is not effective.



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14. If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering this area.
15. Staff cleaning should follow the disinfectant manufacturer's instructions:
 - a. Use the proper concentration of disinfectant.
 - b. Maintain the disinfectant for the required wet contact time.
 - c. Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.
16. Use disinfectants in a well-ventilated space. Extensive use of disinfectant products should be done when children are not present and the facility thoroughly aired out before children return.
17. Child care facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
18. Disinfectants, sanitizers, and other cleaning supplies are the responsibility of the child care facility to have available.
19. Hands-on teaching material needs to be cleaned at the end of the day, using soap and water where possible then disinfecting.
20. Facilities should consider removing water tables, sensory tables, etc. from use for the time being and limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
21. Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.

