COVID-19
Child Care Manual

CORONAVIRUS
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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
- Licensed exempt (LE) 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 (UDOH) 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.

The two most important things you need to know are:
1. What to do if a child or employee is exposed to COVID-19 or tests positive for the virus.
2. How to keep your facility a safe and healthy environment that will help protect your families and employees.

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.

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.
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.

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Why is it important to keep child care facilities open?\(^1\)

Child care facilities are an essential part of our economy and families lives.\(^2\) 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 5 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.
- Wear a face mask if they aren't fully vaccinated.
- Practice physical distancing as much as possible.
- Wash their hands with soap and water often.


Caregivers, teachers, and other employees should:

• 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.
• 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.
• Wear a face mask if they aren’t fully vaccinated.
• Make sure the rest of the family is wearing a face mask when they are around people they don’t live with.

Facility administrators should:

• Get vaccinated and encourage their employees to get vaccinated. Find vaccine providers at https://coronavirus.utah.gov/vaccine-distribution.
• 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.
• Wear a face mask if they aren’t fully vaccinated.

Parents should:

• Get their child vaccinated if they are eligible. Right now, children ages 5 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.
• Wear a face mask if they aren’t fully vaccinated.
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.
- Wear a face mask if they aren't fully vaccinated.

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:

- Wear a face mask if they aren't fully vaccinated.
- 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 breathe 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.

What do we know about COVID-19 and children?\textsuperscript{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.\textsuperscript{6}
- When children do get COVID-19, they usually have mild symptoms or even no symptoms\textsuperscript{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.

\textsuperscript{4} https://pws.byu.edu/making-sense-of-the-research-on-covid-19-and-school-reopenings
\textsuperscript{5} https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html
\textsuperscript{6} https://cdn.substack.com/image/fetch/f_auto,q_auto:auto-good_if_progressive:steep/https%3A%2F%2Fbucketteer-e05bbc84-baa3-437e-9518-adb32be77984.s3.amazonaws.com%2Fpublic%2FImages\%2F37549048-5065-40f7-83ec-0ff677c32887-2400x3393.png (Dr. Katelyn Jetelina, Your Local Epidemiologist)
\textsuperscript{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
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.

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. You can find your local health department at https://ualhd.org/.

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

Quarantine

Quarantine keeps you away from others so you don’t infect someone else without knowing it. You should quarantine if you were exposed to COVID-19, unless you are fully vaccinated or it has been less than 180 days since you tested positive for COVID-19. This means you were in close contact with someone who has COVID-19 while that person was infectious. Close contact⁸ 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 period⁹.
- 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.

You are infectious and can spread the virus to others starting up to 2 days before you first had symptoms until your isolation period is over. 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 is exposed.

You don’t need to quarantine if:

- You are fully vaccinated. You are fully vaccinated 2 weeks after getting your final dose of a COVID-19 vaccine. We know there is a small chance vaccinated people can get COVID-19 (called a breakthrough case) and pass the virus to other people, so to be very safe we suggest vaccinated people get a COVID-19 test 5-7 days after they were exposed. You should also wear a mask when you’re around other people for 10 days after your exposure.
- You’ve already had COVID-19 and it’s been less than 180 days (about 6 months) since you tested positive. We know there is a small chance people who have already had COVID-19 can get re-infected. We also know some people can test positive for COVID-19 even after they are no longer able to spread the virus to other people. The CDC and Utah Department of Health recommends you not get tested again if it’s been less than 90 days (about 3 months) since you first tested positive for COVID-19.

You must quarantine at home if:

- You aren’t fully vaccinated. You are fully vaccinated 2 weeks after getting your final dose of a COVID-19 vaccine. Anyone who has only had 1 dose of a mRNA vaccine (Pfizer or Moderna) or it’s been less than 2 weeks from their final dose should quarantine after being exposed to COVID-19.
- It’s been more than 180 days (about 6 months) since you tested positive for COVID-19. Studies show natural immunity - or immunity from having COVID-19 - may only last about 3-6 months.

You may end quarantine:

- **10 days after your exposure if you don’t get tested and don’t have symptoms.** If you don’t have symptoms of COVID-19, you can end quarantine 10 days after the last time you had close contact with the person who tested positive or is a probable case [see page 17].

- **7 days after your exposure if you have a negative test result.** You can end quarantine if your test is negative and you do not have any symptoms of COVID-19. You must wait at least 7 days after your exposure to be tested. The test can be a PCR or rapid antigen test. You must continue to quarantine until you get your test results back.

- **You must quarantine for 10 days if you live with someone who has tested positive for COVID-19, unless you are fully vaccinated or tested positive for COVID-19 in the last 180 days.** You are at a much higher risk of getting infected with the virus when you live with someone who has COVID-19. Do not end quarantine before 10 days, even if you test negative or don’t have symptoms. It can be very hard to stay isolated from people who have COVID-19 and live in your home. This means you may need to quarantine longer than 10 days if you can’t stay away from the person who was sick. Every time you come into close contact with the person who tested positive while they are infectious, your 10-day quarantine starts over.

- **You should quarantine for 14 days if you live or work in a congregate living setting (like a long-term care facility, group home, correctional facility, or shelter) and were exposed to COVID-19 because the chance for spread and severe illness is very high.**

A public health worker may also try to contact you if you were exposed to COVID-19. This is called contact tracing. A public health worker may call you or send you a text or email.

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**Everyone who is exposed to COVID-19 should take safety precautions for 14 days after the exposure, even if you are vaccinated or already had COVID-19.**

- Watch for symptoms until it has been 14 days after your exposure. Check for symptoms of COVID-19 every day, including taking your temperature if possible. If you do not have a thermometer, check your skin to see if it feels warm or looks red. Symptoms of COVID-19 may appear 2-14 days after your exposure. A helpful booklet called, “What to do if you are on quarantine or isolation,” can be downloaded at [https://coronavirus.utah.gov/protect-yourself/](https://coronavirus.utah.gov/protect-yourself/).

- Isolate right away if you get symptoms of COVID-19. Call a healthcare provider and get tested, even if you tested negative for COVID-19 earlier in your quarantine period.

- Stay home and away from other people as much as possible. Don’t go to child care, school, work, extracurricular activities, religious services, family gatherings, or other activities until your quarantine is over or you have met the testing requirements to end quarantine early. Only leave your home if you have to, such as to get medical care.

- Wear a face mask when you’re around other people.

- Limit the number of visitors to your home. This is especially important if you or someone you live with is at higher risk for severe illness from COVID-19.

- Clean surfaces that you touch often with your hands (phones, doorknobs, light switches, toilet handles, sink handles, countertops, and anything metal).

- Wash your hands with soap and water often. If soap and water are not available, use an alcohol-based hand sanitizer that is at least 60% alcohol.

- Open the windows as much as you can to improve the ventilation and increase air exchanges in rooms.

- Do not share food or utensils with other people.

- Do not share personal items like a toothbrush with other people.
Isolation

Isolate if you have symptoms of COVID-19, test positive, or have been identified as a probable case, even if you are vaccinated. The vaccines do not interfere with the accuracy of COVID-19 tests. This means if you test positive after you’re vaccinated, you have COVID-19. These are called breakthrough cases. Breakthrough cases are rare but can happen.

Isolation means you stay at home except to get medical care. If you have tested positive or are a probable case, isolate until you have been:
• Fever-free for 24 hours (this means you did not use medicine to lower your fever), and
• Your respiratory symptoms have improved for 24 hours, and
• It has been at least 10 days since you first got sick.
• If you did not have symptoms, you should isolate for 10 days from the day you were tested.

Stay at home except to get medical care. Try to stay in a different room in your home from other people. You should also try to use a different bathroom than other people. If you can’t stay in a different room or use a different bathroom, stay as far away from other people in your home as possible. Wear a mask if you need to be around other people. Don’t share personal items like cups, plates, or towels. Clean surfaces that you touch often with your hands (like phones, doorknobs, light switches, toilet handles, sink handles, countertops, and anything metal).

You are infectious and can spread the virus to others starting up to 2 days before you first had symptoms until your isolation period is over. 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 should quarantine.

Anyone who lives in your home should quarantine for 10 days from the last time they were in close contact with you during isolation, unless they are fully vaccinated or tested positive for COVID-19 within the last 180 days.

A public health worker will also try to contact you if you test positive to conduct a case investigation. Sometimes people call this contact tracing. A public health worker may call you or send you a text or email.
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\(^\text{10}\) (R381-100-11 :Supervision and Ratios) and meet any additional licensing requirements.

Children and employees who test positive for COVID-19 should isolate.

Children and employees who test positive for COVID-19, or if the child is identified as a probable case for COVID-19, should isolate right away. This means he or she needs to stay at home except to get medical care. The employee should not come to work and the child should not be brought to the child care facility.

**Fever Free for 24 Hours**

If you’ve tested positive, you should isolate until you have been:
- Fever-free for 24 hours, and
- Your respiratory symptoms have improved for 24 hours, and
- It has been at least 10 days since you first got sick.
- If you did not have symptoms, you should isolate for 10 days from the day you were tested or identified as a probable case.

Anyone who was in close contact with a person who has COVID-19 up to 2 days before he or she had symptoms is considered exposed. Even if the person who has COVID-19 did not have any symptoms, he or she is infectious up to 2 days before they were tested. Close contact means someone was closer than 6 feet or 2 meters (about 2 arm lengths) to a person who has COVID-19 for a total of 15 minutes or longer in a 24-hour period.

The health department will call, text, or email the person (or parent of a child) who tested positive to conduct a case investigation and contact tracing. A case investigation helps public health figure out how a person may have been exposed to the virus. It can also help public health find out who else may be at risk of COVID-19. The health department will ask the parent or employee who they may have been in close contact with while they were infectious. The health department may ask the parent or employee to tell the close contacts to quarantine or the health department may contact these individuals directly.

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.

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.

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

People are at an increased risk of getting infected and infecting others if they have been exposed to COVID-19. Fully vaccinated people do not need to quarantine and can continue to go to work. However, there are certain circumstances when you may need to quarantine or get tested, even if you’re vaccinated or have had COVID-19 before.

What children and employees should do if they are exposed to COVID-19:

<table>
<thead>
<tr>
<th>If the child or employee has never had a COVID-19 vaccine:</th>
<th>If the child or employee is partially vaccinated. This means it has been less than 2 weeks since your final dose of a COVID-19 vaccine:</th>
<th>If the child or employee is fully vaccinated. This means it has been at least 2 weeks since your final dose of a COVID-19 vaccine:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quarantine</strong> at home and <strong>get tested</strong> for COVID-19.</td>
<td><strong>Quarantine</strong> at home and <strong>get tested</strong> for COVID-19.</td>
<td><strong>Get tested</strong> for COVID-19. You don’t have to quarantine at home but you should wear a mask around other people for 10 days after your exposure. Isolate at home and get tested again if you get symptoms of COVID-19 within the 2 weeks after your exposure.</td>
</tr>
</tbody>
</table>

If it’s been **less than 180 days** since the employee tested positive for COVID-19:

You don’t have to quarantine at home but you should wear a mask around other people for 10 days after your exposure. Isolate at home if you get symptoms of COVID-19 within the 2 weeks after your exposure. The CDC and Utah Department of Health recommends you not get tested again if it’s been less than 90 days (about 3 months) since you first tested positive for COVID-19. However, if it’s been between 90-180 days (3-6 months) since you tested positive, you should **get tested** again.

If it’s been **more than 180 days** since the employee tested positive for COVID-19:

**Quarantine** at home and **get tested** for COVID-19.
While face masks may not be required currently by state public health order or child care licensing rules, public health recommends face masks be worn by people who are not fully vaccinated. There is clear scientific evidence that wearing a face mask prevents the spread of COVID-19. One of the simplest ways to protect lives and livelihoods\(^\text{11}\) 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.\(^{12,13,14,15,16}\) 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.\(^{17}\)

Wearing face masks will reduce the spread of COVID-19 in child care facilities and the number of children and employees on quarantine.

A child or employee doesn’t need to quarantine after being exposed to someone with COVID-19 if:

- **The child or employee is fully vaccinated.** You are fully vaccinated 2 weeks after getting your final dose of a COVID-19 vaccine. We know there is a small chance vaccinated people can get COVID-19 (called a breakthrough case) and pass the virus to other people, so to be very safe we suggest vaccinated people get a COVID-19 test 5-7 days after they were exposed. You should also wear a mask when you’re around other people for 10 days after your exposure.

- **The child or employee had COVID-19 and it’s been less than 180 days (about 6 months) since he or she tested positive or was considered a probable case.** We know there is a small chance people who have already had COVID-19 can get re-infected. We also know some people can test positive for COVID-19 even after they are no longer able to spread the virus to other people. The CDC and Utah Department of Health recommends you not get tested again if it’s been less than 90 days (about 3 months) since you first tested positive for COVID-19.

A child or employee must quarantine at home if:

- **The child or employee isn’t fully vaccinated.** You are fully vaccinated 2 weeks after getting your final dose of a COVID-19 vaccine. Anyone who has only had 1 dose of a mRNA vaccine (Pfizer or Moderna) or it’s been less than 2 weeks from their final dose should quarantine after being exposed to COVID-19.

- **It’s been more than 180 days (about 6 months) since the child or employee tested positive for COVID-19 or was a probable case.** Studies show natural immunity - or immunity from having COVID-19 - may only last about 3-6 months.

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\(^{12}\) https://pws.byu.edu/covid-19-and-masks

\(^{13}\) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext

\(^{14}\) https://msphere.asm.org/content/5/5/e00637-20/article-info

\(^{15}\) https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w

\(^{16}\) https://jamanetwork.com/journals/jama/fullarticle/2768532

A child or employee may end quarantine:

- **10 days after their exposure if they don’t get tested and don’t have symptoms.** If the person doesn’t have symptoms of COVID-19, they can end quarantine 10 days after the last time they had close contact with the person who tested positive.
- **7 days after their exposure if they have a negative test result.** Children and employees who are exposed to COVID-19 can get tested on day 7. They can end quarantine if their test is negative and they do not have any symptoms of COVID-19. They must wait at least 7 days after their exposure to be tested. The test can be a PCR or rapid antigen test. They must continue to quarantine until they get their test results back.
- **Children and employees must quarantine for 10 days if they live with someone who has tested positive for COVID-19, unless they are fully vaccinated or tested positive for COVID-19 in the last 180 days.**
- **People who live or work in a congregate living setting (like a long-term care facility, group home, correctional facility, or shelter) should quarantine for 14 days because the chance for spread and severe illness is very high.**

Anyone who was exposed to COVID-19 needs to watch for symptoms until it has been 14 days since they were last exposed, even if they have returned to work.

It is important to keep checking for symptoms and take extra safety precautions found on page 14. There is a small chance you can still get COVID-19. If you have symptoms of COVID-19, you need to isolate at home, call your healthcare provider, and may need to get tested again.

Child care facilities are expected to notify all close contacts and provide instructions on what they should do. Close contacts should be told to watch for symptoms of COVID-19 until it has been 14 days after their exposure and what safety precautions should be taken.

If the parents chose not to get their child tested, how long does the child have to quarantine?

Children who were exposed to COVID-19 and are not tested for COVID-19, should quarantine at home for 10 days from the last day of exposure. Children who are fully vaccinated or who have had COVID-19 in the last 180 days (about 6 months) don’t need to quarantine at home.
If an employee chooses not to be tested after being exposed to COVID-19, how long does he or she have to quarantine?

Employees who were exposed to COVID-19 and choose NOT to be tested for COVID-19, should quarantine at home for 10 days from the last day of exposure. Employees who are fully vaccinated or who have had COVID-19 in the last 180 days (about 6 months) don’t need to quarantine at home.

If a child or employee lives with someone who tests positive for COVID-19, how long does he or she have to quarantine?

Children and employees who live with someone who tests positive are called a household contact. **Household contacts are at a much higher risk of getting infected with the virus.**

Children and employees who are a household contact should quarantine for 10 days from the last day of exposure to the person who tested positive, unless they are fully vaccinated or tested positive for COVID-19 in the last 180 days (about 6 months). They must finish the entire 10-day quarantine, even if they don’t have symptoms or test negative.

It can be very hard to stay isolated from people who have COVID-19 and live in your home. People who are living with someone who tests positive for COVID-19 may have ongoing exposures and may need to quarantine longer than 10 days. Every time a household contact comes into close contact with the person who is positive while they are infectious, his or her quarantine starts over.
If a child or employee was wearing a mask, how long should he or she quarantine?

These guidelines assume that child care facilities are encouraging children, parents, and employees to correctly wear a face mask while at the facility. The science is clear, masks help to prevent the spread of COVID-19. Until more people are fully vaccinated, masks will continue to be an important tool to protect lives and the economy.

Regardless of whether the person was wearing a mask at the time they were exposed to COVID-19 and should follow the quarantine guidelines on page 13.

Do the quarantine guidelines change if someone is vaccinated?

A person is fully vaccinated if it has been 2 weeks since their final dose of the COVID-19 vaccine. Fully vaccinated people do not need to quarantine and can continue to go to work, school, and participate in events. We know there is a small chance fully vaccinated people can get COVID-19 (called a breakthrough case), so to be very safe we suggest vaccinated people get a COVID-19 test 5-7 days after they were exposed.

Learn more about how vaccination affects quarantine, isolation, and testing protocols on page 13.

Do children or employees have to quarantine if they’ve already had COVID-19?

If it has been less than 180 days (about 6 months) since you tested positive for COVID-19, you don’t have to quarantine again. We know there is a chance people can get re-infected. The CDC and Utah Department of Health recommends you not get tested again if it’s been less than 90 days (about 3 months) since you first tested positive for COVID-19 because some people will continue to test positive even though they are no longer able to spread the virus to others. However, if it’s been between 90-180 days (3-6 months) since you tested positive, you should get tested again 5-7 days after your exposure.

You should follow these guidelines for 14 days from the date of your last exposure:
- Check for symptoms of COVID-19 every day.
- Wear a face mask when you are around people you don’t live with.
- If you get sick or have symptoms of COVID-19, isolate and call a doctor or healthcare provider to determine if you should get tested for COVID-19 again.

If it has been more than 180 days since you tested positive for COVID-19, you should quarantine at home. You should also get tested for COVID-19 again 5-7 days after your exposure. Isolate and get tested right away if you get sick or have symptoms while on quarantine.
COVID-19 vaccines

Getting vaccinated will help keep you, your family, and your community healthy and safe.

All COVID-19 vaccines authorized or approved by the FDA and CDC are safe and effective at protecting you from the virus. They keep you from getting sick, needing to be hospitalized, and dying from COVID-19. Recent studies show the vaccines work against the variants of the virus identified so far. COVID-19 vaccines are FREE to anyone who lives in the U.S, even if you don't have health insurance or are not a U.S. citizen.

Breakthrough infections in fully-vaccinated people can happen, but people who are fully vaccinated are less likely than unvaccinated people to get COVID-19, or to be hospitalized or die from COVID-19. People who are fully vaccinated are less likely than unvaccinated persons to get the virus that causes COVID-19 or to spread it to others.

COVID-19 vaccines are available for people 5 years of age and older. The FDA announced full approval of the Pfizer vaccine for people ages 16 and older on August 23, 2021. This is the final step in a rigorous approval process to confirm the vaccine's safety and effectiveness. The Pfizer vaccine is available for people ages 5-15 years through the FDA's emergency use authorization. The Moderna and Johnson & Johnson vaccines are authorized for people 18 years of age and older.

By getting vaccinated, you're helping to end the damage to our economy, prevent more deaths and illnesses, and stop COVID-19 from continuing to spread. Vaccines are how we get our lives back.

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

Are my employees required to get vaccinated?


Private businesses in Utah that don't fall under the federal vaccine mandate are allowed to have a vaccine requirement or policy for their employees if they chose to.

How do COVID-19 vaccinations affect quarantine and isolation guidelines?

You are considered fully vaccinated 2 weeks after your final dose of the COVID-19 vaccine.
- **Two-dose vaccines**: 2 weeks after 2nd shot (Pfizer BioNTech and Moderna).
- **One-dose vaccines**: 2 weeks after shot (Johnson & Johnson/Janssen).

Fully vaccinated people do not need to quarantine and can continue to go to work, school, and participate in events. We know there is a small chance vaccinated people can get COVID-19 (called a breakthrough case) and pass the virus to other people, so to be very safe we suggest vaccinated people get a COVID-19 test 5-7 days after they were exposed.

You should get a COVID-19 booster dose if you are eligible for one. However, getting a booster dose does not change your status of being fully vaccinated. You are still considered fully vaccinated once it has been 2 weeks after your final dose of the primary series of the COVID-19 vaccine.

It's likely recommendations for testing, isolation, and quarantine will change as we learn more about COVID-19 vaccines.

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Do people still need to isolate if they test positive for COVID-19 after being vaccinated?

Yes. You should isolate if you test positive or have symptoms of COVID-19, even if you’re fully 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. These are called breakthrough cases. Breakthrough cases are rare but can happen.

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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. 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.

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.

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

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.

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.

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.

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.

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](https://www.utc.org/Public-Health-Code-of-Utah/Chapter-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 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. 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.

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. 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.

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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. 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.

**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, asking 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 judgement-free.

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How to determine when someone can end quarantine?

- 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.
- People don’t need to quarantine at home if they are fully vaccinated or it has been less than 180 days (about 6 months) since they tested positive for COVID-19. Anyone who does not meet these criteria must quarantine at home.
  - If the person who was exposed chooses to be tested, he or she must quarantine at home and can then get tested 7 days after the date of last exposure. If their test result is negative and they don’t have symptoms of COVID-19, they may end quarantine.
  - If the person who was exposed does not get tested or they live with someone who has COVID-19, he or she should quarantine at home for 10 FULL days.
  - People who are living with someone who tests positive for COVID-19 may need to quarantine for longer than 10 days because it may be hard to isolate and not have ongoing exposures.

This may be confusing to some people.
- The next day at the same time (24 hours later) is considered one FULL day.
- Quarantine will end at the same time, 10 days later.
- Every time a person is exposed to someone who is infectious with the virus, their quarantine starts over.

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<tr>
<th>Last close contact with person who has COVID-19</th>
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10 DAY QUARANTINE

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

Isolate and get tested right away if you have symptoms of COVID-19, even if you are vaccinated. The most common symptoms of COVID-19 in children are fever and cough.\(^{25}\)

If you are fully vaccinated or you’ve had COVID-19 before, it may be that something other than COVID-19 is causing your symptoms. We know there is a chance people can get re-infected and that fully vaccinated people can get COVID-19 (called a breakthrough case), so to be very safe we suggest anyone with symptoms get tested.

Testing locations can be found at [https://coronavirus.utah.gov/testing-locations/](https://coronavirus.utah.gov/testing-locations/).

Children who have symptoms of COVID-19 should isolate right away. 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.

People with COVID-19 generally develop symptoms 5-6 days after infection. About 75% of people will develop symptoms within 7 days after exposure. About 95% of people will develop symptoms within 12 days after exposure.\(^{26,27,28,29,30}\)

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


\(^{27}\) [https://www.acpjournals.org/doi/10.7326/M20-0504](https://www.acpjournals.org/doi/10.7326/M20-0504)

\(^{28}\) [https://www.cdc.gov/mmwr/volumes/69/wr/mm6906e1.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6906e1.htm)

\(^{29}\) [https://bmiopen.bmj.com/content/10/8/e039652](https://bmiopen.bmj.com/content/10/8/e039652)

\(^{30}\) [https://bmiopen.bmj.com/content/10/8/e039956](https://bmiopen.bmj.com/content/10/8/e039956)
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 being exposed to someone with COVID-19 may also increase the chance of an inaccurate test result.

Wait 5-7 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. 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 is not providing COVID-19 testing services to private businesses or to private event organizers at this time. 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.

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

Anyone who is exposed to COVID-19 should get tested. 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 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 it’s been between 90-180 days (3-6 months) since you tested positive, you should get tested again.

We also know there is a chance vaccinated people can get COVID-19 (called a breakthrough case), so to be very safe we suggest you get a COVID-19 test 5-7 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 Coronavirus Hotline at 1-800-456-7707 or use the chat feature on the coronavirus.utah.gov website.
What are the types of COVID-19 tests?  

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. Antigen tests are most accurate during the first 7 days of your illness when your viral load is highest. Because of this, even if you test negative with an antigen test, you may still be infected and you may be able to transmit the virus to others.

You may need to get a PCR test to confirm the results of your antigen test. You should get a PCR test within 48 hours after you got your rapid antigen test if:
- You have symptoms of COVID-19 but your rapid antigen test result was negative.
- You do not have symptoms of COVID-19 and were not in close contact with someone who has COVID-19 but your rapid antigen test result was positive.
- 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 or quarantine. More information on antigen tests can be found at [https://coronavirus-download.utah.gov/Health/COVID-19_Rapid_Antigen_Test.pdf](https://coronavirus-download.utah.gov/Health/COVID-19_Rapid_Antigen_Test.pdf).

31 [https://www.fda.gov/media/140161/download](https://www.fda.gov/media/140161/download)
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.
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. She can’t go to work until she is:
• Fever-free for 24 hours, and
• Her respiratory symptoms have improved for 24 hours, and
• It has been at least 10 days since she first got sick.
• She needs to isolate for at least 10 days from the day she got tested, even if she never gets symptoms of COVID-19.

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 should quarantine for 10 days, unless they are fully vaccinated or they had COVID-19 less than 180 days ago (about 6 months). They can’t end quarantine until at least 10 days after the last time they were in close contact with Cindy, even if they test negative or never get symptoms of COVID-19. This means they should stay home and away from other people as much as possible. The health department will tell them how long to quarantine and when to get tested.

Bree was in close contact with Cindy while she was infectious at work. Bree isn't fully vaccinated so she needs to quarantine. She can return to work:
• After 10 days if she does not get tested.
• After 7 days if she tests negative for COVID-19. She must wait at least 7 days after her exposure to get tested.
• She does not have symptoms.

Bree's family does not have to quarantine UNLESS she tests positive.

Bree should be extra careful and take safety precautions. She can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Bree should follow for 14 days after her exposure, go to page 14.
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 respiratory symptoms have improved for 24 hours, and
- It has been at least 10 days since she first got sick.
- She needs to isolate for at least 10 days from the day she got tested, even if she never gets symptoms of COVID-19.

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 should quarantine for 10 days, unless they are fully vaccinated or they had COVID-19 less than 180 days ago (about 6 months). They can’t end quarantine until at least 10 days after the last time they were in close contact with Abigail, even if they test negative or never get symptoms of COVID-19. This means they should stay home and away from other people as much as possible. The health department will tell them how long to quarantine and when to 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 aren’t fully vaccinated and need to quarantine. They can return to the child care facility:
- After 10 days if they do not get tested.
- After 7 days if they test negative for COVID-19. They must wait at least 7 days after the exposure to get tested.
- They do not have symptoms.

The children's families do not have to quarantine UNLESS they test positive.

The parents of the children who were exposed should be extra careful and take safety precautions with their child. Their children can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions the children’s parents and families should follow for 14 days after their exposure, go to page 14.
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. Hayder isn’t fully vaccinated. 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 respiratory symptoms have improved for 24 hours, and
- It has been at least 10 days since she first got sick.
- She should still isolate for 10 days from the day she got tested, even if she doesn’t get any symptoms of COVID-19.

Hayder’s sister should stay isolated until she’s not infectious anymore. This means it has been at least 10 days since she tested positive and her symptoms are getting better.

Since he lives with someone who tested positive and isn’t fully vaccinated, Hayder has to quarantine at home for at least 10 days. It can be hard to stay away from someone who is sick in your house. This means Hayder may have to stay at home for more than 10 days. Every time he comes into close contact with his sister while she’s infectious, his quarantine starts over. He has to quarantine for 10 days from the last time he had close contact with his sister while she was infectious.

The health department will tell Hayder’s family when they can end quarantine and when to get tested. Even if no one else in Hayder’s family gets sick or they all test negative for COVID-19, they all have to finish their 10-day quarantine. They should stay home and away from other people as much as possible. They should not go to work, school, church, other family gatherings, or anywhere else until they’ve finished quarantine. If they need to leave their home to get medical care, they need to wear face masks.

They need to be extra careful. For a list of safety precautions Hayder and his family should follow, go to page 14.
Scenario example
An employee lives with someone who is quarantined.

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 must quarantine at home and get tested for COVID-19 because he is not fully vaccinated.

Amberly was not in close contact with the person who tested positive for COVID-19. She can go to work. She doesn't need to quarantine UNLESS she is exposed to someone who tests positive for COVID-19, like her husband Nick.
**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 should quarantine at home because she is not fully vaccinated.**

She can return to work:
- After 10 days if she does not get tested.
- After 7 days if she tests negative for COVID-19. She must wait at least 7 days after her exposure to get tested.
- She does not have symptoms.

The people who live with Navina do not need to quarantine UNLESS they were also exposed to the person who tested positive or if Navina tests positive for COVID-19.

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 quarantine UNLESS she tests positive and was at work while she was infectious.

Navina should be extra careful and take safety precautions. She can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Navina should follow for 14 days after her exposure, go to page 14.
Scenario example
An employee who already had COVID-19 in the last 180 days (about 6 months) is exposed again.

Simon tested positive for COVID-19 less than 180 days (about 6 months) ago. He went back to work after he finished isolation. A few weeks later, he was exposed to someone who tested positive. This means he was closer than 6 feet or 2 meters (about 2 arm lengths) from the person who tested positive for a total of 15 minutes or longer.

Simon doesn’t have to quarantine because it has been less than 180 days since he tested positive. He can go to work. Simon doesn’t need to get tested again if it has been less than 90 days since he tested positive for COVID-19. However, if it has been between 90-180 days since he tested positive, he should get tested 5-7 days after he was exposed.

Simon should follow these guidelines for 14 days from the date of his last exposure:
• Take his temperature before work. Check for symptoms of COVID-19 every day.
• Wear a face mask at school, during extracurricular activities, and when he’s around people he doesn’t live with.
• If he gets sick or has symptoms of COVID-19, he should isolate for at least 10 days after he first gets symptoms and call a doctor. His doctor will decide if he should get tested for COVID-19 again. Even if he tests negative for COVID-19, Simon still needs to take extra precautions for 14 days.
**Scenario example**

A employee had COVID-19 more than 180 days (about 6 months) ago and is exposed again.

Dulce tested positive for COVID-19 more than 180 days (about 6 months) ago. She went back to work after she finished isolation. A few weeks after returning to work, Dulce was exposed to a child at the child care facility where she works who tested positive. This means she was closer than 6 feet or 2 meters (about 2 arm lengths) to the child who tested positive for a total of 15 minutes or longer.

Dulce has been exposed to the virus and needs to quarantine again since it has been more than 180 days since she tested positive. She can return to work:

- After 10 days if she does not get tested.
- After 7 days if she tests negative for COVID-19. She must wait at least 7 days after her exposure to get tested.
- She does not have symptoms.

Dulce’s family does not have to quarantine UNLESS she tests positive.

Dulce should be extra careful and take safety precautions. She can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Dulce should follow for 14 days after her exposure, go to page 14.
Scenario example
An employee is fully vaccinated and exposed to someone who tests positive for COVID-19.

Kayla works at a child care facility. She is fully vaccinated against COVID-19. A person is considered fully vaccinated 2 weeks after their final dose of the vaccine.
- Two-dose vaccines: 2 weeks after 2nd shot (you need both shots to be fully protected).
- One-dose vaccines: 2 weeks after shot (you only need one shot to be fully protected).

She was exposed to someone with COVID-19 after she was fully vaccinated. 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.

Kayla doesn’t have to quarantine or get tested because she is fully vaccinated. She is protected from the virus. However, she should still get tested 5-7 days after the exposure to be safe. Kayla should wear a mask when she is around other people for 10 days after her exposure.

Scenario example
An employee is not fully vaccinated and exposed to someone who tests positive for COVID-19.

Mayra works at a child care facility. She is not fully vaccinated against COVID-19.

She 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.

Mayra must quarantine at home because she is not fully vaccinated. She can return to work:
- After 10 days if she does not get tested.
- After 7 days if she tests negative for COVID-19. She must wait at least 7 days after her exposure to get tested.
- She does not have symptoms.

Mayra’s family does not have to quarantine UNLESS she tests positive.

Mayra should be extra careful and take safety precautions. She can still get sick with COVID-19 or expose others to the virus. For a list of safety precautions Mayra should follow for 14 days after her exposure, go to page 14.
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.35

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34 [https://childcarelicensing.utah.gov/2021%20Center%20Interpretation%20Manual/FINAL%202021%20Center%20IM%20Section%2015.pdf](https://childcarelicensing.utah.gov/2021%20Center%20Interpretation%20Manual/FINAL%202021%20Center%20IM%20Section%2015.pdf)
35 [https://www.ashrae.org/technical-resources/commercial#general](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.

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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.

- 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.
- 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 1000 ppm 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\textsuperscript{60,61}

- 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\textsuperscript{36,37}

- 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.

\textsuperscript{36} \url{https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html}
\textsuperscript{37} \url{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

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.

39 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.

<table>
<thead>
<tr>
<th>Number of days since the sick employee was at the workplace</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 7 days</td>
<td>Close off all areas used for long periods of time by the person who is sick.</td>
</tr>
<tr>
<td></td>
<td>Wait 24 hours before you start to clean and disinfect.</td>
</tr>
<tr>
<td>7 days or more</td>
<td>You do not need to do extra cleaning and disinfection.</td>
</tr>
<tr>
<td></td>
<td>Just do your regular cleaning and disinfecting of all high-touch surfaces at the workplace.</td>
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</tbody>
</table>
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.40,41

Prepare your child care facility.

The CDC uses a list of things you can do to lower the risk to children and employees. This list is called the hierarchy of controls.42 They are listed from the best ways you can control and stop the spread of COVID-19, to the ways that are least effective. Use a combination of these controls to best protect your facility. Some of these include engineering controls (ventilation and how you set up the spaces in your facility and workspaces), policies for your workplace, and personal protective equipment (PPE).

Your hazard assessment will tell you what kind of COVID-19 workplace hazards you have, or may get. This will help you decide what to do to lower the risk, or what type of PPE are needed for specific job duties.

40 https://pws.byu.edu/making-sense-of-the-research-on-covid-19-and-school-reopenings
42 https://www.cdc.gov/niosh/topics/hierarchy/default.html
Engineering and ventilation controls

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/.

43 https://www.ashrae.org/
Protect your building water system and devices after a long shutdown

If you had to shut down your building for a long time, there are steps you need to take before you reopen. The CDC Guidance for Building Water Systems has 8 steps you should take before you reopen your business or building. Learn more at https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Recommendations for specific areas and spaces at your workplace

Make sure you know where the supply and return outlet locations are for these spaces and that there won’t be long time periods where people are exposed to air flow from the face of one person to another. For more information, visit https://www.ashrae.org/technical-resources/commercial#general https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-General-Office-Settings_GuidanceDocument.pdf.

Lobby

• Pressurized lobby to outside.
• Label entrance and exit doors for one-way traffic.

Elevator and escalators

• Ask riders to wear face masks and minimize talking.
• Limit riders for physical distancing and face away from each other. Place decals inside the elevator to show riders where to stand, if needed.
• Consider having elevators stop at every floor in low-rise buildings.
• Turn on elevator cab (lift) ventilation fans, when possible.
• Ask people to take the stairs, if possible. This is very helpful when elevator lobbies are crowded.
• Post signs to remind people to physical distance.
• Allow elevators to run at high speed to reduce time in elevators.
• Consider installing a touchless call button.
• Consider a portable air cleaner with HEPA filter in the elevator for vulnerable riders.
• Use floor markings in elevator lobbies and near the entrance to escalators to remind people to physical distance.
• Consider leaving steps empty between passengers on escalators, if possible.
• Post signs to remind people not to touch surfaces. They should use an object (such as a pen cap) or their knuckle to push elevator buttons.
• Ask elevator and escalator riders to wash their hands and not touch their face after holding on to handrails or touching buttons.
**Stairs**

- Consider one-way traffic if there are more than 2 stairs.
- Turn on fans or stairwell pressurization, if possible.
- Open windows to outside, if possible and outside conditions allow.
- Consider portable air cleaners.

**Toilet**

- Consider installing an occupancy sensor, if possible.
- Add a lid to the toilet and ask people to put the lid on before they flush.

**Conference room or private office**

- Keep doors open to allow air movement. If doors must be closed, consider a portable air cleaner or return fan to ceiling plenum.

**Atrium**

- All air handling systems that connect to an atrium should have similar measures.
- Review impact of stack effect.

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**Other recommendations or areas to review**

- Keep dry bulb temperatures within the comfort ranges indicated in ANSI/ASHRAE Standard 55-2017. You should try to keep them at the higher end of the dry bulb temperatures.
- Keep relative humidity between 40% and 60%, if possible. This can reduce how long the virus lives. You may need to watch for the possibility of issues with indoor condensation.
- Do not open windows if outdoor air quality is not healthy or increase ventilation without using the proper filters. For more information, visit ANSI/ASHRAE Standards 62.1-2019.
- Check outside air intake often to make sure there is not a potential risk.
- Check the air intake location for any obstruction, or less than 10’ above ground.
- Check the nearby exhaust for other contaminants.
Find risks in your facility.

You should give children and employees a safe and healthy child care environment and workplace. You should find out where and how people might be exposed to COVID-19 in the facility. You can find out if there are risks for children and employees to be exposed to COVID-19 by doing a thorough COVID-19 hazard assessment of your facility. You may want to hold a training for employees so they understand your facility’s plan to stay open during the pandemic and what will be involved in the hazard assessment of your facility. It is very important every employee understands what the facility is doing and what they can do to keep the facility safe.

What is a COVID-19 hazard?44

A COVID-19 hazard is something in the physical environment (workplace hazard) or in the way we do things (work process hazard) that increases our chances of being exposed to COVID-19. The best way to reduce exposure is to eliminate the hazard, if you can. However, many times it may be too costly to fix the problem. Even if you can’t eliminate the hazard completely, there are usually things you can do to reduce the risk. You can often reduce the risk of exposure with very simple modifications.

Remember, COVID-19 is spread mainly through close contact. 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 spreads through respiratory droplets from person-to-person.

The good thing about doing a hazard assessment, is that schools and child care facilities function on routine. With few exceptions, when, by whom, and how the spaces in the facility are used, is planned out in advance. Almost everyone who attends or works in a child care center does the same thing, with the same people, in the same place, at the same time every day.

Creating a hazard assessment for your facility.

• Make a schedule for the week. Each day should be broken into 15 minute increments.
  - Administrators should create a schedule that starts at the time the first employee usually arrives at the facility and ends when the last employee usually leaves.
  - Employees should create a schedule that starts when they arrive at the workplace and ends when they leave.

• Make a list of the spaces in the facility used by children and employees.
  - Administrators should also make a list of shared spaces, or common areas. This may include the front office, cafeteria, pick-up and drop off zones, playgrounds or areas used for recess, hallways, bathrooms, breakrooms, and other shared spaces.
  - Employees should make a list of the spaces they or their children use during the day. This may include the classroom, the playground, the cafeteria, workrooms, and any other shared spaces employees or students use.
Assess the risk in each space.

Once you have a list of the spaces children and employees use throughout the day, it is important to think about how the setup of the spaces or the way people use them may increase the risk of exposure to COVID-19.

Use your schedule to write down the spaces you use at different times during the day. Administrators should create a separate hazard assessment for each shared space. Use these questions to assess possible threats to the health of children and employees for each space in the facility at each time of the day.

- Who uses the space?
- Do children, employees, or outside visitors use the space at the same time?
- Do children from different classrooms use the space at the same time?
- How many children or employees are in the space at one time?
- What is the space being used for?
- Are the people using this space able to physical distance?
- Are the people in this space in close contact for 15 minutes or longer when they are using the space?
- How long are the people using the space in close contact?
- Will the people using the space wear masks when they are in close contact with other people?
- Are people in the space exercising or physically playing, eating, drinking, or doing other activities where respiratory droplets from their eyes, nose, mouth, or body could get on someone else?
- Is the space cleaned after each use?
- Are people able to wash their hands with soap and water right before and after they use the space?
- Where do the people using this space go next?
Sample hazard assessment of student drop off and pick-up at a K-12 school

Who uses the drop off and pick-up areas?
Teachers, students, parents or visitors, and employees.

Do students, teachers, employees, or outside visitors use the space at the same time?
Yes.

Do students from different grades or classrooms use the space at the same time?
Yes.

How many students, teachers, or employees are in the space at one time?
Many. Every student who comes to school, any teachers on morning duty, any visitors to the school.

What is the space being used for?
Student drop off and pick-up.

Are the people using this space able to physical distance?
Yes. There is enough space people could physical distance. However, students, teachers, and employees rarely physical distance in drop off and pick up areas.

Are the people in this space exercising or physically playing, eating, drinking, or doing other activities where respiratory droplets from their eyes, nose, mouth, or body could get on someone else?
Yes. Students often run to the entrance doors from their cars. Students often eat as they are entering the school. Many students are finishing breakfast as they enter the building.

Is the space cleaned after each use?
No. Most of the drop off and pick up area is outdoors.

Are people able to wash their hands with soap and water right before and after they use the space?
We do not know if students wash their hands right before they come to school. Students are able to wash their hands once they get to school. However, students rarely wash their hands right after they enter the school. This includes students who are eating as they enter the building.

Where do the people using this space go next?
When students get to school, they go outside on the playground, to the cafeteria to eat breakfast, to the office, to the library, or to their classroom.
What are the hazards in the sample assessment of drop off and pick up areas?

How can drop off and pick up areas be modified to reduce the chance a student, teacher, or employee will be exposed to COVID-19?

Hazard: Many people who do not live in the same home come to, and enter, the school at the same time.

Everyone in the drop off and pick-up areas and who enters the school is exposed to different people in their personal lives. This many different, possible exposures being in the same place or entering the school at the same time, increases the risk of exposure in the school.

Ideas to reduce the number of people who do not live in the same home entering the school at the same time:
- Have different drop off and pick up times for each grade level.
- In areas of higher community spread, have a designated drop off and pick up time and area for each class. Consider having classroom teachers meet students outside at the designated time and location outside the school and take students directly to the classroom or to the playground, if time and scheduling permits. This way, when students are at school, they are only in close contact with the other students in their class.
  - This recommendation would be challenging for students who need to eat breakfast at school. It would also be challenging for parents who need to drop their children off earlier because of work schedules. If you consider using this approach, you will need to plan to accommodate situations such as these.

Hazard: Drop off and pick up areas have the potential for close contact exposures.

People are social by nature, especially students. Social interaction usually involves close contact between people. Plan for areas of the school where students, teachers, or employees naturally are in close contact and interact with their friends, neighbors, or colleagues. You should try to control movement in these areas and limit close contact as much as possible.
Ideas to reduce the potential for a close contact exposure in drop off and pick up areas:

- Students, teachers, and employees should put on their face mask before they exit their vehicle and enter the school. No one should enter the school without wearing a face mask.
- Place markers at least 6 feet apart for teachers or employees who oversee drop off and pick up areas to stand. It is a good idea to also place another marker 6 feet from where the teacher or employee will stand. It is common for students or parents to take the opportunity to talk to a teacher in drop off and pick-up areas. People are more likely to practice health behaviors when they are easy to do. Having a spot marked off by the teacher will remind students and parents to physical distance and keep teachers and employees safe.
- Create a student drop off and pick-up process that promotes physical distancing. Place markers 6 feet apart at the entrance and exits of the school. Students should not get closer than 6 feet to the person in front of them as they enter or exit the school. Place markers where students should be dropped off and picked up. After they exit their vehicle, students should stand on their marker and wait until the person in front of them has moved to the next spot.
- Place markers 6 feet apart where students who ride the bus will enter and exit the school. Bus drivers should place markers in the bus 6 feet apart for students to stand when they enter or exit the bus. Students should stay seated until the row in front of them has moved to the next marker. Students, teachers, and employees should put on their face mask before they enter the bus and should wear it any time they are on the bus.

Hazard: Even if you improve hygiene practices after students get inside the school or are in the classroom, there are many opportunities for students, teachers, and employees to spread germs beforehand.

People are more likely to practice health behaviors when they are easy to do. Plan to make good hygiene practices before entering the school easier.

Ideas to promote good hygiene practices in drop off and pick up areas:

- Students should eat or drink only in designated areas. Students should not exit their vehicle while eating.
- Ask parents to have students wash their hands before they leave home or use hand sanitizer before they exit their vehicle.
- Consider having automatic hand sanitizer stations at entrances and exits. You may consider posting a video on your school’s website of hygiene practices people should use before they enter the school.
- Consider having teachers or employees who oversee drop off and pick up areas provide students with hand sanitizer before they enter the school, or have a designated employee at entrance and exits to provide students with hand sanitizer.
- Clean high-touch surfaces more often, such as door knobs and handles.
Ideas to prevent close contact exposures, reduce hazards in your child care facility, and make your environment healthier

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 section 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.

Cafeterias and food service

There is no evidence that COVID-19 is spread through food. It is possible that a person can get COVID-19 by touching a surface or object, including food or food packaging, that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not the main way the virus spreads.

You may also find it helpful to know that the United States Department of Agriculture (USDA) issued a COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs.

• Employees should wear a mask when preparing and serving food to children.
• Employees should wash their hands for 20 seconds with warm soapy water before and after touching, preparing, serving, or eating food. If soap and water are not available, use an alcohol based hand sanitizer that is at least 60% alcohol.
• Employees should wear gloves to prepare food. Wash hands with warm soapy water for 20 seconds after taking your gloves off.
• Food preparation should not be done by the same person who changes children’s diapers, whenever possible. If you are the only person available for both diapering and food preparation, consider meal preparations that can be done ahead of time or choose food with minimal preparation.

- Children should remove their face masks to eat. Store face masks in a designated spot for each child like a bag or cubbie.
- Record seating and attendance to support contact tracing.
- Keep the same students together in cohorts. Assign cohorts to the cafeteria by times or areas.
- Decrease lunch times. Have separate times for lunch recess.
- Place floor markers and lines to show the flow in lunch lines and areas.
- Consider staggering lunch hours to reduce the number of children eating together at one time.
- Use outdoor eating areas as much as possible.
- Have children wash their hands before they eat.
- Increase how often you clean and disinfect high-touch areas.
- Consider having sack or boxed lunches students can eat in classrooms or outside. Have a plan for how lunches will be distributed. Prepare and distribute sack or box lunches for children to eat in classrooms or outside.
- Use paper cups and personal bottles instead of water fountains.
- Avoid any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. Instead, serve individually plated or pre-packaged meals and snacks while ensuring the safety of children with food allergies. If your meals are typically served family-style, have one employee place food on plates so that multiple staff and children are not handling serving utensils.
- Space students 6 feet apart as much as possible. Stagger students so they are not sitting face-to-face on each side of the table.
- Clean and disinfect food line areas, tables, and chairs between uses.
- Encourage children and employees not to share food or utensils and use disposable food service items (utensils, trays) as much as possible. If use of disposable items is not possible, make sure employees wear gloves when they touch any food service items and equipment that can’t be thrown away. Wash items you can’t throw away with dish soap and hot water or in a dishwasher.
- Employees should wash their hands for 20 seconds with soap and water after they remove their gloves or after they touch used food service items.
- Use no-touch trash cans or trash cans that have a foot pedal so you don’t have to open the trash can with your hands.
- Limit the number of employees, parents, or volunteers who come into the classroom or cafeteria during meal times. Food demonstrations or food sampling activities shouldn’t be done during the pandemic.
- Don’t use cloth table coverings or other table covers that are hard to clean or disinfect.
Classrooms

- Keep the same children together as much as possible when they are at care, such as a cohort of children.
- It is very hard to prevent close contact in a classroom setting. You won’t always be able to prevent close contact, especially between young children. However, if you think about how children use the spaces in your classroom and modify them to reduce close contact as much as you can, you decrease the chance of exposures in the facility.
- Assign seats to children and small groups to support contact tracing.
- Develop and provide educator training for how they can implement strategies to identify and mitigate risk in a classroom setting.
- Keep the same children and staff with each group as much as you can.
- Identify and use large spaces (auditoriums, gyms, and outdoors) to maximize physical distancing.
- Move nonessential furniture and equipment out of classrooms to increase the space children have to physical distance.
- Seat children facing forward.
- Turn your tables to face in the same direction (rather than facing each other), or have your children sit on only one side of your tables, spaced apart, particularly at mealtimes.
- Modify your learning stations and activities to keep children physically distanced, when possible.
- Consider using other ways to separate children, such as plexiglass barriers, if possible.
- Place floor markers or post signs so children know how to move around the classroom without coming into close contact with other people.
- You may need to consider changing the way you group children when they work together. Even in the classroom, it is important to keep children in the same small groups as much as possible. Everyone is exposed to different people in their personal lives. Every time you can reduce the possible exposures a child may have, you should.
- You may need to allow more time for transitions so children can maintain physical distancing.
- Provide explicit instruction and give children ideas about how to physical distance when they play and learn. Children are more likely to practice physical distancing at recess and when they play with other children in their personal lives if you teach them how they can stay safe and have fun at the same time.
- Try to get children to use water fountains as little as possible. Provide disposable cups or other ways for children to stay hydrated.
- Prop open doors so people do not have to touch them.
- Clean high-touch surfaces often, especially after transition periods.

What is a cohort, and how does it work?47

One strategy administrators can consider is cohorting (or forming “pods”). Cohorting keeps groups of children, and sometimes employees, together throughout the day to minimize exposure for children and employees across the environment.

Children and staff in a cohort only have potential close contact exposures with others in the same cohort. This practice may help prevent the spread of COVID-19.

- Decreases opportunities for exposure to COVID-19.
- Helps make contact tracing more efficient.
- Only a single cohort may need to be quarantined or isolated, instead of many children throughout the facility.

Drop off and pick up

- Create drop off and pick up procedures that promote physical distancing and hygiene practices. Let parents know what to do when they drop off and pick up children and how to keep their families healthy and the facility safe.
  - Place markers 6 feet apart at the entrance and exits of the facility.
  - Children should not get closer than 6 feet to the person in front of them as they enter or exit the facility.
  - Place markers where children should be dropped off and picked up. After they exit their vehicle, children should stand on their marker and wait until the person in front of them has moved to the next spot.
- Place markers 6 feet apart where children who ride the bus will enter and exit the facility.
  - Bus drivers may want to place markers in the bus 6 feet apart for children to stand when they enter or exit the bus.
  - Children should stay seated until the row in front of them has moved to the next marker.
  - Children and employees should put on their face mask before they enter the bus and should wear it any time they are on the bus.
- Place markers at least 6 feet apart for staff who oversee drop off and pick up areas to stand.
  - It is a good idea to also place another marker 6 feet from where the employee will stand.
  - It is common for children or parents to take the opportunity to talk to staff in drop off and pick-up areas.
  - People are more likely to practice health behaviors when they are easy to do. Having a spot marked off will remind children and parents to physical distance and keep employees safe.
- In areas of higher community spread, have a designated drop off and pick up time and area for each class. Consider having classroom staff meet children outside at the designated time and location outside the facility and take children directly to the classroom or to the playground, if time and scheduling permits. This way, when children are at facility, they are only in close contact with the other children in their class.
  - This recommendation would be challenging for children who need to eat breakfast at facility.
  - It would also be challenging for parents who need to drop their children off earlier because of work schedules. If you consider using this approach, you will need to plan to accommodate situations such as these.
- Have a designated location on the playground for staff to meet their class when the bell rings in the morning. This will help prevent children from being in close contact with children from other classes when they go back into the building. If you do not have automatic hand sanitizer stations at entrance and exits, consider having staff provide children with hand sanitizer before they go back into the facility.
Face masks
While face masks may not be required currently by state public health order or child care licensing rules, public health recommends face masks be worn by people who are not fully vaccinated.

- 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.

Does everyone need to wear a face mask?

There is clear scientific evidence that wearing a face mask prevents the spread of COVID-19.48

The CDC recommends all people 2 years of age and older who are not fully vaccinated wear a face mask in public settings and when around people who don’t live in your household, especially when it is hard to physical distance.49

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.

48 https://pws.byu.edu/covid-19-and-masks
Examples of times people may need adaptations and alternatives to cloth face coverings

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.

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.

Surgical masks
Face masks are not surgical masks or respirators. Right now, surgical masks and respirators are critical supplies that should be reserved for healthcare workers and other medical first responders.

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 children’s hands look dirty, they need to wash them with soap and water. Washing your hands is best, but if children’s 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.
- Children should eat or drink only in designated areas. Children should not exit their vehicle while eating.
- Ask parents to have children wash their hands before they leave home or use hand sanitizer before they exit their vehicle.
- 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
**Recess and playground**

- Have assigned, staggered times for each class for recess, playground, and outdoor spaces. It is best if the same children can stay together all day, including on the playground.
- Teach children how to physical distance when they play. Children are more likely to practice physical distancing at recess and when they play with other children in their personal lives, if staff provide explicit instruction about how to physical distance when they play and provide them with ideas of how they can stay safe and have fun at the same time.
- Children are not required to use face masks at recess. It is less likely children will be exposed outside, especially if they are practicing physical distancing when they play or participate in activities. However, there is still a risk of children being exposed if they have a close contact exposure when they are outside. This is why it is important for children to stay with the same children as much as possible.
- Have a designated location on the playground for staff to meet their class when the bell rings after lunch and recess. This will help prevent children from being in close contact with children from other classes when they go back into the building. If you do not have automatic hand sanitizer stations at entrance and exits, consider having staff provide children with hand sanitizer before they go back into the facility.
- Make sure recess and playgrounds are managed with health and safety principles and requirements in place. Work with the local health department if needed.

51 [https://coronavirus.utah.gov/special-orders/](https://coronavirus.utah.gov/special-orders/)
Restrooms

- Try to have the same groups of children use the same bathroom as much as possible. If children are grouped by the same hallway, floor, or grade level, designate a restroom for each cohort.
  - Tell younger children what to do in the case of a bathroom emergency. Younger children may think they can only use their designated restroom, even in an emergency.
- You may want to consider asking secondary children to use the restroom during class periods and reduce the number of children going to the restroom at one time.
- It may be effective in elementary classrooms to build in additional, scheduled times for restroom visits to reduce the number of children going to the restroom at once.
- Use strategies to minimize the number of individuals in a restroom, such as:
  - Increase barriers between stalls/urinals.
  - Block off every-other stall.
- Place floor markers to remind children to physical distance when waiting to use restrooms.
- 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 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. 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. 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, and is not fully vaccinated or has not had a positive COVID-19 test within the last 180 days. This means the person should quarantine at home.
  - 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.


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<th>Common cold</th>
<th>Flu</th>
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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 44.
- 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.

Transitions

- Keep the same children together as much as possible when they are your facility.
- Post signs or use floor markers to show people which door they should use to enter or exit. This will reduce the chance people will have face-to-face contact if they are trying to use a door, but are going opposite directions.
- Post signs to remind people to physical distance.
- Let people enter and exit through all doors. This will help reduce the number of children who gather in groups while they wait to get into the building.
- Develop a plan for how you will maintain physical distancing during safety drills (fire, lockdown, earthquake)
Transportation

- Assign seats on the bus to support contact tracing.
- Place markers in the bus 6 feet apart for children to stand when they enter or exit the bus.
- Children should stay seated until the row in front of them has moved to the next marker.
- Children and employees should put on their face mask before they enter the bus and should wear it any time they are on the bus.
- Consider seating children one child per row, facing forward and skip rows between children, if possible. Children who live in the same home can sit together if they need to.
- Clean and disinfect seats and other high-touch surfaces often.
- Try to physical distance as much as you can on the bus. If children can’t stay 6 feet apart on the bus, try to keep them as far apart as possible.
- Make a plan to keep drivers safe, such as installing plexiglass around the driver.
- Consider staggered pick up and drop off times for children who ride the bus.
- Have clean, spare face masks for children who forget theirs.
- Open bus windows to increase circulation of outdoor air. Make sure windows do not open far enough to be a safety hazard.

Visitors, volunteers, and non-regular employees

- Limit nonessential visitors and volunteers. Your facility should determine essential versus nonessential.
- Mothers who are breastfeeding should be allowed to be in the facility to feed their child.
- For family child care homes, try to not have children in your care around others who are not a part of the child care program. If there are other people living in the home who are not part of the child care program, consider having them stay in a different part of the home. If they will need to be in shared areas, have them wear a mask and maintain as much physical distance as possible. Try not to have visitors enter the family child care home during child care hours.
- Check visitors and non-regular staff for symptoms of COVID-19. If someone is sick, he or she should not enter the facility.
- All visitors and non-regular staff should wear a face mask when inside the building.
- Consider protocols for visitors, including sign-in and sign-out, locations being visited, screening, calling front office before entering, etc.
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, have tested positive, or have been exposed and asked to quarantine. 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 or if they have come in close contact with someone who has tested positive.

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. In order to receive quarantine documentation for FFCRA reimbursement, email contact.tracing@utah.gov.

Tax Credits for Paid Leave

Requirements of the Families First Coronavirus Response Act (FFCRA) became voluntary in 2021. If you’re still providing compensation to employees who miss work because of COVID-related illness to themselves or family members, you can still claim the tax credit associated with the Act to get reimbursement through September 2021.

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

Do the requirements and benefits provided for in the Families First Coronavirus Response Act (FFCRA) apply to you?

The U.S. Department of Labor has an easy-to-use online tool to determine:
- If an employee qualifies for paid sick leave or paid expanded family and medical leave
- If an employer must provide paid sick leave or paid expanded family and medical leave.
This tool may be found at https://www.dol.gov/agencies/whd/ffcra/benefits-eligibility-webtool.

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

During the pandemic, make sure you have sick leave policies in place to protect all of your employees. If someone comes to work sick, he or she could spread illness to other employees. Make employees 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 isolate at home. 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.
Travel

The CDC recommends you avoid travelling as much as possible if you are not fully vaccinated. If you do travel, take precautions to protect yourself and others: wear a mask, physical distance, wash your hands often, and try to avoid touching things other people touch. Bring hand sanitizer and disposable wipes with you in case you do not have soap and water to wash your hands.

Right now, there are no COVID-19 travel restrictions in Utah. This means children or employees who travel outside the state of Utah do not need to quarantine when they get back. However, there may be mandatory quarantines in other cities or states across the U.S. There are also travel restrictions for air passengers entering the U.S. Travelers are responsible for following any travel requirements of their destination. Please visit the state, country, airline, or travel destination website of the area you are traveling to for more information and to see what testing locations, types of tests, and proof of vaccination status meet their requirements. For up-to-date travel recommendations, visit https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html or https://coronavirus.utah.gov/travel.

Consider these questions before you travel:

☑ Are you fully vaccinated? Are the people you are traveling with fully vaccinated? Is there a vaccination requirement at your travel destination?

☑ Is COVID-19 spreading where you live or going?

☑ Are you or people you are traveling with at high-risk of getting very sick from COVID-19? Older adults and people of any age who have a serious underlying medical condition are at higher risk for severe illness from COVID-19.

☑ Do you live with someone who is at high-risk of getting very sick from COVID-19? If you get infected while you travel you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.

☑ Does your travel destination require proof of vaccination, proof of negative COVID-19 test results, or quarantine?

☑ If you get sick with COVID-19, will you have to miss work? People with COVID-19 disease need to isolate at home until they are no longer able to spread the virus to other people.

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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 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 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.

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 National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress.
- The Disaster Distress Helpline provides crisis counseling to people affected by the COVID-19 pandemic.
- The SafeUT app is a free youth crisis text and tip line.

Guidance for Operating Child Care Programs during COVID-19

Caring for Our Children
https://nrckids.org/CFOC


Anti-discrimination laws and COVID-19