

General Guidelines to Protect Child Care Providers, Staff, and Children

1. Follow the [NH Universal Guidelines](#) which serve as the basic minimum standards that businesses must adhere to in order to maintain or begin operations.*

**The added language put here to assure child care programs recognize that these are also to be adhered to as a NH business.*

2. Follow [CDC Guidance for Child Care Programs that Remain Open](#). This guidance does not supersede applicable federal, state, and local laws and policies for child care programs.*

**The added language is on the CDC website, and thought it should be added as some DPHS recommendations vary from CDC guidance.*

3. All child care providers and staff are encouraged to wear face coverings over their nose and mouth, 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. When wearing them, child care providers and staff must follow CDC guidance on [face coverings](#).
 - b. 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.*
**moved from previous #4 in the document and changed from SHOULD to MUST based on DPHS recommendation regarding face coverings in public areas.*
 - c. When feasible (i.e. if the child is able to be compliant), older children should be encouraged to [wear masks](#) within the facility when 6 feet social distancing is not able to be maintained. Masks should NOT be put on babies and children under age two because of the danger of suffocation. *
** Removed #5 from previous document and added this based on updated recommendations from DPHS.*
 - d. 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. Staff and children must practice frequent hand hygiene.

- a. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.

**Moved from #7 in previous document.*

- b. 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.
- c. Always wash hands with soap and water if hands are visibly dirty.
- d. 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).

- e. 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.
5. **Teach children** to 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. *
**Added from previous document as important to teach children this expectation.*
 6. Children, families, and staff should be reminded to maintain a distance of at least 6 feet from others whenever possible.
 7. 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.

****Took out previous #8 as this expectation is consistent with typical diapering procedures.***

Employee Guidance

1. **Follow the CDC's [how to protect yourself and others](#).**
**Added to show importance of protecting yourself to protect others.*
2. Child care providers and staff 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 **[NH Universal Guidelines](#)**.
**Added the link so easy to reference.*
3. 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.
4. Require all staff to report any symptoms of COVID-19, travel, 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, 4, 5, from previous document have been changed to # 3, 4, 5, and 6 to reflect additional, changing information, and to make the information more cohesive.

3. Children, child care providers, and other staff must be screened daily on arrival to the child care facility. Person(s) with COVID-19 symptoms, those who report close contact to someone who is confirmed to have COVID-19 in the past 14 days, or those reporting travel-related risk factors are not allowed into the facility.*

**Combined with previous #4 in this section. Changed SHOULD to MUST be screened per DPHS recommendation and updated guidance by eliminating “those reporting close contact to someone suspected to have COVID-19” to just those that have close contact with someone confirmed to have COVID-19. Also included links to CDC definition of “close contact” and a link to travel guidance from DHHS.*

4. If the following new and unexplained symptoms are observed in a child or staff member, the child or staff member must be excluded from care:
 - a. Fever (100.4° and higher), feverish, chills
 - b. Cough
 - c. Sore throat
 - d. Difficulty breathing
 - e. Gastrointestinal distress (Nausea, vomiting, or diarrhea)
 - f. New loss of taste or smell
 - g. New muscle aches.

*When in combination with a symptom above, fatigue, headache, congestion/runny nose or other signs of illness are also cause for immediate exclusion from child care.**

**Changed language from SHOULD NOT be allowed in the facility to MUST BE excluded from care, based on DPHS recommendation. Also listed out symptoms and exclusion criteria to align with MA and ME, as well as the CDC (which we use as a reference throughout this guidance).*

5. Persons with symptoms should be instructed to contact their health care provider to be tested for COVID-19 or isolate at home. Person(s) with suspect or confirmed COVID-19 must stay out of child care until:
 - a. They are able to produce proof of a negative COVID-19 test and be fever free for 24 hours (without fever reducing medication) with other symptoms improving/improved or
 - b. They have met the symptom-based criteria for discontinuation of isolation.*

**Updated to reflect current CDC and DPHS recommendations.*

6. Asymptomatic persons who report close contact to someone with a **confirmed case** of COVID-19 or who have a travel related risk must **quarantine** for 14 days from their last exposure or return from travel.
 - a. Asymptomatic persons are not able to “test out” of quarantine.
 - b. Exclusion from child care is not recommended for asymptomatic children or staff who have not traveled themselves but have a household member that has traveled outside of New England, or a relative that is visiting from outside of New England. *

**Updated information and clarifying guidance from DPHS.*

7. 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.
 - a. If a child is sent home excluded from care due to suspected COVID-19, there is no recommendation that a sibling who remains asymptomatic, who has not had close contact with anyone with a confirmed case of COVID-19 and has not traveled outside of New England in the past 14 days, be excluded from care. *

**Updated and clarifying guidance from DPHS.*

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 **20***, 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.

**Changed to reflect change in group size made in August.*

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, **or if a shared pen is used, it should be sanitized between uses*** If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
**Added as option for programs to comply if having each family bring their own pen twice a day isn't practical.*
3. Limit close contact **with parents as much as possible, maintaining 6 ft social distancing for a cumulative total of 10 minutes or more over a 24-hour period.***
**Defined DPHS definition of "close contact" to support social distancing inside and out as the weather changes. Eliminated "consider having child care providers greet children outside."*
4. Keep each child's belonging separated and in individually labeled storage containers, cubbies, or areas.*
**Based on updated information about how the virus is spread, eliminated "take belongings home each day" as it is a hardship for families in the time of winter clothing.*

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. **Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning. 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. High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended. Sidewalks and roads should not be disinfected. Spread of COVID-19 from these surfaces are very low and disinfection is not effective.***
**Moved this from Cleaning and Disinfecting #13, as made more sense in this section.*

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.

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.

Cleaning and Disinfection Procedures:

1. Follow CDC Guidance to [clean and disinfect](#).
2. Follow CDC [prevent the spread of COVID-19](#).*
**Same link. Better description for info in the link.*
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.*
**Took out additional info about isolation as link to definition given earlier in document.*
4. 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.

Took out #5 from previous document, as cleaning will be necessary in all areas the child was in (following updated #5), not just the “sick room.”

5. 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.

Took out #7 from previous document, as programs should be doing more than continuing routine cleaning and disinfecting.

Took out #8 from previous document, as it is a licensing rule that all cleaning materials be kept out of reach of children.

6. Develop a schedule for cleaning, sanitizing, and disinfecting. Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, toys, surfaces, etc.
7. Increase the frequency with which you clean and disinfect toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
8. Use alcohol wipes to clean keyboards and electronics and wash hands after use.
9. 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.
10. If groups of children are moving from one area to another in shifts, cleaning measures should be completed prior to the new group entering this area.
11. 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.
12. 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.

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13. Child care facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
14. Disinfectants, sanitizers, and other cleaning supplies are the responsibility of the child care facility to have available.
15. Hands-on teaching material needs to be cleaned at the end of the day, using soap and water if applicable, then disinfecting.*
**Changed "where possible" to "if applicable" regarding soap and water.*
16. 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.
17. Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names or discontinue use.

Additional Resources

[COVID-19 School Kit](#)

[Recommendations for Responding to COVID-19 in K-12 Schools](#)

[COVID-19 FAQ's for Education Partners](#)

[DPHS Letter to Health Care Providers](#)