COVID-19 REOPENING GUIDANCE
GOVERNOR’S ECONOMIC REOPENING TASKFORCE
General Guidelines to Protect Child Care Providers, Staff, and Children

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

2. Follow CDC Guidance for Child Care Programs that Remain Open. The CDC guidance does not supersede applicable federal, state, and local laws and policies for child care programs, including the NH Universal Guidelines and NH Childcare Guidance.

3. Review the Frequently Asked Questions (FAQs) for Education Partners (which apply to child care agencies as well)

4. Childcare providers and staff, parents/guardians, and children should comply with the following guidance on cloth face coverings/masks (“face masks”) use:
   
a. All childcare providers and staff should wear face masks over their noses and mouths at all times when within childcare facilities and around other people, especially when 6 feet of social distancing is not able to be consistently maintained, and when caring for potentially vulnerable children with underlying health conditions or disabilities.

b. Masks should NOT be put on babies and children under the age of two because of the danger of suffocation.

c. Children two years of age and older, especially older children and teenagers should wear face masks at all times when within the facility and around other people, unless there is a valid medical or developmental reason a child cannot wear a face mask (per CDC guidance), or if a child is unable to be compliant with face masks even after providers and parents/guardians work with the child to gain compliance. Providers should work with children 2 years of age and older to help them understand the importance of face masks and gain compliance with use while within the childcare facility.

d. All adults dropping children off at the childcare facility must wear face masks over their noses and mouths when within the childcare facility or public spaces where other individuals are present.

e. Everyone should follow CDC guidance on face masks.

f. Providers, staff, and children should be given routine mask breaks (ideally outside if weather permits) where everybody is separated by at least 6 feet or more and face masks can be removed for brief periods of time (and properly stored) while socially distanced. Hands should be sanitized before and after removing or replacing face masks.

g. People wearing face masks must not touch their eyes, noses, mouths, or faces, or adjust their face masks without first sanitizing hands. After touching face or adjusting a face mask, hands must be sanitized.
5. Staff and children must practice frequent hand hygiene.
   a. Advise children, families, and staff to avoid touching their eyes, noses, and mouths with unwashed hands.
   b. Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
   c. Always wash hands with soap and water if hands are visibly dirty.
   d. Supervise and help young children to ensure they are washing/sanitizing hands correctly and to prevent swallowing of alcohol-based hand sanitizer. When soap and water are not readily available and hand sanitizer is used with children, it should be used under the direct supervision of staff. When not in use, hand sanitizer should be kept out of reach of children (on a high shelf, cabinet or in a backpack worn by staff outside).
   e. At a minimum, require handwashing when arriving at the facility, entering the classroom, before and after meals or snacks, before and during meal preparation or service as necessary to prevent cross contamination, after outside time, before and after going to the bathroom or each diaper change, after handling any bodily fluid, before and after medication administration, after cleaning up and handling any garbage, after handling animals or cleaning up animal waste, and prior to leaving for home.

6. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available). Alternatively, cough or sneeze into elbows. Children should be taught appropriate cough and sneeze etiquette and how to appropriate clean/sanitize hands after.

7. Children, families, and staff should be educated and instructed to maintain a distance of at least 6 feet from others whenever possible.

8. If there is a confirmed case of COVID-19 at a childcare facility, the facility must contact:
   a. The Bureau of Infection Disease Control (BIDC) at 603-271-4496.
   b. The Bureau of Child Development and Head Start Collaboration at 603-271-4242; and
   c. The Child Care Licensing Unit at 603-271-9025, or ccluoffice@dhhs.nh.gov.
Business Process Guidance


2. Childcare providers, staff, and children/families must be provided with education and training around safe practices as it relates to hand hygiene, sanitation (cleaning and disinfection policies), other COVID-19 mitigation measures, and illness policies outlined in the [NH Universal Guidelines](https://www2.cde.state.nh.us/education/safeschools/protection/)

3. All facilities should have a communication plan to educate staff, families, and children about COVID-19 health and safety practices at the childcare facility.

4. Childcare providers and other staff must be screened for elevated temperature, symptoms of COVID-19, or risk factors of COVID-19 before each shift as outlined in the [NH Universal Guidelines](https://www2.cde.state.nh.us/education/safeschools/protection/). Anyone with any new or unexplained symptoms of COVID-19 or identified risk factors are not allowed into the facility.

5. Children entering childcare should also be screened for elevated temperature, symptoms of COVID-19, or risk factors of COVID-19 before entering the childcare facility following the same guidance and questions outlined (for employees) in the [NH Universal Guidelines](https://www2.cde.state.nh.us/education/safeschools/protection/). Anyone with any new or unexplained symptoms of COVID-19 or identified risk factors are not allowed into the facility.

6. Require all staff to report any symptoms of COVID-19, travel, or close contact to a person with COVID-19 to supervisors prior to beginning their shifts or during their shifts if symptoms arise.

7. Restrict non-essential visitors, volunteers, and activities involving other groups at the same time.

8. Persons with any new or unexplained [symptoms of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) should be instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home until they meet criteria outlined in the [NH Universal Guidelines](https://www2.cde.state.nh.us/education/safeschools/protection/) (i.e., the person has met CDC criteria for [discontinuation of isolation](https://www.cdc.gov/coronavirus/2019-ncov/discontinuation.html), or they have tested negative AND at least 24 hours have passed since their last fever off any fever-reducing medications, and other symptoms have improved).

9. Asymptomatic persons who report close contact to someone with COVID-19 or who have a travel-related risk must [self-quarantine](https://www.cdc.gov/coronavirus/2019-ncov/travelers/self-quarantine.html) for at least 10 days from their last exposure or return from travel.
   - See NH [Travel Guidance](https://www2.cde.state.nh.us/education/safeschools/protection/travel-guidelines/) for requirements about travel-related quarantine.
   - Childcare facilities must review and follow NH’s [Employer Travel, Screening, and Exclusion Guidance](https://www2.cde.state.nh.us/education/safeschools/protection/)

10. Any person that develops symptoms of COVID-19 while at the childcare facility must be masked (if they are over 2 years of age), removed from contact with others, and
be immediately sent home.

**Social Distancing Strategies**

1. Space seating, bedding (head-to-toe positioning), and activities so that children are at least 6 feet apart, whenever possible.
2. Childcare programs should, whenever possible, reduce group sizes to no more than 20 people total, including children and adults (e.g., three adults and seventeen children, five adults and fifteen children, etc.). Group sizes of 10 or less is ideal/preferred given the very high levels of community transmission and small group sizes are better for preventing spread of COVID-19.
3. For childcare facilities that have multiple rooms or groups, where feasible, consistently keep the same groups of children and staff together and avoid intermixing or interaction between groups during the day (e.g., at opening and closing, during meals and snacks, outdoor play, etc.).
4. Close communal use spaces such as game rooms or dining halls.
5. Where allowable by local codes, childcare facilities should consider dividing rooms to split larger groups into smaller groups (e.g., 10 staff and children per group), provided the required 40 square feet per child is maintained. Childcare facilities wishing to divide larger rooms to accommodate smaller groups as a way to increase social distancing and smaller cohorting must reach out to local officials, or the childcare licensing unit if the program is licensed, to ensure compliance with local codes and childcare licensing rules.

**Pick-up and Drop-off**

1. Develop a strategy to maintain social distancing during drop-off and pick-up, such as a drop-off and pick-up process which staggers arrival/departure of children and parents/guardians so that children and parents/guardians from different groups do not interact. Attempt to also stagger drop-off and pick-up times to avoid congregating of parents and children within or outside the facility.
2. Wash hands or use hand sanitizer before and after signing in and out. Hand sanitizer should be made readily available for staff, children, parents/guardians during pick-up and drop-off. No pen should be shared. Parents should use their own pens when signing in, or if a shared pen is used, it should be sanitized between uses. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
3. Take reasonable steps to assist parents/guardians from coming within 6 feet of each other.
4. Keep each child’s belongings separated and in individually labeled storage containers, cubbies, or areas.

**Outdoor Play**

1. Increase time outside, if possible.
2. Outdoor play should occur in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always ensure hand hygiene for staff and children immediately after outdoor play time.
3. Outdoor areas, like playgrounds in schools and parks, generally require normal routine cleaning. Do not spray disinfectant on outdoor playgrounds - it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public. High touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended. Sidewalks and roads should not be disinfected. Spread of COVID-19 from these surfaces is very low and disinfection is likely not beneficial.

**Meal and Snack Time**

1. Keep group size small and do not congregate groups during meal or snack time (i.e., have more than one time for meals and snacks to split the group into smaller sizes or to separate the groups). It is recommended that children be seated at least 6 feet apart when eating a snack or meal. No sharing of food or utensils is allowed.
2. Meals and snacks should be provided in the classroom if possible, to avoid congregating in large groups or eat outside if weather and seating permits.
3. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts.
4. Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs.
5. Food preparation should not be done by the same staff who diaper children.
6. Children and staff must clean/sanitize hands immediately before and after eating.
Transportation

1. Those providing transportation to childcare facilities should maximize space between riders (e.g. one rider per seat in every other row).
2. Keeping windows open might reduce virus transmission. If windows are unable to be opened due to the weather, then increase vehicle ventilation by bringing in outdoor air through the vehicles air system. Internal air must NOT be re-circulated.
3. Ensure an orderly boarding and disembarking process that avoids close contact between people.

Cleaning and Disinfection Procedures:

1. Follow NH Universal Guidelines and CDC guidance to clean and disinfect childcare programs.
2. Follow CDC prevent the spread of COVID-19.
3. Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
4. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
5. If COVID-19 is confirmed in a child or staff member:
   a. Close off areas used by the person who is sick.
   b. Open outside doors and windows to increase air circulation in the areas.
   c. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle to reduce the risk to individuals cleaning.
   d. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
   e. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
6. Develop a schedule for cleaning, sanitizing, and disinfecting. Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, toys, surfaces, etc.
7. Increase the frequency with which you clean and disinfect toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
8. Use alcohol wipes to clean keyboards and electronics and wash hands after use.
9. Minimize the potential for the spread of germs in the program space by temporarily removing items that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately
cleaned and disinfected. Personal comfort items from home need to be sent home daily and not shared.

10. If groups of children are moving from one area to another in shifts, cleaning measures should be completed prior to the new group entering the area.

11. Staff cleaning should follow the disinfectant manufacturer’s instructions.
   a. Use the proper concentration of disinfectant.
   b. Maintain the disinfectant for the required wet contact time.
   c. Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.

12. Use disinfectants in a well-ventilated space. Extensive use of disinfectant products must be done when children are not present, and the facility thoroughly aired out before children return.

13. Childcare facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.

14. Disinfectants, sanitizers, and other cleaning supplies are the responsibility of the childcare facility to have available.

15. Hands-on teaching material needs to be cleaned at the end of the day, using soap and water if applicable, then disinfecting.

16. Facilities should consider removing water tables, sensory tables, etc. from use for the time being and limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.

17. Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names or discontinue use.

**Additional Resources**

*COVID-19 School Kit*
*Recommendations for Responding to COVID-19 in K-12 Schools*
*COVID-19 FAQ’s for Education Partners*
*DPHS Letter to Health Care Providers*