COVID-19 Child Care Manual

CORONAVIRUS
UTAH.GOV

Updated 9/22/2022

UTAH ASSOCIATION of LOCAL HEALTH DEPARTMENTS

Utah Department of Health & Human Services

COVID-19 Child Care Manual

This manual is intended for facilities and programs that provide child care including:

- Licensed centers
- Licensed hourly centers
- Licensed out-of-school time programs
- Licensed commercial preschool programs
- Licensed family providers
- Department of Workforce Services (DWS) Family, Friend, and Neighbor providers
- Licensed exempt DWS providers
- Licensed exempt providers
- Child care licensing registered providers

Responding to COVID-19 in your child care center

Child care facilities are not only a place of care and learning for children, but workplaces for caregivers, teachers, and other employees. Child care facilities are an essential part of our economy and families' lives. Decisions about how to respond to COVID-19 in child care facilities should be made in order to keep these businesses open and protect both the immediate and long-term health and safety of the children and employees.

The goal of the Utah Department of Health and Human Services and Utah's 13 local health departments is to help you keep your child care facility open during the pandemic. We want to help you keep a safe environment for children and a safe workplace for caregivers, teachers, and other employees.

COVID-19 spreads very easily and quickly. Even if you are doing everything right, your facility may see cases of COVID-19. The types of prevention measures in child care facilities and how much COVID-19 is in your community will also impact your facility. It is critical for communities, families, and individuals to take all of the necessary measures they can to lower the spread of COVID-19.

COVID-19 is a new disease. We learn more every day about COVID-19 and the best ways to stop it from spreading. We know this can make it very hard for facility administrators, caregivers, teachers, employees, and families to know what to do. This manual provides public health recommendations to help you make informed decisions about how to protect your facility and prevent the spread of COVID-19.

You must follow all child care licensing rules with regard to food preparation, staff to child ratios, cleaning, hygiene practices, etc. The information provided in this manual are recommendations ONLY. The information has been adapted from the CDC K-12 and Child Care guidance. Some of this information may not be applicable to your facility depending on the state licensing rules.

Recommendations may change as we learn more about COVID-19. Child care facilities and public health need to be willing to adapt to these changes as we learn more about the best ways to keep children and employees safe and these businesses open for the necessary care of our families' children.

Table of Contents

This manual provides public health recommendations for child care facilities including: centers; hourly centers; out-of-school time programs; commercial preschools; licensed family; licensed exempt (LE) Department of Workforce Services (DWS) approved programs; family, friend, and neighbor (FFN) DWS approved homes; residential certificate facilities; and other child care facilities exempt from child care licensing.

It is not intended for use by higher education institutions or K-12 public, private, or charter schools.

Table of Contents

Why is it important to keep child care facilities open?[1]

Child care facilities are an essential part of our economy and families lives.[1] They play a necessary role in the foundation, economic health, and well-being of our state and our communities. Child care facilities:

- Provide a critical service of caring for the children of working families including our state's essential workers.
- Help to protect and support the jobs of families who have to work outside of the home along with those that work from home but cannot have the distraction of their children.
- Provide reliable and safe care for children from single parent homes, who are often dependent on them to be able to do their jobs.
- Are safe places for children to receive care and supervision, including critical health and nutritional care essential to their growth and development.
- Provide structure and routines for children.
- Provide key services to children in need such as meals, special education and related services (speech and social work services, occupational therapy), and before and after school programs.
- Provide jobs to caregivers, teachers, and other employees.

Everyone must help to prevent the spread of COVID-19 in our child care facilities.

Children should:

- Get vaccinated if they are eligible to. Right now, children ages 6 months and older can get vaccinated. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
- Tell their parents, caregiver, or teacher if they feel sick or have symptoms of COVID-19.
- Stay home from child care, school, and other activities if they feel sick or have symptoms of COVID-19.
- Stay home from child care, school, and other activities if they are waiting for test results or test positive for COVID-19.
- Follow the quarantine guidance if they are exposed to someone with COVID-19.
- Practice physical distancing as much as possible.
- Wash their hands with soap and water often.

1 https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html

Parents should:

- Get their child vaccinated if they are eligible. Right now, children ages 6 months and older can get vaccinated. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
- Check their child for symptoms of COVID-19 every day before leaving home to take them to their child care facility.
- Take their child's temperature every day before leaving home to take them to their child care facility. If their child has a temperature of 100.4 degrees F (38 degrees C) or higher, the child has a fever. If parents do not have a thermometer, they should check their child's skin to see if it feels warm or is red, or ask if he or she has chills or is sweaty.
- Keep their child home if he or she feels sick, has a fever or other symptoms of COVID-19, or is waiting for test results.
- Contact their primary care physician if he or she has symptoms of COVID-19.
- Follow the isolation guidance from the health department if their child or anyone who lives in their home tests positive for COVID-19.
- Follow the quarantine guidance if their child or anyone who lives in their home is exposed to someone with COVID-19.
- Keep the child care facility informed of any health condition their child may have that puts him or her at a higher risk for severe illness from COVID-19.
- Wash their hands often or encourage them to wash their hands often.
- Find a face mask that is made for children and make sure it fits properly.
- Regularly clean their child's face mask.

Caregivers, teachers, and other employees should:

- Get vaccinated. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
- Stay home from work if they feel sick, have symptoms of COVID-19, or are waiting for test results.
- Get tested if he or she has symptoms of COVID-19.
- Follow the isolation guidance from the health department if they test positive for COVID-19.
- Follow the quarantine guidance if they are exposed to someone with COVID-19.
- Understand privacy laws and how these laws relate to any information the child care facility is given by the health department.
- Know if they have a medical condition that puts them at higher risk for severe disease due to COVID-19.
- Prepare daily plans in case they have to isolate or quarantine.
- Encourage the children to wash their hands with soap and water often.
- Practice physical distancing as much as possible.

Facility administrators should:

- Get vaccinated and encourage their employees to get vaccinated. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
- Follow all state child care licensing rules, including any rules applicable to COVID-19.
- Decide who the COVID-19 point of contact (POC) will be at their facility. Provide any needed support or equipment to the POC so he or she can work with the health department on contact tracing.
- Understand the privacy laws that protect children and employee personally identifiable information (PII).
- Make sure all employees and their facility POC understand privacy laws and how these laws relate to any information the facility is given by the health department. This includes privacy laws that protect children and employees.
- Provide a safe environment for children and employees. This includes considering their emotional and social needs.
- Watch and plan for absenteeism with staff.

Point of contact (POC) at each facility should:

- Identify children and employees who may have been exposed to the person who tested positive for COVID-19 in the facility.
- Work with the local health department on contact tracing at their facility.
- Understand privacy laws and how these laws relate to any information the facility is given by the health department. This includes privacy laws that protect children and employees.
- Protect the privacy of the child or employee who tests positive or is exposed to someone with COVID-19 as much as possible.
- Notify the parents of any children that were exposed to someone with COVID-19 in the facility.
- Notify employees if they have been exposed to someone with COVID-19 in the facility.
- Provide guidance on when and how to quarantine, check for symptoms, and when to get tested.
- Work with facility administrators to prevent the spread of COVID-19 in the facility.

Health departments should:

- Encourage people to get vaccinated if they are eligible. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
- Call the parents/guardians of any children who test positive for COVID-19 and provide isolation guidance.
- Call any employees who test positive for COVID-19 and provide isolation guidance.
- Protect the privacy of the child or employee who tests positive or is exposed to someone with COVID-19 as much as possible.
- Conduct a case investigation to find out if a person who tests positive was at a child care facility up to 2 days before he or she got sick or tested positive or while they were sick.
- Work closely with the POC to conduct contact tracing at the facility.
- Tell the POC at the facility the names of children or employees who have tested positive for COVID-19.
- Notify the POC when the child or employee is no longer under isolation and can return to child care or work.
- Provide guidance to the POC and facility administrators on how to prevent the spread of COVID-19 in their facility.

Community members should:

- Get vaccinated. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
- Stay home if they are sick, have symptoms of COVID-19, or are waiting for test results.
- Get tested if they have symptoms of COVID-19.
- Follow quarantine and isolation guidelines if they test positive for or are exposed to COVID-19.
- Consider volunteering with community organizations to help families in their community without the resources necessary to quarantine or isolate.
- If they are an employer, follow the recommendations in the COVID-19 Business Manual to protect their employees and reduce the risk of exposure in their business.

What do we know about how COVID-19 is spread?[2]

From what we know right now, the virus that causes COVID-19 is most easily spread through respiratory fluids. When you exhale, talk, sing, cough, sneeze, or breath hard during exercise you exhale respiratory droplets. Other people can breathe in these respiratory droplets and particles, or get them in their eyes, nose, or mouth. You are more likely to get infected when you are closer than 6 feet from a person infected with COVID-19. Sometimes people who have the virus get it on their hands after they touch their face, and can leave it on surfaces they touch. Respiratory droplets can be very fine or aerosolized which means you can't see them and they can stay in the air for minutes to hours. Other respiratory droplets can be large enough that you can see them (think of someone sneezing or coughing on you and you get "sprayed" with droplets). The largest droplets settle out of the air quickly, within seconds to minutes.

The 3 main ways that COVID-19 spreads:

1. Breathing in air that has very fine respiratory droplets or aerosol particles that contain the virus.
2. When respiratory droplets get in your mouth, nose, or eyes. This happens when you are close to someone who coughs or sneezes.
3. Touching your mouth, nose, or eyes with your hands that have respiratory fluids containing the virus on them. Sometimes this can also happen if you've touched surfaces contaminated with the virus and then touch your mouth, nose, or eyes.

Although not as common, you can get infected with the virus that causes COVID-19 even if you are more than 6 feet away from the person who is infectious. This can happen under special circumstances:

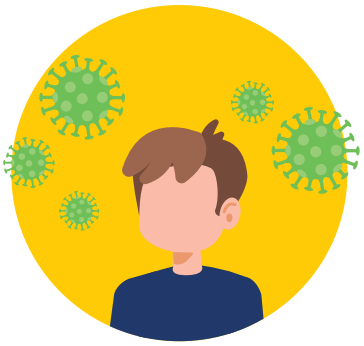
- **In enclosed spaces without adequate ventilation.** People have gotten the virus if they were exposed in an enclosed space without adequate ventilation to someone who had the virus or were in the enclosed space shortly after the infected person left. Fine respiratory droplets can build up in the air in these spaces which makes transmission more possible.
- **Exposed to a lot of respiratory droplets.** Certain activities put more respiratory droplets into the air, such as singing, shouting, and exercising. When you do these activities with other people, it means that everyone is putting more of their respiratory droplets in the air than you would normally have. Especially if people aren't wearing face masks in enclosed spaces during these activities or in spaces with poor ventilation. People have gotten the virus if they were in environments such as these that increased the amount of respiratory droplets in the air.
- **Exposed to respiratory droplets for long periods of time.** People can get infected with the virus that causes COVID-19 if they are exposed to respiratory droplets for more than 15 minutes.

Recommended interventions (such as wearing face masks, physical distancing, cleaning and disinfection, hand hygiene, etc.) are effective at preventing transmission of the virus that causes COVID-19.

2 https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html

What do we know about COVID-19 and children?[3,4,5]

The amount of available data and research on COVID-19 and children is growing. This not only helps us understand the risk of the virus to children, but also gives us more information about the best ways to prevent the spread of COVID-19 in child care centers. The science available right now suggests:



- Fewer children have been sick with COVID-19 than adults. However, children of any age can get the virus that causes COVID-19 and spread the virus to other people. As of October 21, 2021, more than 6.3 million COVID-19 children have tested positive for COVID-19 in the U.S. This means that only 43% of children in the country younger than 12 years old have some level of natural immunity.[6]
- When children do get COVID-19, they usually have mild symptoms or even no symptoms[7] at all. However, some children can get very sick from COVID-19.
- Children can spread the virus that causes COVID-19 even when they do not have any symptoms (asymptomatic).
- Children in child care settings can become infected and spread COVID-19 to others in the child care program, at home, and in the community.
- Children younger than age 10 may be less likely to get COVID-19 and less likely to spread the virus to others. Children and adolescents older than age 10 may spread the virus as much as adults.
- Studies from other countries show that most children get COVID-19 from a family member.
- Since March 2020, there have been 2 times as many cases of adolescents aged 12-17 years old who have gotten COVID-19 than children aged 5-11 years old.
- Children are significantly less likely than adults to be hospitalized or die from COVID-19 related illnesses. However, it is still very important to help children take precautions to stay safe. Even though the risk is lower, 1 in 3 children who are hospitalized with a COVID-19 related illness end up in intensive care.

- Most children who had severe illness from COVID-19 had underlying medical conditions. Severe illness means they may need to be in the hospital, in intensive care, need a ventilator to help them breathe, or may even die.
- Children with intellectual and developmental disabilities are more likely to have additional health conditions that put them at increased risk for severe illness from COVID-19.
- Although rare, some children have developed multisystem inflammatory syndrome (MIS-C) after exposure to COVID-19. According to the Centers for Disease Control and Prevention (CDC), as of May 20, 2020, most of the children hospitalized with MIS-C had recovered.
- We do not know the long-term health effects of COVID-19 on children. Some research indicates youth and young adults may be at risk for heart damage even if they had mild symptoms of COVID-19.

3 https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html
4 https://pws.byu.edu/making-sense-of-the-research-on-covid-19-and-school-reopenings
5 https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html
6 https://cdn.substack.com/image/fetch/f_auto,q_auto:good,fl_progressive:steep/https%3A%2F%2Fbucketeer-e05bbc84-baa3-437e-9518-adb32be77984.s3.amazonaws.com%2Fpublic%2Fimages%2F37549048-5065-40f5-83ec-0ffe77c32887_2400x3393.png (Dr. Katelyn Jetelina, Your Local Epidemiologist)
7 https://jamanetwork.com/journals/jamapediatrics/fullarticle/2770150

Some children and employees may be at higher risk for severe illness from COVID-19

We are learning more about COVID-19 every day. There may be other medical conditions that increase your risk of severe illness from COVID-19, which are not included here. This list will likely change as doctors and scientists learn more about COVID-19. Talk to your doctor about any extra precautions you should take if you have a condition you feel may put you at higher-risk for severe illness from COVID-19. For more information, visit https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html.

Adults of any age with the following conditions are at increased risk of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised (weakened immune system) from solid organ transplant
- Obesity (body mass index, or BMI, of 30 or higher)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes

Based on what we know now, adults with the following health conditions might be at increased risk for severe illness from COVID-19:

- Asthma (moderate to severe)
- Cerebrovascular disease (a disease which affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- High blood pressure or hypertension
- Immunocompromised state (a weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV/AIDS, use of corticosteroids, or use of other immune weakening medicines
- Liver disease
- Neurologic conditions such as dementia
- Overweight (body mass index, or BMI greater than 25, but less than 30)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes

Even though children and teens have been affected less by COVID-19 than adults, they can still get the virus that causes COVID-19 and suffer severe illness. Some children have had a rare, but serious complication from COVID-19, called Multisystem Inflammatory Syndrome in Children, or MIS-C. This complication is not the same thing as the severe illnesses experienced by children who are at higher-risk from underlying medical conditions. We don't know yet which children are at risk for MIS-C, but it's not just children with underlying health conditions. Although most children who get COVID-19 don't get very sick, and MIS-C is rare, this is one of the reasons it's so important to take precautions and reduce the chance children are exposed to the virus. We just don't know yet which children are at risk. However, based on what we know right now, children who have one of the following medical conditions are at a higher risk of severe illness, compared to children who do not have one of these conditions:

- Asthma and other chronic lung diseases
- Chronic kidney disease
- Congenital heart disease (heart disease he or she has had since birth)
- Diabetes
- Immunosuppression due to cancer or from taking medicine that weakens your immune system, like corticosteroids, etc.
- Inherited metabolic disorders
- Medical complexity
- Obesity
- Severe genetic disorders
- Severe neurologic disorders
- Sickle cell disease

Keeping your facility open if a child or employee is exposed to or tests positive for COVID-19

COVID-19 is spreading to many Utah communities. This means children and employees are at risk for being exposed to COVID-19 in their homes, community, child care centers, work, or school. It is important everyone do their part to help slow the spread of COVID-19

You are expected to follow each applicable state child care licensing rule and requirement, as well as any COVID-19 specific rules and requirements set by the Utah Department of Health and Human Services, Child Care Licensing Program. Requirements can be found at https://childcarelicensing.utah.gov/Rules.html.

If you follow public health guidance, you are more likely to keep everyone safe and your facility open. If one of your children or employees tests positive for COVID-19, it does not mean he or she did anything wrong. It also does not mean your business necessarily did anything wrong. The most important thing is to keep the virus from spreading at your facility.

If you have questions about what to do after a child or employee is exposed to COVID-19 or tests positive, call your local health department. Your local health department may have different recommendations than what is provided in this manual or on the CDC website. You can find your local health department at https://ualhd.org/.

What is the difference between quarantine and isolation?

Quarantine is for people who may have been exposed to COVID-19, but haven't tested positive or had symptoms of COVID-19 yet. Isolation is for people who have tested positive or who have symptoms of COVID-19.

A public health worker from the health department will try to contact you if you test positive to conduct a case investigation. Sometimes people call this contact tracing. The health department may also try to contact you if you are exposed to COVID-19. The public health worker may call you or send you a text or email.

Quarantine is for people who may have been exposed to COVID-19, but haven't tested positive or had symptoms yet. It protects others from getting infected without knowing it. Being exposed means you were in close contact with someone who has COVID-19 while that person was infectious.

Close contact means:

- You were closer than 6 feet from someone who has the virus for a cumulative total of
  15 minutes or longer in a 24 hour period.
- You cared for someone at home who is sick with COVID-19.
- You had direct physical contact with the person who has COVID-19 (hugged or kissed them).
- You shared eating or drinking utensils with the person who has COVID-19.
- The person who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.

Wear a mask around others.

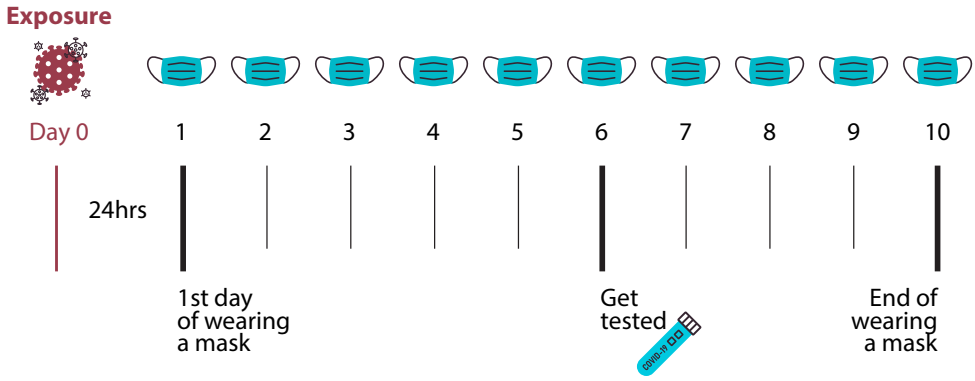
Everyone who is exposed to COVID-19 should wear a well-fitting mask in public and around others until it has been 10 days since you were exposed. Avoid going to places where it is hard to wear a mask during these 10 days, such as a gym or restaurant.

Image courtesy of Salt Lake County Health Department

Do I need to stay home if I am exposed to COVID-19?

It can be very hard to stay home and miss work or school after being exposed to someone who has COVID-19. It can also be very hard to stay isolated from people who have COVID-19 and live in your home. That's why the CDC updated their quarantine recommendations and no longer recommends people stay home after they are exposed to COVID-19. However, you still need to take precautions to protect other people:

- Wear a mask for 10 days after your exposure when around other people or in public.
- Get tested 5 full days after you were exposed to COVID-19.
- Watch for symptoms of COVID-19. If you get sick, stay home, follow isolation guidelines, and get tested.



Some people may need to quarantine at home because the place where they live or work puts them and others at high risk of COVID-19. People who live or work in a congregate setting like a correctional facility (prison), long-term care facility, or homeless shelter should follow these guidelines from the CDC. Healthcare workers should follow these guidelines from the CDC.

Get tested 5 full days after you were exposed or if you get symptoms of COVID-19.

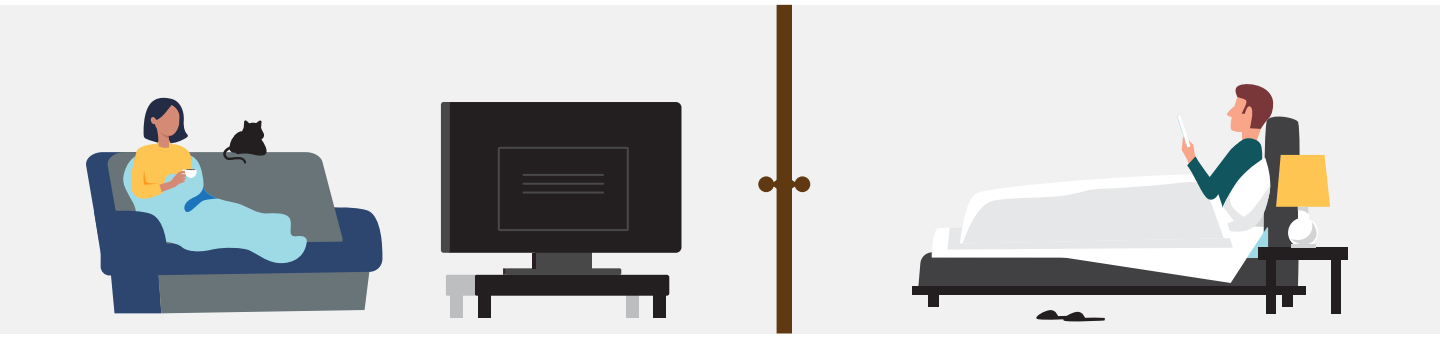
This lets enough of the virus build up in your body to be detected by the tests. If you test negative at this time, you still need to wear a mask around others and in public until it has been 10 days from the last time you came into close contact with the person who has COVID-19. If you test positive, isolate at home.

Watch for symptoms of COVID-19. Isolate at home and get tested right away if you get sick, even if you tested negative before.

We know there is a chance people can be re-infected with COVID-19. We also know some people can test positive after they have COVID-19 even though they are done with isolation and no longer infectious to other people. The CDC and Utah Department of Health and Human Services recommends you not get tested after an exposure if it's been **less than 90 days** (about 3 months) since you first tested positive for COVID-19, as long as you don't have new or worsening symptoms. However, if you have new or worsening symptoms, use an antigen test and test again.

We also know people who are vaccinated can get COVID-19 , so to be very safe we suggest you get tested 5 days after you were exposed, even if you are vaccinated.

What is isolation?



Isolation is for people who test positive or have symptoms of COVID-19. You are infectious and can spread the virus to others starting 2 days before you first had symptoms until your isolation period is done. If you never had symptoms, you are infectious starting 2 days before the day you were tested for COVID-19. Anyone who came into close contact with you during this time has been exposed to the virus and should follow quarantine guidelines.

Isolation means:

Even in your own home, you should stay away from other people as much as you can until your isolation is over.

Stay in your house except to get medical care.

Use a different bathroom from other people in your home if you can.

Wear a mask if you need to be around other people.

Stay in a different room from other people in your house.

Clean surfaces that are touched often (phones, doorknobs, light switches, toilet handles, sink handles, countertops, and anything metal).

Try not to use the same personal items as other people.

When can I end isolation?

You should isolate until you have been:

- Fever-free for 24 hours (this means you did not use medicine to lower your fever), and
- Your symptoms have improved for 24 hours, and
- It has been at least 5 days from the day your symptoms first started.
- If you did not have symptoms, stay home for 5 days from the day you were tested. If you get sick or develop symptoms, your 5-day isolation at home starts over. Learn more here.

Wear a well-fitting mask around others and in public for another 5 more days after you end your isolation at home.

How long do people who live with me need to stay home?

It can be very hard to stay home and miss work or school after being exposed to someone who has COVID-19. It can also be very hard to isolate from people who have COVID-19 and live in your home. That's why the CDC updated their quarantine recommendations and no longer recommends the people who are exposed to you stay home after their exposure. However, anyone who was exposed or lives with you still needs to take precautions:

- Wear a mask for 10 days when around other people or in public.
- Get tested 5 days after they were exposed to you.
- Watch for symptoms of COVID-19 to develop. If they get sick, they need to stay home, follow isolation guidelines, and get tested even if they tested negative before.

If you need medical care.

If your symptoms get worse or you feel like you need medical care, get medical help right away. It is safe to go to the hospital or doctor's office. Wear a mask and let the healthcare workers know you have tested positive for COVID-19.

If you have any of these emergency warning signs* get medical help right away:

Trouble breathing or shortness of breath

Pain or pressure in your chest that does not go away

Feeling confused or cannot wake up easily

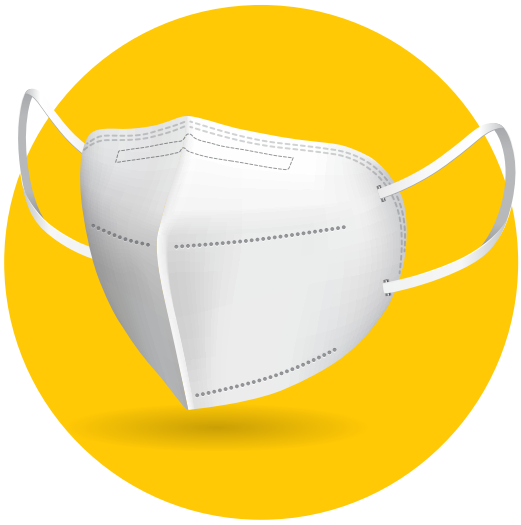
If your lips or face look bluish

*These are not all of the emergency symptoms. Call your doctor if you are worried.

Medicines are available to help you fight a COVID-19 infection like antiviral pills. These treatments can help keep you from getting severely ill and needing to be hospitalized, but they must be given as soon as possible after your symptoms start. Getting vaccinated is still the best way to prevent COVID-19.

Take safety precautions after being exposed to COVID-19

- Wear a mask around others and in public until it has been 10 days since you were exposed to COVID-19. Avoid going to places where it is hard to wear a mask during these 10 days, such as a gym or restaurant.
- Check for symptoms of COVID-19 every day for 10 days after your exposure, including taking your temperature if possible. Get tested right away if you have symptoms of COVID-19 during quarantine.
- Get tested at least 5 days after you last had close contact with the person who has COVID-19. If you test negative, you still need to wear a mask for 10 days around others. If you test positive, isolate at home.
- Stay away from people who are immunocompromised or at higher risk for getting very sick from COVID-19. You should not visit a long-term care facility, nursing home, or other high risk setting until it has been at least 10 days since you were exposed to COVID-19.
- Don't travel if you have symptoms of COVID-19. Wear a mask around others if you travel.



If a child or employee tests positive for COVID-19, do I need to shut down my child care facility?

Making certain that each child is safe and cared for by providing them with the same quality of supervision, support, and routine is the most important thing when deciding if a facility needs to close during the pandemic. Many facilities should be able to remain open if someone tests positive, even if you need to temporarily close a section of your facility. Your child facility may remain open if you are able to safely stay in compliance with the required caregiver to child ratios[8] (R381-100-11 :Supervision and Ratios) and meet any additional licensing requirements.

Probable cases for COVID-19

Many testing locations are not comfortable testing children younger than 5 for COVID-19, even if they have symptoms or a known exposure to the virus. This means it may be possible that a child has COVID-19 but has not been tested or recommended for testing by their healthcare provider. Instead, the healthcare provider may consider them a probable case for COVID-19. A probable case means a person is considered positive for COVID-19 even though he or she has not tested positive for the virus. A person who is considered a probable case will be asked to follow the same isolation guidelines as someone who tests positive for COVID-19. Healthcare providers will make this decision depending on the child's symptoms and if they have had a known exposure to someone who has tested positive for COVID-19.

People who are considered a probable case for COVID-19:

- Are only a small number of COVID-19 cases reported to the health department. However, probable cases are more likely to be identified in child care settings because testing locations may not feel comfortable or have qualified staff to test children younger than 5. Young children should be tested for COVID-19 by a healthcare provider such as a pediatrician.
- Follow the same isolation guidance as people who have tested positive for COVID-19.
- Use the same dates of exposure for determining when close contacts should quarantine as someone who has tested positive for COVID-19.

Be prepared to respond to COVID-19 in your child care facility.

You need to be prepared in advance to continue operations without disruption. This can only happen if child care facilities are well prepared with advanced planning. You should have plans for:

- Staying in compliance with the caregiver to child ratios in the event that you have staff who are out because of isolation or quarantine. Coordinate with other facilities to have a roster of substitutes with child care experience.
- Implementing social distancing strategies to avoid large gatherings and maintaining distance from others when at all possible.
- Intensifying cleaning and disinfection practices.
- Modifying drop off and pick up procedures to minimize potential exposures.
- Checking children and employees for symptoms of COVID-19 when they arrive at the facility.
- Limiting visitors and volunteers that are nonessential to the facility.

8 https://childcarelicensing.utah.gov/rvules/Interpretation/Center/Section%2011%20-%20Supervision%20&%20Ratios.pdf

Will the health department notify my facility if a child or employee tests positive?

Yes. The health department will notify the point of contact (POC) at your child care center if a child or employee at the facility tested positive for COVID-19. You may learn about a child or employee testing positive before the health department. In these cases, the POC should contact the health department. The POC will work closely with the health department on contact tracing.

Will it be made public if one of my children or employees tests positive for COVID-19?

A person's COVID-19 test result is considered private health information and is kept confidential by public health. All test results must be reported to the Utah Department of Health and to the local health department in the health district where the person lives.

Public health will only share the name of who tested positive for COVID-19 with a facility if it is necessary to find others who may have been exposed to the virus. The person's name or test result is not shared publicly or with the media.

Only rarely does the health department need to issue a public statement about a potential exposure or outbreak of COVID-19. If this happens, the health department will work closely with you before issuing a public statement.

Do children and employees need to stay home if they test positive or are exposed to COVID-19?

A 10-day isolation is still the very safest length of time to stay home after you test positive. However, data from the CDC shows that a shorter, 5-day isolation may now be used. **You must isolate at home for at least 5 days after testing positive for COVID-19 and until your symptoms have improved.** Child care facilities are expected to notify all close contacts and provide instructions on what they should do.

Anyone who is exposed to COVID-19 needs to take precautions for 10 days after their exposure. However, the CDC no longer recommends they stay home for a period of time.

Your local health department may provide different guidance than what the Utah Department of Health and Human Services or CDC does. Talk with your local health department if you have questions about how long children or employees need to stay home after being exposed.

Quarantine and isolation guidelines continue to change as we get more data and learn more about how long immunity from both vaccination and natural infection lasts, as well as how long someone is infectious. Data show immunity from both vaccination and natural infection get weaker over time.

Do children and employees need to quarantine at home if they are living with someone who has COVID-19?

No. It can be very hard to stay home and miss work or school after being exposed to someone who has COVID-19. It can also be very hard to stay isolated from people who have COVID-19 and live in your home. That's why the CDC updated their quarantine recommendations and no longer recommends people stay home after they are exposed to COVID-19. However, you still need to take precautions to protect other people:

- Wear a mask for 10 days after your exposure when around other people or in public. Avoid going to places where it is hard to wear a mask during these 10 days, such as a gym or restaurant.
- Get tested 5 full days after you were exposed to COVID-19.
- Watch for symptoms of COVID-19. If you get sick, stay home, follow isolation guidelines, and get tested.

When should children and employees wear a mask?

The CDC Community Levels can help child care providers make decisions about when to recommend employees and children wear masks. If your community is at a "high" level, it's recommended to wear masks indoors.

Children and employees should also wear a mask:

- For 10 days after an exposure to someone with COVID-19.
- For 5 days after testing positive for COVID-19 and ending isolation at home.

There is clear scientific evidence that wearing a face mask helps prevents the spread of COVID-19. One of the simplest ways to protect lives and livelihoods[9] is by wearing a face mask. Nearly all reputable medical and scientific organizations agree that masks are an effective way to stop the spread of COVID-19.[10,11,12,13,14,15] A study by the Centers for Disease Control and Prevention showed not only do masks protect other people from getting infected with the virus that causes COVID-19, but that masks can also be protective for the person wearing a mask.[16]

Right now, there are no state child care licensing rules requiring children and employees at child care facilities to wear masks. Private businesses may require masks to be worn. Check with your local health department to see if any local public health orders may require masks to be worn in your facility.

9 https://s3-us-west-2.amazonaws.com/marriner-wpmedia/wp-content/uploads/2020/11/SeegertGaulinYangNavarroSanchez2020-web.pdf
10 https://pws.byu.edu/covid-19-and-masks
11 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext
12 https://msphere.asm.org/content/5/5/e00637-20/article-info
13 https://msphere.asm.org/content/5/5/e00637-20/article-info
14 https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w
15 https://jamanetwork.com/journals/jama/fullarticle/2768532
16 https://www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html

COVID-19 vaccines

Being up-to-date on your COVID-19 immunizations will help keep you, your family, and your community healthy and safe.

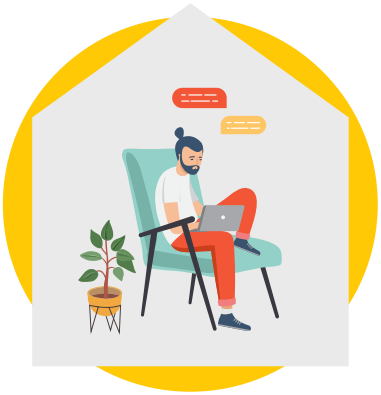
All COVID-19 vaccines approved or authorized by the FDA and CDC are safe and effective. They help keep you from getting severely ill, needing to be hospitalized, and dying from COVID-19. You should get a COVID-19 booster dose if you are eligible for one. Booster doses give you even greater protection from the Omicron variant. Breakthrough infections can happen, but people who are up-to-date with their immunizations are less likely to get COVID-19, or to be hospitalized or die from COVID-19.

You can get vaccinated as soon as you are no longer in isolation or quarantine and you don't have any symptoms of COVID-19.

Learn more at https://coronavirus.utah.gov/vaccine/.

Are my employees required to get vaccinated?

Private businesses in Utah are allowed to have a vaccine requirement or policy for their employees if they choose to.



Do children and employees need to stay home if they test positive for COVID-19 after being vaccinated?

Yes. You should isolate at home for at least 5 days if you test positive, even if you're vaccinated. The vaccines do not interfere with the accuracy of COVID-19 tests. This means if you test positive after you are vaccinated, you have COVID-19 and can spread the virus to others.

Case investigations and contact tracing

Contact tracing is an important part of how public health responds and stops disease outbreaks. People who have been in close contact with someone who has COVID-19 are more at risk of getting infected and making others sick. Contact tracing is how public health workers find the close contacts of someone who has COVID-19.

When a person tests positive for COVID-19, the health department tries to contact the individual to conduct a case investigation. They may call, email, or send a text message to the person who tested positive. A **case investigation** is when a public health worker identifies and interviews a person who tested positive about possible exposures to COVID-19. The public health worker will ask where the person has been while they were infectious, when their symptoms started, and who else may have been exposed.

Contact tracing happens after a case investigation is done. Contact tracing is how public health finds who else may have been exposed to a virus or disease and then contacts these people to let them know how long they should quarantine. Contact tracing also provides support to individuals who were exposed and who may need other services so they can quarantine.[17] If you are exposed to COVID-19, you may also get a notification from Apple or Google if Exposure Notifications is set up on your phone.

Remember, our goal is to keep your child care facility open and your children and employees safe.

Quick and coordinated actions with the health department, including case investigation and contact tracing, may lower the need for business closures to prevent the spread of COVID-19. If a public health worker contacts your business, it is very important that you give them the requested information. Staff from the health department may contact you to tell you what your business or agency should do. They will ask for a list of other employees who may have been in close contact with the employee who tested positive. For example, other employees who worked the same shifts as the employee who tested positive or who work in the same area. This helps the health department find other people who may be at risk for COVID-19 quicker. You may get phone calls from staff at the Utah Department of Health or the local health department. Public health works to coordinate efforts, but you may get called more than once.

Working together with the health department can help protect your facility from a large outbreak of COVID-19. It will also help stop the spread of COVID-19 and protect your other employees and children at the center from getting sick. The health department has many tools and resources to help you.

17 https://www.cdc.gov/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html

Is there a law that requires me to give the health department information about children or employees who may have been exposed to or tested positive for COVID-19?

Yes. COVID-19 is reportable by law, under Utah Code Annotated § 26-6-1 et seq., the Utah Communicable Disease Control Act, and Utah Administrative Code R386-702 Communicable Disease Rule, to the Utah Department of Health or the local health department in the health district where the individual lives. This means a person's COVID-19 test results must be reported to public health by the provider or testing location where the person was tested. Under Utah Code §26-6-6(8), individuals aware of those with a communicable disease are required to report other possible suspected exposures.

A person's test result is considered private health information and is kept confidential by public health. Public health agencies are allowed, by law, to disclose the name of a person who tested positive to an employer if it is necessary to protect the health and safety of other people. The information that is disclosed by the health department to the employer is strictly confidential and protected under Utah Code § 26-6-27.

If the information is about an employee, Utah Code § 26-6-27 continues to protect the privacy of the information even after it is shared with the employer. The employer must maintain the confidentiality of the employee while acquiring information necessary to assist the health department to contact others who may have been exposed. The employer must emphasize the importance of not re-disclosing the information to anyone else and that all notifications will be made by the employer or the health department.

You may be asked to do your own contact tracing.

Child care facility administrators and owners should be prepared to help the health department with contact tracing or be able to do contact tracing on their own. It is important that you are prepared for this.

If you have questions about contact tracing, email the Utah Department of Health Workplace Resources Team at covidresponse@utah.gov or call your local health department. You can find your local health department at https://ualhd.org/.

Assign someone to be your COVID-19 point of contact (POC).

The POC will work with the health department on contact tracing. The POC may also conduct a hazard assessment or help implement prevention and mitigation strategies. The POC will work closely with your company's human resources, legal, medical, and occupational safety, and health departments and should be familiar with company policies that may be applicable should you be asked to do contact tracing in your facility. The POC does not have authority to do everything a public health worker can. For example, the POC will not do case investigations. This is the responsibility of the health department. The POC can limit entry into the facility by employees based on their employer's fitness-for-duty policies but cannot ask the employee about their activities or close contacts outside of work. This means the POC can ask an employee who reports they have tested positive who they came into close contact with while at work but not in their personal lives.

The POC should also be familiar with:

- Patient confidentiality and how to conduct interviews with an employee who has been exposed or tested positive without violating confidentiality.
- Medical terms and principles such as exposure, infection, infectious period, symptoms of COVID-19, testing options, quarantine, and isolation.
- Crisis counseling and knowing when to refer employees to wrap-around services.
- Cultural or language barriers that might make employees reluctant to provide information or which may make it hard for employees to know what they should do if they are exposed to or test positive for COVID-19.
- Interpersonal communication and interviewing skills so trust can be built with employees.
- There are many helpful trainings and resources from the CDC on contact tracing:
  - CDC contact training
  - Case investigation and contact tracing in non-healthcare workplaces: Information for employers
  - Contact tracing and case investigation general training modules

The POC will notify the parents of children or employees if they were exposed to COVID-19 at the facility. The POC will only notify people who were exposed to the person who tested positive while at your facility. This may include other children or employees. The POC is not responsible for contacting anyone who was exposed to the person who tested positive in their personal lives.

1. People who are tested for COVID-19 will get their test results from the healthcare provider or testing location where their sample was collected.

2. The health department will call anyone who tests positive for COVID-19. It may take a few days for the health department to call the person who tested positive. They will ask the person who he or she may have been in close contact with up to 2 days before he or she got sick or tested positive.

3. The health department will notify the POC if a child at the facility or an employee tests positive for COVID-19. The health department gives the name of the person who tested positive and the date of last exposure to the POC.

4. The health department may do the contact tracing. In this case, the health department and POC will work together to notify other people who were exposed. The POC may be asked to give a list of children, parents, visitors, or employees who were exposed to the health department. The POC will also provide contact information for these people. The health department will notify these individuals and provide guidance on how long they should quarantine, how to check for symptoms, and when to consider testing.

5. The health department may ask the employer to do their own contact tracing. In this case, the POC will identify and notify other parents of children or employees that may have been exposed to the person who tested positive. The POC will provide guidance on how long they should quarantine, how to check for symptoms, and when to consider testing.

6. Only children and employees who came into close contact with the person who tested positive will be notified of a possible exposure.

How do I protect confidentiality during contact tracing?

A person's test result is considered private health information and is kept confidential by public health. Public health agencies are allowed, by law, to disclose the name of a person who tested positive to an employer if it is necessary to protect the health and safety of other people. The information that is disclosed by the health department to an employer is strictly confidential and protected under Utah Code § 26-6-27.

The point of contact (POC) must maintain the confidentiality of the employee while acquiring information necessary to assist the health department to contact others who may have been exposed. The POC must emphasize the importance of not re-disclosing the information to anyone else and that all notifications will be made by the POC or the health department.

The POC must ensure that this information remains confidential and is shared only with those who have a need to know to assist the POC in carrying out the responsibility to notify others who may have been exposed. The POC must emphasize the importance of not re-disclosing the information to anyone else and that all notifications will be made by the POC or the health department.

The POC and employer cannot release the private health information disclosed by public health under any circumstances. This includes the name of the person who tested positive for COVID-19. The POC may need to share the identity of the person who has tested positive for COVID-19 with other personnel to determine the identity of individuals who have been in close contact with the person who has tested positive for COVID-19 and the risk level of those individuals. This must be limited to the least number of personnel as possible and each must be notified that the information is confidential and cannot be redisclosed or shared with anyone else.

An employer may not publicly release the name of an employee who tested positive for COVID-19. However, if an employer chooses, they may disclose that someone at the workplace tested positive for COVID-19, as long as the facts alone or in combination with other information released, do not identify the person.

To protect the privacy of the employee who tested positive, close contacts should only be told they were exposed and that they need to quarantine. They should not be told the name of the person who tested positive or who may have exposed them.

What does close contact mean?

A close contact[18] exposure means a person was closer than 6 feet or 2 meters (about 2 arm lengths) from someone who tested positive for COVID-19 for a total of 15 minutes or longer with in a 24-hour period.[19] This is a cumulative total meaning you could have different exposure events throughout the day.
For example, you could be closer than 6 feet to the person who tested positive 3 different times in the day for 5-minutes each time, bringing the total time you were in close contact to 15 minutes. You may also have a close contact exposure if:

- You cared for someone at home who is sick with COVID-19.
- You had direct physical contact with the person who has COVID-19 (hugged or kissed them).
- You shared eating or drinking utensils with the person who has COVID-19.
- The person who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.

18 https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
19 https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

If you were in close contact with someone who has COVID-19, up to 2 days before he or she had symptoms, you were exposed to the virus. Even if the person who has COVID-19 didn't have any symptoms, he or she is infectious up to 2 days before they were tested.

In a child care setting, close contact exposure means:

- Anyone in a child care setting (like a classroom) or in a school bus who sat 6 feet or 2 meters in the front, back, or to the side of the person who tested positive for a total of 15 minutes or longer.
- An employee (such as a caregiver or bus driver), or visitor who was 6 feet or 2 meters for a total of 15 minutes or longer from the person who tested positive.
- Anyone who was closer than 6 feet or 2 meters for a total of 15 minutes or longer to the person who tested positive during lunch or free periods.

If the health department or point of contact at the facility are unable to determine who was in close contact with the person who tested positive, everyone in the classroom, school bus, lunch or free period is considered exposed.

The health department may also consider other things when deciding if someone had a close contact exposure, depending on the situation.[20] These are things we know increase the risk of exposure to COVID-19:

- **Proximity.** This means how close someone was to the person who has COVID-19. The closer you are, the more chance there is for exposure.
- **Duration of exposure.** This means how long you were around the person who has COVID-19. The more time you spend with a person who is infectious, the more chance there is for exposure.
- **Symptoms.** People are most infectious and can spread the virus to others more easily around the time their symptoms begin.
- **Respiratory aerosols.** The chance of exposure increases if the person who has COVID-19 is coughing, singing, shouting, or doing other things that make it easier for respiratory droplets to spread.
- **Environmental factors.** The chance of exposure increases from things like crowded spaces, poor ventilation, and if the exposure happened indoors instead of outdoors.

Wearing face masks at all times while at a child care facility reduces the risk of COVID-19. However, the use of masks does not eliminate the risk completely and aren't recommended for children younger than 2. Because there is still some risk, the CDC considers anyone who had close contact exposed, even if he or she was wearing a mask.[21] This means that anyone who comes into close contact with a person who tested positive for COVID-19 while the person was infectious is considered exposed, even if they were both wearing a mask at the time of the exposure.

20 https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact
21 https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

Child care facilities may need to determine close contact exposures.

The point of contact (POC) will determine who came into close contact at the facility with the person who tested positive. The POC should work closely with the health department.

The POC may need to talk with a caregiver or staff to understand who a child was in close contact with. Sharing this information must be limited to the least number of employees as possible and each must be notified that the information is confidential and cannot be re-disclosed or shared with anyone else.

To protect the privacy of the person who tested positive as much as possible and help with contact tracing efforts, facilities may want to consider:

- When feasible, ask caregivers or teachers to have written seating charts and child groupings in advance for activities.
- If the children ride a bus to/or from the facility, there should be assigned seats if possible. This includes if a bus is used to take children to an activity or field trip.

Understanding the date of exposure

The date of exposure is when the person who tested positive for COVID-19 was first considered infectious and could spread the virus to others. This date begins 2 days before the person has symptoms. If the person did not have symptoms, he or she is infectious starting 2 days before the person was tested for COVID-19. Anyone who came into close contact with the person who tested positive, or who has symptoms of COVID-19 from the date of exposure until the person has ended isolation and is no longer considered infectious, is exposed to the virus. The health department will give the POC the date of exposure. Notify any children, parents, or employees who were exposed.

It is important to select a POC who can be trusted with confidential information and who has the ability to communicate with people in a way that builds trust.

How we talk to someone who has been exposed or tested positive for COVID-19 is important. Using open-ended questions and expressing genuine concern can help build trust. When children, families, and staff feel safe sharing about their experience, they are more likely to provide detailed information to the POC or health department which is necessary to stop the spread of the virus.

- Ask open-ended questions.
- Use reflective listening techniques.
- Use culturally and linguistically appropriate language.
- Be emphatic and judgment-free.

How to determine when someone needs to take precautions (wearing a mask, getting tested) after being exposed to COVID-19

- The point of contact (POC) will work closely with the health department to find out the last time someone had close contact with the person who tested positive for COVID-19 (last date of exposure).
- The POC or health department will give the person who was exposed the date of last exposure and when the person can return to the child care center.
- Anyone who is exposed and meets the criteria on page 14 needs to wear a mask around others and in public for 10 full days from the date of exposure. The date of exposure is called day 0 of your quarantine. This means you begin wearing a mask around others and in public on day 0 (called the date of exposure or the last time you were in close contact with the person who has COVID-19) and end 10 full days later (days 1-10). Anyone who is exposed should get tested 5 full days after their exposure (day 6).
- The local health department may provide additional guidelines to the child care center if the person can't wear a mask after being exposed. This may include asking the person to follow CDC guidelines and stay home for 10 full days after the exposure if they can't wear a mask.

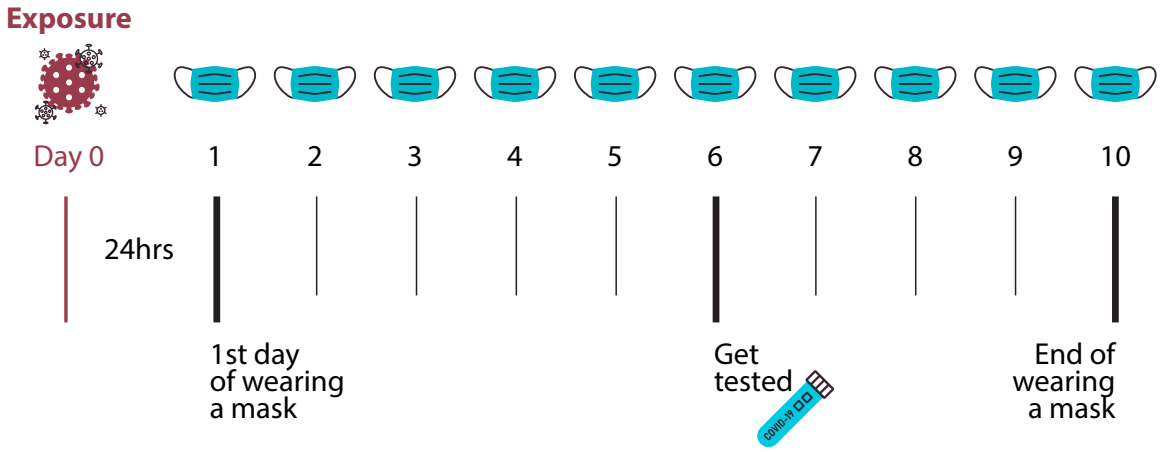


Image courtesy of Salt Lake County Health Department

Children and employees with symptoms of COVID-19 should stay home and get tested.

Stay at home (away from others if possible) and get tested right away if you have symptoms of COVID-19. It's best to stay home until you are feeling better no matter what illness you have. This helps keep others from getting sick too. We know people can get re-infected and that people who are vaccinated can get COVID-19 (called a breakthrough case). We suggest anyone with symptoms get tested, just to be safe.

Testing locations can be found at https://coronavirus.utah.gov/testing-locations/.

Children who have symptoms of COVID-19 should stay home. Their parents should call their healthcare provider for testing recommendations. Not all testing locations will test children younger than 5, but a healthcare provider may be able to do this in their office. If testing isn't possible for young children, a healthcare provider will determine if the child is a probable case for COVID-19.

Some people may be asymptomatic. This means they have no signs or symptoms of the virus but can still spread it to others. Testing may be recommended for people without symptoms in certain situations, such as if there is a high number of cases in a facility. Asymptomatic testing may also be done if a person is exposed to someone who tested positive for COVID-19.

Symptoms of COVID-19:
Visit the Centers for Disease Control and Prevention (CDC) website to find out other symptoms that may be associated with COVID-19.

Fever
(temperature of 100.4°F or 38°C or higher or feeling feverish)

Cough

Shortness of breath

Decrease in sense of smell or taste

Sore throat

Muscle aches and pains

Testing for COVID-19 is most accurate when someone has symptoms.

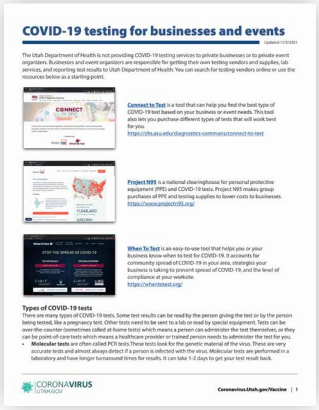
Testing people who do not have symptoms or were not exposed to COVID-19 can increase the chance of an inaccurate test result. Getting tested too soon after your symptoms begin or being exposed to someone with COVID-19 may also increase the chance of an inaccurate test result.

Wait 5 days after your exposure to get tested. This lets enough of the virus build up in your body to be detected by the tests. The vaccines do not interfere with the accuracy of COVID-19 tests. You may need to get tested more than one time, depending on what type of test you had, when you were tested, and if you had symptoms at the time of your test. After you get tested for COVID-19, go home right away. Don't stop at the store, your workplace, or other people's homes. Stay at home until you get your test result.

Some COVID-19 tests are more accurate than others. Rapid antigen tests work best when someone has symptoms of COVID-19. If you were tested with a rapid antigen test, you may need to get a PCR test to confirm the results or test again 48 hours later with another antigen test. You can learn more about how much COVID-19 testing costs, the types of COVID-19 tests, and how to get your test results at https://coronavirus.utah.gov/testing-locations.

Help conducting a testing event

The Utah Department of Health and Human Services no longer provides COVID-19 testing services to private businesses or to private event organizers. Businesses and event organizers are responsible for getting their own testing vendors and supplies, lab services, and reporting test results to the Utah Department of Health. You can search for testing vendors online or use the resources below as a starting point. Learn more.


COVID-19 testing for businesses and events

The Utah Department of Health is not providing COVID-19 testing services to private businesses or to private event organizers. Businesses and event organizers are responsible for getting their own testing vendors and supplies, lab services, and reporting test results to Utah Department of Health. You can search for testing vendors online or use the resources below as a starting point.

Connect to Test is a tool that can help you find the best type of COVID-19 test based on your business or event needs. This tool also lets you purchase different types of tests that still work best for you.
https://chw.asu.edu/diagnostics-commons/connect-to-test

Project N95 is a national clearinghouse for personal protective equipment (PPE) and COVID-19 tests. Project N95 makes group purchases of PPE and testing supplies to lower costs to businesses.
https://www.projectn95.org/

When To Test is an easy-to-use tool that helps you or your business know when to test for COVID-19. It accounts for community spread of COVID-19 in your area, strategies your business is taking to prevent spread of COVID-19, and the level of compliance at your worksite.
https://whentotest.org/

Types of COVID-19 tests

There are many types of COVID-19 tests. Some test results can be read by the person giving the test or by the person being tested, like a pregnancy test. Other tests need to be sent to a lab or read by special equipment. Tests can be over-the-counter (sometimes called at-home tests) which means a person can administer the test themselves, or they can be point-of-care tests which means a healthcare provider or trained person needs to administer the test for you.

- **Molecular tests** are often called PCR tests. These tests look for the genetic material of the virus. These are very accurate tests and almost always detect if a person is infected with the virus. Molecular tests are performed in a laboratory and have longer turnaround times for results. It can take 1-2 days to get your test result back.

CORONAVIRUS UTAH.GOV

Coronavirus.Utah.gov/Vaccine

Children and employees who are exposed to COVID-19 should get tested.

Anyone who is exposed to COVID-19 should get tested. Wait 5 days after the exposure to get tested. We know people can be re-infected with COVID-19. We also know some people can test positive after they have COVID-19 even though they are done with isolation and no longer infectious to other people. The CDC and Utah Department of Health recommends you not get tested after an exposure if it's been **less than 90 days** (about 3 months) since you first tested positive for COVID-19. However, if you have new or worsening symptoms or it's been more than 90 (3 months) since you tested positive, you should get tested again.

We also know people who are vaccinated can get COVID-19 (called a breakthrough case), so to be very safe we suggest you get a COVID-19 test 5 days after you were exposed, even if you are vaccinated.

Is testing for COVID-19 free?

Most people will not have to pay for COVID-19 testing. You should not be asked for payment when you go to a testing location. The Families First Coronavirus Response Act and subsequent sub-regulatory guidance ensures the cost of getting a COVID-19 test is covered at 100% if you have health insurance and you have a medical reason to be tested. This means you have symptoms of COVID-19, you have had close contact with someone who has COVID-19, or you have a referral from a healthcare professional.

If you have health insurance:

- You should not be charged for a test no matter what testing site you go to.
- Healthcare providers are required by federal law to post a cash price for COVID-19 tests. This is to inform health insurance companies what to pay if you get tested by a provider that is out-of-network. If you are insured and have been charged for a test, please email the Utah Department of Health at COVID19TestingCoverage@utah.gov or the Utah Insurance Department at health.uid@utah.gov.
- Your insurance company may require you to have an order from a physician, practitioner, pharmacist, or other authorized health care professional for the cost of your test to be covered. Please check with your individual health insurance company to determine if this is a requirement for coverage. This type of visit or assessment should also be covered at 100%.

If you have Medicare coverage:

- Medicare will make payment for one diagnostic test per resident/patient without an order from a physician, practitioner, pharmacist, or other authorized health care professional. For more than one COVID-19 test to be covered by Medicare, you will need an order from a doctor or medical provider. This type of visit or assessment should also be covered at 100%.

If you are tested for a non-medical reason:

- You may be charged if you are getting tested for employment, travel, or non-medical reasons.
- Your health insurance company may not cover the cost of the test if you are getting tested for a non-medical reason. This includes if you get tested for general workplace health and safety (such as employee 'return to work' programs) or public health surveillance. Health insurance may only cover tests used to diagnose or treat you for COVID-19 or another health condition included in the requirements of the Families First Coronavirus Response Act.
- Before you get tested, check with your health insurance company for coverage details.

If you are uninsured and are a U.S. citizen and a Utah resident:

- You qualify for COVID-19 testing coverage through Medicaid. You must apply for this program at https://medicaid.utah.gov/covid-19-uninsured-testing-coverage/.
- Medicaid COVID-19 testing coverage for the uninsured covers the COVID-19 tests and all testing related services including doctor appointments (both in-person and through telehealth), ER visits, and any services performed in order to diagnose COVID-19, including X-rays, etc. Testing and other services will be paid for back to the date of your services.

If you are uninsured and do not qualify for the Medicaid option:

- There are locations that will provide testing free of charge. If you need help finding a location that provides free testing please call the Utah Department of Health and Human Services COVID-19 information line at 385-273-7878 or use the chat feature on the coronavirus.utah.gov website.

What are the types of COVID-19 tests?[22]

There are three types of tests related to COVID-19.

PCR test: A PCR test tells you if you have COVID-19 right now and could spread it to other people. A PCR test looks for the genetic material of the virus. It is a very accurate test and almost always detects if a person is infected with the virus. PCR tests are processed in a lab and the results can take a few days to get back. PCR tests are usually done by:

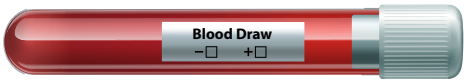
- **Nasal or nasopharyngeal swab:** A healthcare worker puts a swab into your nose to collect a sample either just inside your nose or reaching further down your throat.
- **Saliva:** The saliva test is easier to perform, safer for healthcare workers, and more comfortable for the patient. You spit into a cup or tube and your saliva is then tested. The saliva test is as accurate as the swab test.

Rapid antigen test: An antigen test looks for proteins found on or within the virus. It tells you if you have COVID-19 right now and could spread it to other people. Samples for an antigen test are collected with a nasal or nasopharyngeal swab, but you are able to get the results much quicker than a PCR test. Results take about 15 minutes.

Antigen tests are less sensitive than PCR tests. This means that PCR tests are better than antigen tests at detecting the virus, particularly when a person has small amounts of virus in their body. Antigen tests work best when someone has symptoms of COVID-19 or when a person has high amounts of virus in their body.

Rapid antigen tests detect only high levels of virus and are less sensitive than PCR tests. They work best when you are sick. **Get a PCR test if your antigen test (rapid/at-home) result is negative and you have symptoms.** You may have a false negative test result. If you can't get a PCR test or you choose to use a rapid antigen or at-home test again, wait 48 hours before testing again. **You may need to get a PCR test to confirm the results of your antigen test. It's best to get a follow up PCR test the same day as your antigen test.** However, if this isn't possible, you should get the PCR test no later than 48 hours after your antigen test.

A PCR test is considered more accurate than an antigen test. In situations where a person has both an antigen and a PCR test within 48 hours of each other, public health officials will use the PCR test result to determine if a person needs to isolate. More information on antigen tests can be found here.



Serology or antibody test: Serology, or antibody tests, may be able to tell if you have ever been exposed to the virus that causes COVID-19. They do not tell you if you are infected with the virus that causes COVID-19 right now and can spread it to other people. Antibody tests should not be used to diagnose current infections. A positive antibody test does not guarantee immunity to COVID-19. A sample of your blood is collected and is used to see if your body has made antibodies to the virus. Your body makes antibodies when it fights an infection. Antibodies in your blood mean, at one time, you were exposed to COVID-19. Antibody tests find these antibodies in your blood and tell you if your immune system has responded to the infection.

22 https://www.fda.gov/media/140161/download

Scenario example

An employee is exposed to a coworker who tests positive for COVID-19.

Cindy and Bree work at the same child care facility.

Cindy tested positive for COVID-19. She must isolate at home for at least 5 days.
She can't go to work until she is:

- Fever-free for 24 hours, and
- Her symptoms have improved for 24 hours, and
- It has been at least 5 days since her symptoms began.
- If Cindy never had symptoms of COVID-19, she needs to stay home for 5 days from the day she was tested.

Cindy must wear a mask around other people for another 5 days after she ends her isolation at home.

The health department called Cindy to find out who he had been in close contact with, about 6 feet or 2 meters (about 2 arm lengths) for a total of 15 minutes or longer.

The people who live with Cindy don't need to stay home but should take precautions. They need to:

- Wear a mask around others and in public for 10 days after their last exposure to Cindy. Their last exposure means the last time they were in close contact with Cindy while she was isolating.
- Get tested 5 days after their exposure.
- Watch for symptoms of COVID-19. If they get sick, stay home, follow isolation guidelines, and get tested.

Cindy was at work 2 days before she got sick and tested positive for COVID-19. The health department called to tell the facility she tested positive.

Bree was in close contact with Cindy while she was infectious at work. **Bree doesn't need to stay home but should take precautions.** She can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Bree should follow, go to page 17.

- Wear a mask around others and in public for 10 days after her last exposure to Cindy.
- Get tested 5 days after her exposure.
- Watch for symptoms of COVID-19. If she gets sick, stay home, follow isolation guidelines, and get tested.

Scenario example

A group of children are exposed to a child care worker who tests positive for COVID-19.

Abigail works at a child care facility. She is a teacher in the toddler room.

Abigail tested positive for COVID-19. She must isolate at home. She can't go to work until she is:

- Fever-free for 24 hours, and
- Her symptoms have improved for 24 hours, and
- It has been at least 5 days since the day her symptoms started.
- If Abigail never had symptoms of COVID-19, she needs to stay home for 5 days from the day she was tested.

Abigail must wear a mask around other people for another 5 days after she ends her isolation at home.

The health department called Abigail to find out who she had been in close contact with, about 6 feet or 2 meters (about 2 arm lengths) for a total of 15 minutes or longer.

The people who live with Abigail don't need to stay home but should take precautions. They need to:

- Wear a mask around others and in public for 10 days after their last exposure to Cindy. Their last exposure means the last time they were in close contact with Cindy while she was isolating.
- Get tested 5 days after their exposure.
- Watch for symptoms of COVID-19. If they get sick, stay home, follow isolation guidelines, and get tested.

Abigail was at work 2 days before she got sick and tested positive for COVID-19. The health department called to tell the facility she tested positive.

The toddlers in Abigail's room were in close contact with her while she was infectious at work. **The children who were exposed don't need to stay home but their parents should be extra careful and take safety precautions with their child.** The children can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions they should follow, go to page 17.

- Wear a mask around others and in public for 10 days after their last exposure to Abigail.
- Get tested 5 days after their exposure.
- Watch for symptoms of COVID-19. If they get sick, stay home, follow isolation guidelines, and get tested.

Scenario example

A child lives with someone who tests positive for COVID-19.

Hayder is 3 years old and goes to a local child care center while his parents are at work. His older sister tested positive for COVID-19. He is at a much higher risk of getting infected with the virus because it can be very hard to stay isolated from people who have COVID-19 and live in your home.

His sister must isolate at home until she is:

- Fever-free for 24 hours, and
- Her symptoms have improved for 24 hours, and
- It has been at least 5 days since the day her symptoms started.
- If she never had symptoms of COVID-19, she needs to stay home for 5 days from the day she was tested.
- **She must wear a mask around other people for another 5 days after she ends her isolation at home.**

Hayder's other family members don't need to stay home but they should be extra careful and take safety precautions. They can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions they should follow, go to page 17. They need to:

- Wear a mask around others and in public for 10 days after their last exposure to Hayder's sister.
- Get tested 5 days after their exposure.
- Watch for symptoms of COVID-19. If they get sick, stay home, follow isolation guidelines, and get tested.

Scenario example

An employee lives with someone who was exposed to COVID-19.

Amberly works at a child care facility. Her husband, Nick, was exposed to someone who tested positive for COVID-19.

The health department called Nick to tell him he was exposed to a person who tested positive for COVID-19. This means he was closer than 6 feet or 2 meters (about 2 arm lengths) to the person who tested positive for a total of 15 minutes or longer. **Nick doesn't need to stay home but should take precautions.** He can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Nick should follow, go to page 17.

Amberly was not in close contact with the person who tested positive for COVID-19. She can go to work.

Scenario example

An employee is exposed to someone in her personal life who tests positive for COVID-19.

Navina is a director of a child care facility. She attended a family gathering and was exposed to someone with COVID-19. This means she was closer than 6 feet or 2 meters (about 2 arm lengths) to the person who tested positive for a total of 15 minutes or longer.

Navina doesn't need to stay home but should take precautions. She can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Navina should follow, go to page 17.

- Wear a mask around others and in public for 10 days after her last exposure.
- Get tested 5 days after her exposure.
- Watch for symptoms of COVID-19. If she gets sick, stay home, follow isolation guidelines, and get tested.

No one at the child care facility where Navina works came into close contact with the person who tested positive for COVID-19. Navina's coworkers and the children at the child care facility do not need to stay home or get tested.

Cleaning[23,24]

You must follow all child care licensing rules with regard to cleaning, sanitizing, and disinfecting. R381-100-15 Health and Infection Control provides guidance on how to clean, sanitize, and disinfect child care facilities in Utah. The information provided in this cleaning section are recommendations ONLY. Some of this information may not be applicable to your facility depending on the state licensing rules.

What is the difference between cleaning, sanitizing, and disinfecting?

Cleaning
Cleaning uses soap (or detergent) and water to remove germs, dirt, and impurities from surfaces or objects. Cleaning doesn't usually kill germs, but it lowers their numbers and the risk of spreading infection when you remove them.

Sanitizing
Sanitizing reduces germs on objects to levels that are safe for children by using a sanitizing product or process. Sanitizer is a product that reduces, but does not eliminate germs, on surfaces to levels considered safe by public health codes or regulations. A sanitizer may be used on surfaces that food touches (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.

Disinfecting
Disinfecting uses chemicals to kill germs on surfaces or objects. Disinfecting doesn't clean dirty surfaces or objects. It should be done after you clean and remove germs, to kill germs and further lower the risk of spreading infection.

We don't know how long the air inside a room could be infectious after someone with COVID-19 was there. You can shorten the time it takes respiratory droplets to be out of the air, if you increase the ventilation in the area or room. When you decide how long to close off rooms or areas used by people who were sick before you start disinfecting them, think about:

- The size of the room.
- The ventilation system design. You should know where the supply and exhaust vents are. It is also important to know the flow rate (air changes per hour).

Have an after-hours cleaning and maintenance plan for your facility.

- Vacuuming, sweeping, curtain cleaning, and brooms can send infected particles back into the air.
- Employees who are responsible for cleaning and maintenance tasks that are not affected by HVAC system operation are at an increased risk of close range exposure and should wear proper PPE, including an N95 mask.[25]

23 https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
24 https://childcarelicensing.utah.gov/2021%20Center%20Interpretation%20Manual/FINAL%202021%20Center%20IM%20Section%2015.pdf
25 https://www.ashrae.org/technical-resources/commercial#general

Employers should:

- **Make a plan with employees.** Discuss obstacles to more frequent cleaning and disinfecting and ways to overcome those obstacles.

- **Train staff.** Make sure that cleaning staff and others who use cleaners and disinfectants read and understand all instruction labels, understand safe and appropriate use, and have and are using the PPE appropriate to the product. Consider providing instructional materials and training in other languages.

- **Develop a schedule for increased, routine cleaning, sanitizing, and disinfection.** Modify your standard procedures to accommodate more frequent cleaning, sanitizing, and disinfection. Focus cleaning and disinfection on surfaces and objects that are touched often (doorknobs, light switches, sink handles, countertops) and shared items between uses.

Cleaning, sanitizing, and disinfection products should not be used by children or near children, and staff should make sure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.

Cleaning tips for child care facilities

What should I clean?
Clean, sanitize, and disinfect surfaces and objects in your room that are touched often. Follow the recommendations in this section for the types of cleaners, sanitizers, and disinfectants you should use on different surfaces.

Examples of some of the surfaces in your room that may be touched often:

- Door handles and knobs
- Desks and chairs
- Cabinets, lockers, and bookshelves
- Toys and manipulatives
- Shared computer keyboards and mice
- Light switches
- Sinks and surrounding areas
- Counter tops
- Other shared learning materials

When should I clean?
Clean, sanitize, and disinfect surfaces and objects that are touched often at least daily or between use by different children. Limit the use of shared objects when possible, or clean and disinfect between use.

Times you may want to clean, sanitize, or disinfect:

- In the morning before children arrive
- Nap times
- Between use of shared surfaces or objects
- Before and after food service
- Before children return from recess or breaks
- After children leave for the day

These cleaning guidelines are for community, non-healthcare facilities such as:

- Schools
- Institutions of higher education
- Offices
- Child care facilities
- Businesses
- Community centers that do, and do not, house persons overnight

Cleaning products

Cleaning staff and others should clean hands often. Employees should wash their hands with soap and water right away after they take off gloves or have contact with someone who is sick. If you do not have soap and water and your hands do not look dirty, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. If your hands look dirty, you need to wash them with soap and water.

Call the Utah Poison Control Center if you have questions about exposures to cleaning products.

- To disinfect surfaces, use products that meet EPA criteria for use against SARS-CoV-2, the virus that causes COVID-19, and are the right ones for the surface. Disinfectants are important to reduce the spread of COVID-19. Do not overuse or stockpile disinfectants or other supplies. This can cause shortages of products needed in critical situations.
- Employers must follow OSHA standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).
- Most common EPA-registered household disinfectants can be used to fight COVID-19.
- A list of EPA-approved products for use against the virus that causes COVID-19 is available at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.
- Always follow the manufacturer's instructions for all cleaning, sanitizing, and disinfection products for concentration, application method, and contact time, etc.
- Always read and follow the directions on the label to make sure you are safe and using the products correctly.
- Wear gloves and consider wearing eye protection in case chemicals splash.
- Make sure there is enough ventilation in the room when you are using chemicals.
- Only use the amount recommended on the label.
- If you are diluting chemicals, use water that is room temperature (unless it says something different on the label).
- Do not mix chemicals.
- Put a label on diluted cleaning solutions.
- Store and use chemicals out of the reach of children and pets.
- You should never eat, drink, breathe, or inject these products into your body or put them directly on your skin. They can cause serious harm. Do not wipe or bathe pets with these, or any other products that are not approved for animal use. You can also use diluted household bleach solutions (at least 1000ppm sodium hypochlorite, or concentration of 5%–6%) to fight COVID-19.
- Check to make sure bleach can be used on the surface before you use it.
- Follow the manufacturer's instructions to apply a bleach solution.
- Make sure it stays on the surface for at least 1 minute.
- Always make sure there is enough ventilation during and after using bleach solutions.
- Check to make sure the product is not past its expiration date.
- Never mix household bleach with ammonia or any other cleanser. This can cause fumes that could be very dangerous to breathe in.

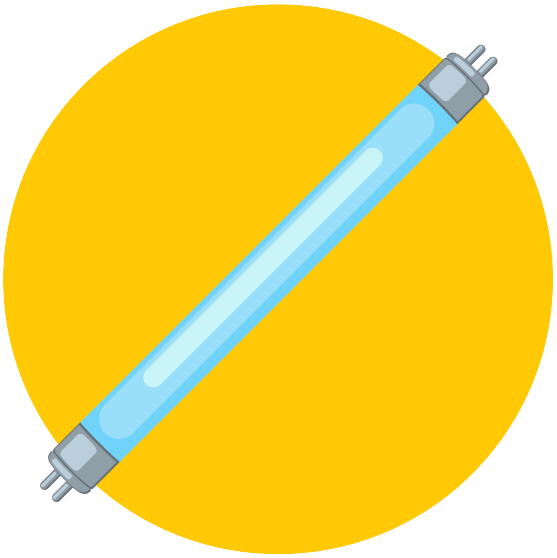
If EPA-approved disinfectants are in short supply, you can use a bleach solution. Household bleach that is not expired will be effective against coronaviruses when it is properly diluted. Bleach solutions will be effective for disinfection up to 24 hours. You can make a bleach solution by mixing:

- 5 tablespoons (1/3 cup) bleach per gallon of room temperature water or
- 4 teaspoons bleach per quart of room temperature water.

Disinfectants

Some surfaces only need to be cleaned with soap and water. If surfaces aren't touched often, you can just clean them with soap and water and don't need to disinfect them. For more information about cleaning and disinfecting, visit https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html.

- Do not apply disinfectants to items used by children, especially items they might put in their mouths. Many disinfectants can be harmful if they are swallowed.
- In a household setting, you can usually just clean toys with soap and water. For more information about cleaning and disinfecting toys and surfaces in a childcare setting, visit https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html.
- Employees or companies who have specialized training and equipment may be required to apply certain disinfectants such as fumigants and fogs.



Alternative disinfection methods:

We do not know how effective alternative disinfection methods are against COVID-19, such as ultrasonic waves, high intensity UV radiation, and LED blue light. The EPA does not routinely review these, so they cannot confirm whether they are effective against COVID-19. The CDC only recommends the use of EPA-recommended disinfectants against the virus that causes COVID-19.

- The CDC does not recommend using a sanitizing tunnel. There is no evidence they are effective to reduce the spread of COVID. The chemicals used in these tunnels can cause eye, skin, or respiratory irritation or damage.

How to clean hard surfaces

Increase how often you clean surfaces and shared objects that are touched often (such as workstations, keyboards, telephones, handrails, and doorknobs). This will reduce the risk of cross contamination. For example, clean before and after care or before and after children or staff use shared objects.

- Clean dirty surfaces with soap and water before you disinfect them.
- Always wear gloves and gowns recommended for the type of chemicals you use.
- You may need to wear extra PPE to clean and disinfect. This will depend on the product you are using and if there is enough ventilation in the place you are cleaning. Always follow the manufacturer's instructions for each product you use.
- Give employees disposable disinfecting wipes so they can wipe down surfaces that are touched often before they use them (doorknobs, keyboards, remote controls, desks, or other work tools and equipment).

How to clean soft (porous) surfaces

Move or remove as many items as you can that are touched often or have contact with many people. You may want to remove soft and porous items such as area rugs and seating. These types of items are difficult to clean and disinfect. It may be easier to store these types of items during the pandemic. There are a limited number of EPA-approved products for soft and porous materials.

When you clean soft (porous) surfaces like carpeted floor, rugs, and drapes, remove anything you can see that is dirty or might contaminate it. Vacuum before you use any type of cleaner. You can then use a cleaner meant for this type of surface.

After you clean:

- If the items can be washed in a washing machine, follow the manufacturer's instructions to wash them. Use the warmest water setting you can for the items. Dry the items all the way.
- If items can't be washed in a washing machine, clean the surface with soap and water or use products made for porous surfaces that are EPA-approved for use against the virus that causes COVID-19.
- Soft and porous materials that are not touched often should only be cleaned or laundered.

How to clean electronics

When you clean electronics like tablets, touch screens, keyboards, remote controls, and ATM machines, remove anything you can see that is dirty or might contaminate it.

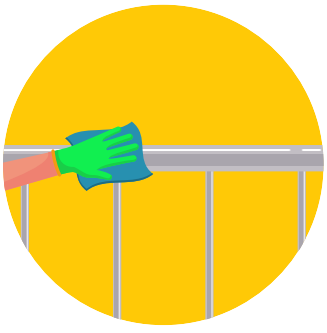
- Follow the manufacturer's instructions for all cleaning and disinfection products.
- You may want to use wipeable covers for electronics.
- If you don't have the manufacturer's instructions, you may want to use alcohol based wipes or sprays that have at least 70% alcohol to disinfect touch screens. Make sure you dry surfaces very well so liquids don't pool.

Cleaning linens, clothes, towels, or other items that go in the laundry

- Do not shake dirty laundry. You do not want to spread the virus in the air.
- Use the manufacturer's instructions when you wash items. Wash items on the warmest water setting you can use for the items. Dry them all the way. You can wash dirty laundry from someone who was sick with other people's items.
- Clean and disinfect hampers or other carts used to carry laundry. Follow the manufacturer's instructions or use the cleaning recommendations for the type of surface.

Cleaning and sanitizing toys[26,27]

- The person who is cleaning the toys should wear gloves while cleaning to protect their skin from any chemicals in the cleaning products.
- Clean and disinfect toys after they have been in a child's mouth. If a toy can't be cleaned or disinfected, it shouldn't be used at this time.
- Use warm, soapy water to clean toys or use water and detergent. Then rinse the toys in warm water to get the soap or detergent off. After rinsing the toys, sanitize them with an EPA-registered disinfectant. Rinse the toys again and let them air dry. You can also clean toys in a dishwasher.
- Toys that can be washed in a washing or laundry machine should be cleaned before another child uses them.
- Do not share toys with other groups of infants or toddlers unless they are washed and sanitized before being moved from one group of children to another.
- Children's books and other things made out of paper are not common ways the virus that causes COVID-19 is spread. The risk for getting COVID-19 by touching these things after another person or child has is very low. You don't need to do any additional cleaning or disinfection of these items.



How to clean outdoor areas, like playgrounds

Do your regular cleaning on these areas. You do not need to disinfect them.

- Do not spray disinfectant on outdoor playgrounds. This is not a good use of your supplies because disinfecting outdoor equipment is not proven to reduce the risk of COVID-19.
- Clean high-touch surfaces made of plastic or metal often (grab bars, railings).
- You do not need to clean and disinfect wooden surfaces (play structures, benches, tables) or ground covers (mulch, sand).
- You should not disinfect sidewalks and roads. Spread of COVID-19 from these surfaces is very low.

26 https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

27 https://nrckids.org/CFOC

Personal protective equipment (PPE) for cleaning staff

You should consider the safety of employees who perform custodial or other cleaning and disinfecting tasks. These employees are at an increased risk of being exposed to the virus and toxic effects of chemicals.

- To protect your employees, train them to use PPE and chemicals correctly.
- Cleaning employees should wear disposable gloves and gowns for all of their tasks in the cleaning process. This includes when they handle trash.
- You should have gloves and gowns that can be used with the disinfectant products you are using.
- You may need to have extra PPE, depending on the type of cleaning or disinfectant products you use. For example, you may need eye protection if there is a risk of cleaning products splashing into your eyes.
- Be careful when you take off gloves and gowns. You don't want to come into contact with any germs or spread them into the air. Wash your hands right away with soap and water for 20 seconds after you take off your gloves.
- If you don't have a gown, you can wear coveralls, an apron, or a work uniform when you clean and disinfect. If you are wearing reusable (washable) clothes, wash it after you wear it. Wash your hands after you touch dirty laundry.
- Take off your gloves after you clean a room or an area where sick people have been. Wash your hands right away after you take off your gloves.
- Tell your supervisor right away if something happens to your PPE, like a tear in your gloves or something else that could expose you to COVID-19.
- Wash your hands often for 20 seconds with soap and water. If you don't have soap and water and your hands don't look dirty, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. If your hands look dirty, you need to wash them with soap and water.
- Use good hygiene at work and home. Wash your hands often. Try not to touch your eyes, nose, or mouth with unwashed hands.

Cleaning after a positive case of COVID-19[28]

You usually do not need to close your entire facility for a single case of COVID-19. You should consider community spread, how much contact the person with COVID-19 had with others, as and when the contact took place. These things should also be considered when you decide how long a section stays closed.

You should wait 24 hours before you clean and disinfect. This reduces the chance for other employees to be exposed to respiratory droplets.

If you can't wait 24 hours, wait as long as possible. Open outside doors and windows to increase air circulation in these areas during this waiting period.

Clean visibly dirty and high-touch surfaces. Disinfect them after you clean. This will help prevent the spread of COVID-19 and other viral respiratory illnesses.

We don't know how long the air inside a room could be infectious after someone with COVID-19 was there. You can shorten the time it takes respiratory droplets to be out of the air, if you increase the ventilation in the area or room. When you decide how long to close off rooms or areas used by people who were sick before you start disinfecting them, think about:

- The size of the room.
- The ventilation system design. You should know where the supply and exhaust vents are. It is also important to know the flow rate (air changes per hour).

Have an after-hours cleaning and maintenance plan for your business.

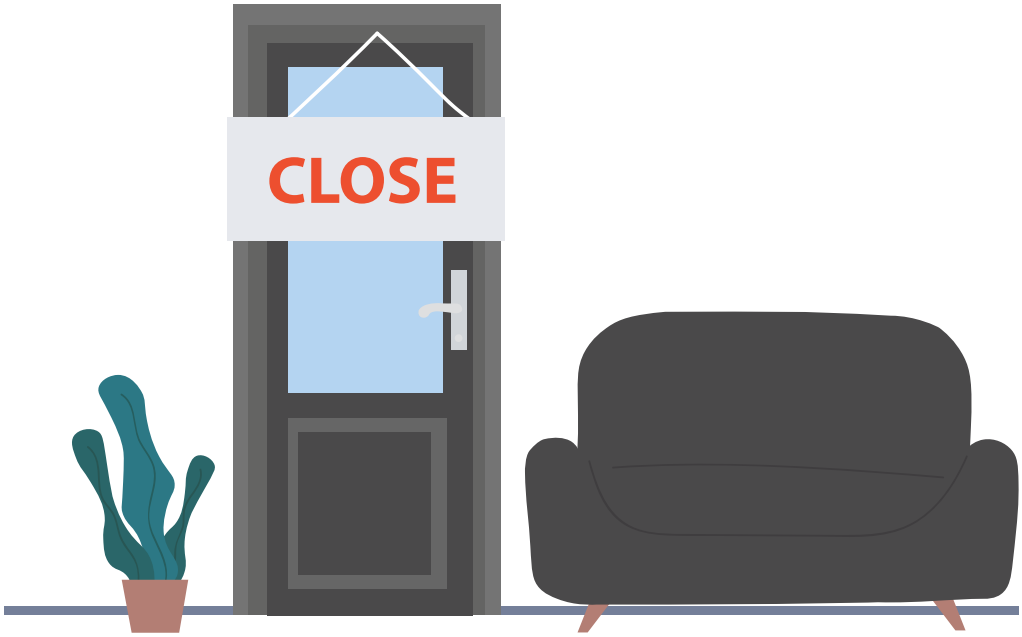
- Vacuuming, sweeping, curtain cleaning, and brooms can send infected particles back into the air.
- Employees who are responsible for cleaning and maintenance tasks that are not affected by HVAC system operation are at an increased risk of close range exposure and should wear proper PPE, including an N95 mask.[29]

28 https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

29 https://www.ashrae.org/technical-resources/commercial#general

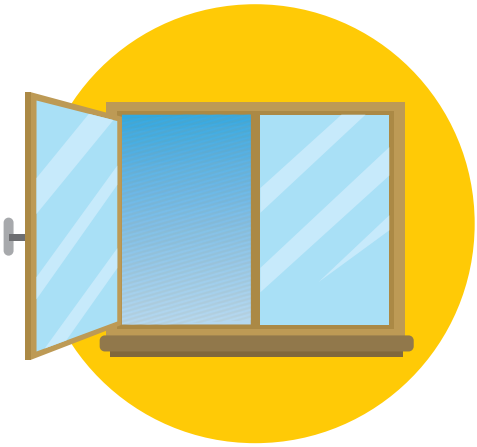
These guidelines are not meant for cleaning staff in healthcare facilities or repatriation sites, households, or for others who have specific cleaning guidance.

Number of days since the sick employee was at the workplace	What to do
Fewer than 7 days	Close off all areas used for long periods of time by the person who is sick. Wait 24 hours before you start to clean and disinfect.
7 days or more	You do not need to do extra cleaning and disinfection. Just do your regular cleaning and disinfecting of all high-touch surfaces at the workplace.



At a school, child care facility, office, or other facility that does not house people overnight:

- Close off areas visited by the person who was sick. You do not necessarily need to shut down if you can close off the affected area.
- Open outside doors and windows.
- Turn off in-room, window-mounted, or on-wall recirculation HVAC temporarily, to keep from contaminating HVAC units.
- Do NOT deactivate central HVAC systems. These systems introduce outdoor air into the areas and provide better filtration.
- Turn off room fans and the central HVAC system that services the room or space temporarily, so that particles that escape when you are vacuuming do not spread throughout the facility.
- Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night for common spaces, or during the day for private rooms.
- Clean soft or porous surfaces such as carpeted floors or rugs with the recommended detergents or cleaners for these surfaces.
  - After the surfaces are cleaned, disinfect with an EPA-approved disinfectant.
  - Soft and porous materials, like carpet, are not as easy to disinfect as hard surfaces. There are a limited number of EPA-approved disinfectants for these surfaces. For more information about approved disinfectants, visit https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19.
  - If a vacuum should not be used when the surface is wet, you need to make sure to allow enough time for the surface to dry.
- Wear disposable gloves to clean and disinfect.
- People who have asthma should not be present when you clean or disinfect. This can trigger asthma attacks or exacerbations.
- Cleaning staff should clean and disinfect all areas, such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATM machines) used by the person who is sick, focusing on frequently touched surfaces.
- Areas can be reopened once they have been cleaned and disinfected.
- Workers who did not have close contact with the person who was sick can return to work after the area has been disinfected.



Create a healthy environment

COVID-19 is spread mainly by close contact between people. Close contact means a person was within 6 feet or 2 meters (about 2 arm lengths) for a total of 15 minutes or longer of someone who tested positive for COVID-19.

It is very hard to prevent close contact in a child care setting. You won't always be able to prevent close contact. However, if you think about how people use the spaces in your facility and modify them to reduce close contact as much as you can, you decrease the chance of exposures in the facility. Wearing masks at all times during work will also help prevent the spread of COVID-19.

This manual provides public health recommendations that will help make child care centers safer, but they will not eliminate the risk of COVID-19 completely. Child care facilities cannot stop the spread of COVID-19 alone. Communities which have a lot of COVID-19 spread will also see outbreaks in child care facilities. It is critical for communities, families, and individuals to take necessary measures to lower the spread of COVID-19. If we all follow as many of the recommendations as we can, it will greatly reduce the risk of COVID-19 spreading in our child care facilities.[30, 31]

30 https://pws.byu.edu/making-sense-of-the-research-on-covid-19-and-school-reopenings
31 https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

Engineering and ventilation controls[32]

You may want to improve the engineering controls using the building ventilation system. It is a good idea to work with an HVAC professional who knows the best way to improve ventilation for local environmental conditions and spread in the community.

- ☑ Increase the percentage of outdoor air to as high as 100% as possible with the HVAC system capabilities (such as using economizer modes). You will need to verify to make sure the HVAC system is compatible for both temperature and humidity, as well as indoor and outdoor air quality. If you have fewer people in the building, this increases the effective dilution ventilation per person.
- ☑ Increase total airflow supply to occupied spaces, if possible.

Make sure ventilation systems are working properly.

- ☑ Disable demand-controlled ventilation (DCV) that reduces air supply based on temperature or occupancy.
- ☑ Consider using natural ventilation (open windows if it is safe and possible to do so) to allow outdoor air to dilute the indoor air.
- ☑ Increase air filtration to as high as possible without weakening the design airflow.
- ☑ Check filters to make sure they are within service life and have been installed correctly. Inspect the filter housing racks to make sure the filter fits correctly and check for ways to minimize filter bypass.
- ☑ Consider running the HVAC system at maximum outside airflow for 2 hours before and after areas are occupied, according to the industry standards.
- ☑ Keep systems running for longer hours. It is best to run them all the time if you can (24 hours a day, 7 days a week). This makes the air exchanges in the building space better.
- ☑ Generate clean-to-less-clean air movements. Re-evaluate how supply and exhaust air diffusers are positioned. Adjust the zone supply and exhaust flow rates to establish measurable pressure differentials.
- ☑ Have employees work in "clean" ventilation zones and out of higher risk areas, such as visitor reception or exercise facilities.
- ☑ Consider using a portable HEPA fan or filtration system to help clean the air, especially in higher-risk areas.
- ☑ Consider using ultraviolet germicidal irradiation (UVG) as another way to get rid of potential airborne virus in the upper room air of common areas.
- ☑ Post warning signs if exhaust outlets are near pedestrian areas; consider diverting to avoid them.

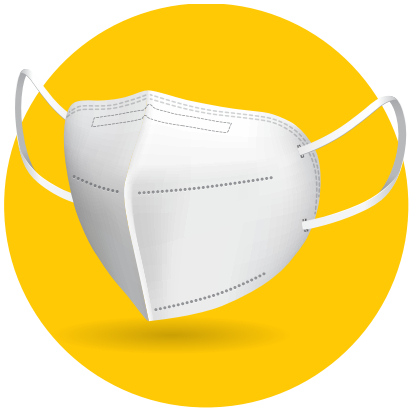
Some of these recommendations are from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic. Learn more about ASHRAE guidelines at https://www.ashrae.org/.

32 https://www.ashrae.org/

Face masks

While face masks may not be required currently by state public health order or child care licensing rules, the CDC Community Levels can help child care providers make decisions about when to recommend employees and children wear masks. Private businesses also have the legal right to require masks. If your community is at a "high" level, it's recommended to wear masks indoors. The CDC recommends you wear a well-fitting mask. A high-quality mask like a KN95 or double masking (this means wearing two masks at the same time) may provide more protection for other people who will be exposed to you.

These are helpful tips if masks are worn:



- Masks should NOT be put on babies and children younger than 2.
- Ask children and employees to put on their face mask before they exit their vehicle and enter the facility. No one should enter the facility without wearing a face mask.
- All visitors and non-regular staff should wear a face mask.
- You may want to include face masks on facility supply lists and provide face masks as needed to children employees, or visitors who do not have them.
- Consider clear face masks for staff who interact with children who are deaf or hard of hearing, children learning to read, children with disabilities, and those who rely on lip reading as a part of learning, such as children who are English Language Learners.
- Make sure children and employees know how to use face masks correctly. Face masks should be worn over the nose and mouth, and fit securely around the face.
- Wash your hands before you put on a face mask.
- Encourage children and employees to try not to touch their faces when they wear a face mask. If they touch their face, they should wash their hands or use hand sanitizer right away.
- Employees should wash or sanitize their hands before and after they help children put on or adjust a face mask. Consider having a designated employee for this task.
- Do not wear face masks if they are wet. A wet face mask may make it hard to breathe.
- Do not wear a face mask when you are sleeping or eating.
- Children and employees should never share face masks.
- Write childrens' names or initials on face masks to keep them from wearing someone else's.
- Children may need you to label their face masks to show them the top, bottom, front, and back.
- Store child face masks separately.
- Wash face masks every day, or if they look dirty.
- Have extra face masks for children and employees in case a back-up is needed during the day.

While face masks are strongly encouraged to reduce the spread of COVID-19, it may not be possible in every situation or for some people to wear a face mask. In some situations, a face mask could make a physical or mental condition worse or be a safety concern. Consider adaptations and alternatives whenever possible to help someone wear a face mask or to reduce the risk of COVID-19 spread if it is not possible for someone to wear one.

Examples of times people may need adaptations and alternatives to cloth face coverings[33]

People who rely on lipreading to communicate may not be able to wear a face mask (such as someone who is deaf or hard of hearing, or someone who cares for or interacts with a person who is hearing impaired).

- Consider using a clear face mask.
- If a clear face mask isn't available, consider whether you can:
  - Use written communication, or
  - Use closed captioning, or
  - Decrease background noise to make it possible to communicate if you are wearing a face mask that blocks your lips.
- Consider using a plexiglass barrier.
- If you choose to wear a face shield, make sure it wraps around your face and goes below your chin. When you are not communicating, you should put your face mask back on.

It may be hard for some people with intellectual and developmental disabilities, mental health conditions, or other sensory sensitivities to wear a face mask. They should talk to their doctor or healthcare provider for advice about wearing a face mask.

It may be hard for young children to wear a face mask correctly, especially for a long time.

- Make sure face masks fit correctly. Face masks should be the right size and fit.
- Teach children how important it is to wear a face mask, and remind them often.
- Double check to make sure young children are wearing their face masks correctly during times when it is hard to stay 6 feet from others.

Children and employees should not wear face masks during activities that may cause the face mask to get wet, like swimming. A wet face mask may make it hard to breathe. For activities like swimming, it is very important to physical distance from others when you are in the water.

Children may not be able to wear a face mask during high intensity activities, like running, if it makes it hard for them to breathe.

- Consider doing the activity in a location with more ventilation and air exchange (for example, outdoors versus indoors) and where they can physical distance from others.

Some children or employees may have classes or work in areas where face masks may increase the risk of heat-related illness or cause safety hazards (for example, straps could get caught in machinery).

- In these situations, children and employees should talk to an occupational safety and health professional to find the right face mask for their setting.

33 https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#feasibility-adaptations

Face shields

It is not known if face shields provide any benefit to protect others from the spray of respiratory particles. The CDC does not recommend use of face shields instead of a face mask, or for normal everyday activities. If you choose to wear a face shield, you should also wear a face mask.

- If you wear a face shield without a face mask, make sure it wraps around your face and goes below your chin.
- Only wear a disposable face shield one time.
- Clean and disinfect reusable face shields after each use.
- DO NOT use a plastic face shield for a newborn or infant.

What are some strategies I can use to help children wear a face mask?

Try to always be positive when you talk about ways to prevent the spread of COVID-19 and wearing face masks. This is a scary time for children. Children are likely to practice health behaviors to help others. Try to frame prevention as something positive we can do to reduce everyone's risk, without letting children be scared.

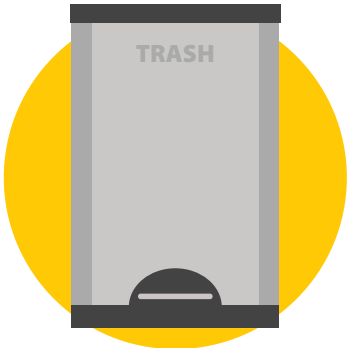
- Consider asking parents, caregivers, and guardians to practice wearing face masks with children at home before the first day of facility. If they show children how to use face masks correctly and help them get used to wearing one before they have to in a facility, children may be more comfortable using one on the first day.
- Make sure there is someone to help children put on and adjust face masks if children need help. Employees should wash or sanitize their hands before and after they help children with face masks. Employees should ALWAYS wear a face mask when they are in close contact with children.
- Post signs in classrooms and in the hall to remind children how to wear a face mask correctly. You may want to use pictures of popular influencers or characters your children are interested in to promote or model how to use a face mask.
- Remind children about face masks during daily announcements, in the facility newspaper, and any other medium children are likely to engage with. Make sure communication is written in plain language and available in different languages.
- You may want to include how to correctly use, take off, and wash a face mask in admission materials.

Children with special healthcare needs

- Ask parents, caregivers, and guardians to practice wearing face masks at home before children return to care.
- Read or share stories so children know what changes to expect at care.
- You may want to have children with sensory concerns or tactile sensitivities try face masks made of different materials, prints, and textures. Allow children to choose the most comfortable face mask.

Hygiene practices

- Provide education to children and families about hygiene practices.
- Children and employees should wash their hands often for 20 seconds with soap and water. If soap and water are not available, use an alcohol-based hand sanitizer that is at least 60% alcohol.
    - If childrens' hands look dirty, they need to wash them with soap and water. Washing your hands is best, but if childrens' hands do not look dirty and they do not have soap and water, they can use hand sanitizer. Children younger than 6 years old should be supervised by an adult when they use hand sanitizer.
- Provide tissues and no-touch trash cans in the classroom.
- Consider having automatic hand sanitizer stations at entrances and exits. You may consider posting a video on your facility's website of hygiene practices people should use before they enter the facility.
- Consider having employees who oversee drop off and pick up areas provide children with hand sanitizer before they enter the facility, or have a designated employee at entrance and exits to provide children with hand sanitizer.
- Clean high-touch surfaces more often, such as door knobs and handles.
- Post signs to remind people to practice proper hand hygiene.
- Create a schedule for cleaning high-touch areas often (faucets, paper towel dispensers, door handles,etc.).
- Make sure employees who provide support in restrooms, including custodians, have the necessary PPE (gloves, masks).
- Provide training for proper cleaning protocols for COVID-19.
- Set a schedule to monitor to make sure soap in restrooms is always available.



Symptom checking

The best way to prevent the COVID-19 spread is to keep the virus from getting into your child care facility in the first place. It is important that parents, guardians, or caregivers check their children every day for signs of infectious illness including COVID-19. Children who have symptoms of any infectious illness or symptoms of COVID-19 should not attend your child care facility. The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness.

There are many illnesses with symptoms like COVID-19, especially in children. It's common for young children to have up to eight respiratory illnesses or "colds" every year.[34] Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. For some children, COVID-19 can have serious complications. Children with chronic health conditions like asthma or allergies may have a cough without being infectious. Researchers have not found a single symptom or set of symptoms, that are only seen in children diagnosed with COVID-19.[35] Post signs on the entrances of the facility to remind people who have symptoms of COVID-19 to not enter the building.

Parents should check their child for symptoms of COVID-19 every day before going to the child care facility. Children and employees who are sick should not go to child care or work. This is a good idea for any illness, not just during the COVID-19 pandemic. Child care facilities must follow all state child care licensing rules regarding sick children or employees at the facility. It is important to have policies that encourage and support employees to stay home when they are sick. This will help keep facilities open for in-person learning.

- Do a health screening for any person entering the child care facility, including children, staff, family members, and other visitors. This can be done by parents or staff at home before coming to the facility or after they get to the facility. Ask each person:
  - If he or she has any symptoms of COVID-19.
  - If he or she has been exposed to someone with COVID-19. This means the person should take precautions for the 10 days after their exposure, like wearing a mask around others.
  - If he or she is being tested for COVID-19. A person who is waiting for test results should not enter the facility.
  - If he or she has been diagnosed with COVID-19 and hasn't finished their isolation yet.

- Take the temperature of each person who comes to the facility. If the person has a fever of 100.4 degrees F (38.0 degrees C) or higher, they should not enter the facility.
  - Use a no-contact thermometer. If you don't have a no-contact thermometer, you will need to clean the thermometer with an alcohol wipe after each time you use it.
  - Staff doing the temperature checks should stand behind a physical barrier (such as a glass or plastic window or partition) that can protect their face, mouth, and nose from respiratory droplets that can be produced if the child being screened sneezes, coughs, or talks.
  - Staff should wear disposable gloves while doing the temperature checks. Change your gloves if you touched the person while taking their temperature.
  - Check the child for signs of illness, like flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and coughing.

34 Davies, N.G., Klepac, P., Liu, Y. et al. Age-Dependent Effects in the Transmission and Control of COVID-19 Epidemics. Nat Med 2020 https://doi.org/10.1038/s41591-020-0962-9
35 https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html

What to do if a child gets sick at child care

Some children may get sick when they are at care. Facilities should isolate children who get symptoms of COVID-19 from other children and employees. Work with your staff to designate the areas you will need to respond appropriately to children who are sick while at your facility.

Consider having 3 separate areas for children if possible.

- Sick area (for children who get sick or hurt at care, but do not have symptoms of COVID-19).
- Well child area (for children with scheduled medical needs, such as children who receive insulin or medication).
- Isolation area (for children who have symptoms of COVID-19. This should be separate from other children).

Separate children who have symptoms of COVID-19 from other children or employees to an isolation area:

- The child should stay in a separate room (like a sick room in the office) and away from other children.
- Call the child's parents and ask them to come pick up their child from care right away. The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness.
- Any rooms the child was in should be cleaned using the cleaning guidelines starting on page 46.
- Facilities will decide which PPE (such as a mask or gloves) employees who help or interact with children who get sick need (such as aides or health staff). Employees who come into close contact with sick children should wear the PPE recommended by their facility.

Considerations for child care facilities as employers

Sick leave

The easiest way to protect your business is to ask sick employees to stay home. Employees should stay home if they have symptoms of COVID-19, are waiting for test results, or have tested positive. Many employees are scared to take time off if they are sick for fear of losing their job or income while they get better. Employees may also be scared to tell their employer if someone in their home has tested positive for COVID-19.

Most people who test positive for COVID-19 will have symptoms of the disease. However, COVID-19 may also be spread by people who have very mild symptoms or no symptoms at all. This means a person can have the virus and not even know it. This is why it is very important during the pandemic for employers to have sick leave policies that make employees feel safe to take time off if they are sick or should be quarantined.

You should not ask employees who are sick for a COVID-19 test result, a doctor's note, or a note from the health department to prove they are ill, qualify for sick leave, or to come back to work. This places a burden on the healthcare and public health systems.

Tax Credits for Paid Leave

Requirements of the Families First Coronavirus Response Act (FFCRA) became voluntary in 2021.

Learn more at https://www.dol.gov/agencies/whd/pandemic/ffcra-questions.

You may also find helpful questions and answers about the FFCRA at https://www.dol.gov/agencies/whd/pandemic/ffcra-questions.

If you offer sick leave

If someone comes to work sick, he or she could spread illness to other employees. Ask employees to stay home when they are sick to prevent the spread of COVID-19 to others.

- Review your sick leave and human resource policies. It is a good idea to add in a section about sick leave for reasons related to COVID-19.
- It is important to make sure employees understand sick leave policies so they don't come to work sick.
- Your policies should give employees the leave they need to quarantine or isolate.
- Sick leave policies should let employees stay home to care for a sick family member or take care of children.
- During the pandemic, you may want to give advances on future sick leave and allow employees to donate sick leave to each other.

If you do not offer sick leave to some or all of your employees:

If you do not offer sick leave to some or all of your employees, you may want to make a non-punitive "emergency sick leave" policy. This means your policy should not punish employees for taking leave for reasons related to COVID-19.

If you use other companies for contract or temporary employees, talk to them about how important it is for sick employees to stay home. You may want to ask them to use non-punitive leave policies.

A good example of a non-punitive emergency sick leave policy
An employer does not offer sick leave, but employees earn a certain amount of paid time off each pay period. The amount of paid time off is based on the hours they work each pay period. An employee tests positive for COVID-19 and must stay at home and follow isolation guidelines. The employer lets the employee keep earning paid time off while the employee is on isolation, even though the employee is not working. **A policy like this makes it more likely employees will stay home when they are sick, and not spread the virus to other employees.**

Plan for employees to be sick

If many employees get sick at one time, this can make it hard to keep your facility open.

- Have a process or system for employees to report if they are sick. You can use this same process to let employees know about exposures to COVID-19.
- Cross-train employees to do essential functions. You need your workplace to operate even if key employees are absent.
- Plan to track and respond to absenteeism in the workplace. If many employees get sick, you may need to change your plan to make sure your facility stays open.
- Plan for how you will operate if many employees are sick at one time or have sick family members to care for at home.

Talk about new policies

- Make sure to talk about workplace policies related to COVID-19 with your employees. It is important to help employees understand that everyone will need to work together to keep the workplace safe. Talk about these policies often. Be clear about what people need to do. It is a good idea to give employees these policies using different methods (in person, by email, posters, etc.).
- You may need to communicate with employees in their preferred languages. It is important to make sure every employee understands how to stay safe at work and keep others safe.

Helpful resources

The Utah Department of Health and your local health department have many other resources for your facility to help you keep children, their families, and employees healthy. If you are interested in other ways we can help, such as bringing health screenings right to your worksite at no cost to you, contact the Utah Department of Health or your local health department.

Employee concerns

You may want to have a hotline or another way employees can voice any concerns anonymously.

Worksite wellness resources for employees, children, and families

The Utah Department of Health and Human Services and your local health department have many other resources for your facility to help you keep children, their families, and employees healthy. If you are interested in other ways we can help, such as bringing health screenings right to your worksite at no cost to you, contact the Utah Department of Health and Human Services or your local health department.

Resources

Help connect employees to employee assistance program (EAP) resources and community resources if they need help.

Employees and families may need extra help from a professional. You can help them by making sure they know where to find resources. Call 2-1-1 or visit https://211utah.org/ for a list of resources.

To help parents and employees understand the signs of stress, ways to feel better, and find mental health resources, visit https://coronavirus.utah.gov/Mental-health/.

- Emotional health relief hotline: 1-833-442-2211. Caregivers are available 7 days a week.
- The Suicide and Crisis Lifeline (988) provides 24/7, free and confidential support for people in distress.
- The SafeUT app is a free youth crisis text and tip line.

Guidance for Operating Child Care Programs during COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html

Caring for Our Children

https://nrckids.org/CFOC

Emergency Preparedness Manual for Early Childhood Programs, 2020 edition

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/emergency-preparedness-manual-early-childhood-programs.pdf

Anti-discrimination laws and COVID-19

The U.S. Equal Employment Opportunity Commission website answers questions about how COVID-19 impacts anti-discrimination laws. https://www.eeoc.gov/coronavirus