



#StayStrongNC

# ChildCareStrongNC Public Health Toolkit

INTERIM GUIDANCE

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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## What's New:

- Replaced term “face covering” with term “mask” throughout the document
- Included language throughout to address COVID-19 vaccine, including availability to children ages 5 and older and booster/additional doses .
- Page 7: Added requirement that parent/legal guardian (including parents who are breastfeeding) and regulatory agencies be allowed access to facility.
- Page 8: Added definition of diagnosis with COVID-19 through diagnostic testing or by a health care professional.
- Page 9: Added text box emphasizing that currently available and authorized COVID-19 vaccines do not cause a person to test positive for COVID-19 on diagnostic (antigen or molecular/PCR) tests.
- Page 10: New exclusion, isolation and quarantine measures and exemptions from exclusion based on updated CDC guidance clarified requirements for individuals who qualify for an exception to exclusion from child care, including:
  - Requirement for people 18 and over adults to have completed BOTH their primary series of vaccines PLUS any additional doses/boosters for which they are eligible.
  - Requirement for people age 5-17 to have completed primary series, but not additional/booster dose for exemption to exclusion
    - Note that for any scenario where mask wearing is required for early return, the mask must be both close fitting AND worn covering the nose and mouth at all times, except when sleeping or actively eating or drinking .
    - Added new testing recommendations for various scenarios.
- Page 12: *Summary Table for Returning to Child Care* revised to include new exclusion, isolation and quarantine guidance and exemptions from exclusion based on updated CDC guidance. Page 13: Removed scenarios related to exclusion for household members of individuals who have not yet been diagnosed with COVID-19 by a health care professional or through diagnostic testing based on latest guidance from NC DHHS.
- Page 18: Hope 4 Healers highlighted in *Resources* section
- Glossary:
  - Added definitions of “Mask” and “Ongoing COVID-19 exposure”.and “Vaccinated”
  - Clarified definition of “Exposure” and “Presumed positive”

# What Do We Know about COVID-19 and Child Care Settings?

Have questions about this guidance?  
Reach out to  
[dcdee.communications@dhhs.nc.gov](mailto:dcdee.communications@dhhs.nc.gov).

## Current Public Health Guidance

[According to the Centers for Disease Control and Prevention \(CDC\)](#), the Omicron variant now accounts for the majority of sequenced cases of COVID-19 in the United States. The Omicron variant likely spreads more easily than earlier variants of the SARS-CoV-2 virus. CDC expects that anyone with Omicron infection can spread the virus to others, even if he or she is vaccinated or doesn't have symptoms. Currently, North Carolina is experiencing widespread, very high levels of transmission.

[On December 27, 2021](#), CDC updated guidance for isolation and quarantine. According to the CDC director, "CDC's updated recommendations for isolation and quarantine balance what we know about the spread of the virus and the protection provided by vaccination and booster doses. These updates ensure people can safely continue their daily lives. Prevention is our best option: get vaccinated, get boosted, wear a mask in public indoor settings in areas of substantial and high community transmission, and take a test before you gather." While vaccines are working well to prevent severe illness, hospitalization and death, protection against infection with the Omicron variant is lower than protection against earlier variants and decreases over time. The CDC and the American Academy of Pediatrics now recommend everyone ages 5 and older:



- receive a primary series of a COVID-19 vaccine AND
- remain up-to-date with their vaccines, which includes [additional doses for individuals who are immunocompromised](#) and/or [booster doses](#) for those who are eligible.

## Prevention Strategies

This Toolkit has been updated to provide child care providers with recommendations for implementing layered prevention strategies based on:

- current COVID-19 trends in the community and
- updated CDC and AAP guidance.

Each section of the Toolkit has been organized into three categories that prioritize implementation of the strategies that have been shown to be most effective in lowering the risk of COVID-19 exposure and spread in child care settings.

- Strategies that are **REQUIRED** are based on existing North Carolina laws and child care rules and must be followed by all child care providers.
- Strategies that **SHOULD** be implemented:
  - These strategies, if not implemented, create conditions of high risk for COVID-19 exposure and spread.
  - **NCDHHS strongly advises that child care programs adopt all the strategies in these sections.**
- Strategies that child care programs **COULD CONSIDER** adopting:
  - These are strategies to provide additional layers of prevention and that, if implemented, will further reduce the risk of COVID-19 exposure and spread.

Child care providers should continue to consult with local public health officials about transmission and vaccine rates in their community to make operational decisions. Child care programs should consider developing a COVID-19 policy to inform staff and families of how they will plan to implement the guidance in this toolkit.

Child care providers should continue to maintain awareness of:

- the effectiveness of their current policy
- any new restrictions by state or local public health leaders that are necessary to control the spread of the disease.

All of these COVID-19 prevention strategies remain critical to protect people, including children, families, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. When considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time and the facility should closely monitor:

- increases in COVID-19 cases among children and staff
- [community outbreaks and clusters](#).

## Promoting Vaccination

The most effective way for individuals to protect themselves and their loved ones from COVID-19 is to get vaccinated and stay up-to-date with booster doses and/or additional doses. [Evidence shows](#) that COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.

COVID-19 vaccines are now available for [people 5 years of age and older](#). To determine eligibility for additional doses and/or booster shots, visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

### Child care programs can promote vaccines by:

- Encouraging staff and families, including extended family members who have frequent contact with children in the child care program, to get vaccinated and boosted as soon as they can.
- Encouraging vaccine trust and confidence as some communities might have experiences that affect their trust and confidence in the healthcare system.
- Establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- Visiting [yourspotyourshot.nc.gov](https://yourspotyourshot.nc.gov) or call 1-888-675-4567 to find out where to get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the child care program.
- Identifying potential barriers unique to the workforce and implement policies and practices to address them.
- Finding ways to adapt [key messages](#) to [help families and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Using the [NC DHHS COVID-19 Vaccine Communication Toolkit](#) to promote COVID-19 vaccination.
- Hosting information sessions to connect parents and guardians with information about the COVID-19 vaccine. Child care staff and health professionals such as [Child Care Health Consultants](#) can be trusted sources to explain the safety, effectiveness, and benefits of COVID-19 vaccines and answer [frequently asked questions](#).
- Offering flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have [side effects](#) after vaccination. See CDC's [Post-vaccination Considerations for Workplaces](#) for more information.
- Promoting vaccination information as part of enrollment activities for families entering the child care program.

### All child care programs should:

- Keep COVID-19 vaccination status on file for children and staff.
- Require staff who are unvaccinated, or do not disclose vaccine status, to participate in screening/testing programs.

More CDC resources on vaccination:

- [COVID-19 Vaccination Information](#)
- [COVID-19 Vaccines for Children and Teens](#)
- [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#)
- [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#)



## Masks

When people wear a mask correctly and consistently, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and when physical distancing cannot be maintained.

### Child care programs should:

- Require all adults and all children two (2) years or older, regardless of vaccination status, to wear a mask at all times when indoors, except for:
  - adults for whom wearing a mask would create a risk to [workplace health, safety, or job duty](#) and
  - children who are sleeping or anyone actively eating or drinking
  - [persons with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability](#)
- Model consistent and correct use for children aged 2 or older in their care.
- Be aware that certain groups of people may find it difficult to wear a mask, including some children 2 years and older and people of any age with certain disabilities. When determining if children/people with certain disabilities can wear a mask safely, assess their ability to
  - Wear a mask correctly
  - Avoid frequent touching of the mask and their face
  - Limit sucking, drooling, or having excess saliva on the mask
  - Remove the mask without assistance.
- Discuss the possibility of reasonable accommodation [with staff](#) who are unable to wear or have difficulty wearing certain types of masks because of a disability, and the parents/legal guardians of children who are unable to wear a mask because of a disability or their stage of development.
- Share guidance and information with staff, children, and families on the proper use, wearing, removal, and cleaning of masks, such as [CDC's guidance](#). Visit [NCDHHS' COVID19 response](#) site for more information about masks, and to access sign templates that are available in [English](#) and [Spanish](#).
- Provide masks to those children and staff who need them (including on transportation), such as children who forgot to bring their mask or whose families are unable to provide them. No disciplinary action should be taken against a child who does not have a mask. To facilitate learning and social/emotional development, consider having staff wear a clear mask or a mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.



Most people with [underlying medical conditions](#) can and should wear masks.

- If you have respiratory conditions and are concerned about wearing a mask safely, discuss with your healthcare provider the benefits and potential risks of wearing a mask.
- If you have [asthma](#), you can wear a mask. Discuss with your healthcare provider if you have any concerns about wearing a mask.

Read more about masks at [CDC](#).

When masks are worn by child care providers and staff in the workplace, the masks should meet one of the following criteria:

- [CDC mask recommendations](#)
- [NIOSH Workplace Performance and Workplace Performance Plus masks](#)

### Resources on masks

- [How masks control the spread of SARS-CoV-2](#)
- [How to select, wear, and clean your mask](#)



## Cohorting and Physical Distancing

Maintaining physical distance is often not feasible in a child care setting, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance in child care settings, it is especially important to layer multiple prevention strategies as described in this Toolkit to help reduce transmission risk. Use of masks is particularly important when physical distance cannot be maintained.

**Cohorting:** Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of [moderate-to-high transmission levels](#). The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.

### Child care programs are required to:

- **Allow parent/legal guardian access to the facility during its operating hours for the purposes of contacting the child or evaluating caregiving space and the care provided for the child, as described in 10A NCAC 09 .0205 and 10A NCAC 09 .1710.**
- **Allow Regulatory agencies access to the facility as required by 10A NCAC 09 .0201 and 10A NCAC 09 .1709.**

### Child care programs should:

- Ensure consistent cohorting by placing children and adults into distinct groups that stay together throughout the entire day.
  - If possible, child care groups should include the same children each day, and the same adults should remain with the same group of children each day.
  - Minimize or eliminate interaction between different groups or cohorts. Maintain at least 6 feet between children and staff from different cohorts.
- Allow access for:
  - Professionals who support children with special health care needs and/or behavioral/mental health needs to provide services and/or assessment.
  - Early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP)
  - Itinerant teachers and related service providers for children Individualized Education Plans (IEP)
  - Technical assistance providers.
- Limit non-essential visitors, volunteers and activities involving external groups or organizations with people who are not up-to-date on COVID vaccinations.

### Child care programs could consider:

- Developing plans or procedures that maintain prevention strategies but allow:
  - family and staff to meet for orientation to the program
  - families to visit children.
- Separating children's naptime mats or cribs and place them so that children are spaced out as much as possible and head to toe for sleeping. Masks should not be worn when sleeping.
- Providing physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Staggering use of communal spaces between cohorts.

- Prioritizing [outdoor activities](#). When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water.
- Allowing water play, sensory play (such as rice, beans, or playdough activities), and sand play, if physical distancing measures can be maintained. Perform hand hygiene and clean supplies and materials as described in the Cleaning and Hygiene section.
- Allowing outdoor water play using sprinklers, as long as water drains quickly to avoid puddling and is not collected or recirculated.
  - Any structure, chamber, or tank containing an artificial body of water used by the public for swimming, diving, wading, recreation, or therapy, together with buildings, appurtenances, and equipment used in connection with the body of water must be approved and permitted according to the Rules Governing Public Swimming Pools, 15A NCAC 18A .2500.
- Allowing off-premises activities. When off-premises activities occur, the procedures outlined in Child Care Rules 10A NCAC 09 .1005 and .1723; as well as all applicable guidance as described in the Transportation section of this toolkit MUST be followed.

It is also recommended that off-premises activities maintain groups (cohorts) of children and adults AND that the cohorts are not exposed to other groups of children or adults.



## Monitoring and Determining Exclusion for COVID-19

**Symptoms:** Children and staff who have symptoms of [COVID-19](#) should stay home and contact their healthcare provider or other available testing sites for diagnostic testing and care. Staying home when sick is essential to keep infections out of child care settings and preventing spread to others.

The presence of any of these symptoms suggests the person may need to be tested for COVID-19:

- Fever (temperature 100.4 °F or higher) or chills
- New cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea



Individuals with the virus that causes COVID-19 may experience any, all, or none of these symptoms.

**Diagnosis:** People who are presumed to have or are diagnosed with COVID-19 must stay home until they meet the criteria for return to child care. Staying home when sick with COVID-19 is essential to keeping COVID-19 infections out of child care settings and preventing spread to others.

**Exposure:** People who are in [close contact](#) with someone contagious with COVID-19 must be excluded from child care while waiting to see if they become infected, unless an exception applies (see [Returning to Child Care after Exclusion](#)).

# Identifying individuals with COVID-19

## SCREENING FOR SYMPTOMS

Children and adults should be checked for symptoms at home, upon arrival at child care, and throughout the day. The presence of any of the symptoms above generally suggests a person has an infectious illness and should not attend child care, regardless of whether the illness is COVID-19. Ask staff and parents/caregivers to be alert and stay home if they or anyone else in the household is showing any signs of illness or if they have been exposed to COVID-19.

## TESTING

### Testing for individuals who have symptoms

Children and staff who have symptoms of [COVID-19](#) should stay home and contact their healthcare provider or other available testing sites for diagnostic testing for COVID-19 and care.

### Testing for individuals who have been exposed

Individuals who have been exposed to COVID-19 should get tested 5 days after the last exposure unless they had tested positive for COVID-19 with a viral test within the previous 90 days and subsequently recovered. Individuals who have been exposed to COVID-19 who do not meet an exemption for exclusion from childcare should stay home and follow the guidance for [quarantine](#).

### Routine screening testing for unvaccinated people without known exposure or symptoms

Screening testing can help identify people without symptoms who do not know they have been exposed, but are infected with COVID-19. Screening testing should be considered:

- in areas with substantial or high community transmission levels,
- in areas with low vaccination coverage, and
- in settings where other prevention strategies are not implemented.

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for child care staff and children.

Screening testing should be offered to all staff who are not up-to-date on their vaccination, including boosters. People who are up-to-date on their vaccines do not need to participate in screening testing, according to CDC guidance. Maintain confidentiality of results and privacy of staff who are screened.

The screening program should test at least once per week, and rapidly (within 24 hours) report results.

Child care programs interested in offering screening testing to staff should contact their local health department to discuss options for implementation. Child care staff should seek no-cost community testing [events](#).

COVID-19 testing can be performed by a health care professional - at a doctor's office, health department, pharmacy, or other [testing sites](#), including [no-cost community events](#). At-home test devices allow an individual to test at home and get a result for a self-collected specimen. Some at-home tests require a prescription from a healthcare provider, while others are authorized for over-the-counter use. In addition, some at-home test devices require a smartphone to perform the test or obtain results. In situations where other results are not available, results of at-home test devices can be used to inform decisions, including:

- Testing of students or staff with symptoms, to allow return to school when other criteria have been met – i.e., it has been at least 24 hours since the person had a fever (without using fever reducing medicine) and they have felt well for at least 24 hours.
- Use of positive results from at-home tests to initiate contact tracing, quarantine of contacts, and other public health actions.



Depending on local conditions and testing availability, Local Health Departments have discretion if they will accept at-home tests for public health purposes.

Read more [about testing for COVID 19 at the Food and Drug Administration](#) and at [the CDC website](#).

### **Child care programs are required to**

- **Exclude children and adults from childcare facility who have tested positive for COVID-19 or have been exposed to COVID-19, unless a specific exemption applies. [Required by [NC GS § 130A-144.](#)]**
- **Immediately notify the local health department if they have reason to suspect that a person within the child care facility has COVID-19. Required by [NC GS § 130A-136](#) and [Communicable Disease Rule 10A NCAC 41A .0101 \(50-52\).](#)**
- **Exclude children if:**
  - **The child has a fever taken by any method, including at armpit or orally:**
    - **A child older than two months has a temperature of 101 degrees Fahrenheit or higher.**
    - **An infant younger than two months has a temperature of 100.4 degrees Fahrenheit or higher.**
  - **Has two or more episodes of vomiting within a 12-hour period or**
  - **Has more than two stools above the child's normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents**
  - **Is unable to participate comfortably in activities.**
  - **Has symptoms that result in a need for care that is greater than the staff members can provide without compromising the health and safety of other children. [Required by [North Carolina Child Care Rules 10A NCAC 09 .0804 and .1720\(a\).](#)]**

### **Child care programs should:**

- Have families conduct daily home-based monitoring of symptoms before drop off/check-in and keep children home if symptomatic.
- Exclude children or staff if any symptoms of COVID-19 are present, regardless of negative COVID-19 test, until they meet criteria for return.
- Have staff perform daily self-monitoring of COVID-19 symptoms before coming to work and stay home if symptomatic.
- Require staff who are not up-to-date on their vaccines to be tested weekly for COVID-19.
- Have staff monitor for symptoms in staff and children during the day.
- Not allow people who report symptoms for COVID-19 to enter a transportation vehicle or the building.
- Immediately isolate a person who develops COVID-19 symptoms during the day while at the facility and send him/her and any family members home as soon as possible.
- While waiting for a child who is sick or has tested positive for COVID-19 to be picked up, have a caregiver stay with the child in a place isolated from others and, if possible, ventilated to outside air.
  - If possible, a caregiver who is up-to-date on COVID-19 vaccination should stay with the child in a place isolated from others.
  - If possible, allow for air flow throughout the room where the child is waiting by opening windows or doors to the outside.
  - Remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision.
  - Wear a mask and other Personal Protective Equipment including disposable gloves and face shields, if available. If the child is over the age of 2 and can tolerate a mask, the child should also wear a mask, if available. Masks should not be placed on:
    - Anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance or
    - Anyone who cannot tolerate a mask due to development, medical, or behavioral health needs.
- Ensure that children or staff who become sick during the day do not participate in group transportation to return home.
- When children or staff members have been in close contact with a person that develops symptoms of COVID-19 during the day:

- Maintain strict cohorting for children and staff who were close contacts with the symptomatic person until a negative COVID-19 test is obtained.
- Remove children and staff and close off areas used by that person. Wait several hours, if possible, before cleaning and disinfecting. Do not use these areas until after cleaning and disinfecting.

### **Child care programs could consider:**

- Staggering child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- Allowing one family member to accompany his/her own child(ren) to and from the classroom at drop-off and at pick up, while limiting the amount of time spent in the building, IF the family member:
  - Consistently wears a mask.
  - Maintains a physical distance of six (6) feet from others at all times.
- Conducting a [Health Check](#) each day of the child in the classroom before the parent leaves, to determine whether the child has had any:
  - signs or symptoms of other illness or injury,
  - accidents, unusual events, or injuries,
  - mood or behavior changes.
- Maintaining a dedicated space to isolate people with symptoms who become ill during the day. That space should not be used for other purposes.

## **Exclusion from Child Care**

**Exclusion from child care for people with COVID-19 and close contacts is required following the specific criteria and exemptions listed in the table below. Required by [NC GS § 130A-144](#)**

### **Exclusion for people with COVID-19**

People with COVID-19 or symptoms of COVID-19 without a test must be excluded from child care for 5 days after the first day of symptoms or day of specimen collection, if no symptoms. People may return to child care after 5 days if they have no symptoms or symptoms are improving and have been fever free for 24 hours without use of fever reducing medications, but must continue to wear a mask for an additional 5 days to minimize the risk of infecting others. People who are unable to wear a mask, including children under the age of 2, must be excluded for 10 days after first day of symptom or date of specimen collection if no symptoms.

### **Exclusion for people with exposure to someone with COVID-19**

People who have been exposed to someone with COVID-19 (within 6 feet for 15 minutes or longer in a 24 hour time period) must be excluded from child care for 5 days following the last known exposure, unless an exemption applies. They may return after 5 days if they have no symptoms, but must continue to wear a mask for an additional 5 days to minimize the risk of infecting others. People who are unable to wear a mask, including children under the age of 2, must be excluded for 10 days after the last day of exposure.

Household contacts of a person with COVID-19 should be excluded from child care for at least 5 days after their last exposure to the person with COVID-19 and should continue to wear a mask for an additional 5 days. For determining the exclusion period, household members are not considered exposed after the household member with COVID-19 has completed their isolation period – i.e. 5 days, if no symptoms or symptoms are improving even if they are still within the 10 days since their positive test or symptom onset.

### **Exemptions to exclusion requirement after exposure:**

- **Vaccination:** Person has been in close contact with someone with COVID-19, does not develop symptoms, and is in one of the following groups:
  - They are 18 years of age and have received their primary series AND booster, if eligible.

- They are between the ages of 5-17 and have completed a primary series of COVID-19 vaccines. Boosters are not required to meet this exemption for this age group.

Individuals in these groups do not need to be excluded after exposure, but should still get a test 5 days after last exposure and wear a well-fitting mask around others for 10 days from the date of last close contact (the date of last close contact is considered day 0).

- **Recent infection:** Person has been in close contact with someone with COVID-19, has no symptoms, and had COVID-19 within the last 90 days (tested positive using a viral test). Individuals in this group do not need to be excluded or get tested after exposure, but should still wear a well-fitting mask around others for 10 days from the date of last close contact (the date of last close contact is considered day 0).
- **Mask-on-mask exposure:** Person has been in close contact with a person with COVID-19 in a child care setting but well-fitting masks were being worn appropriately (covering nose and mouth) and at all times by both the person with COVID-19 and the potentially exposed person. Individuals with this type of exposure do not need to be excluded from childcare settings. This exemption is based on studies that have shown extremely low risk of COVID-19 transmission in classroom settings when face masks were being used appropriately by both the person with COVID-19 and the potentially exposed person, as well as multiple layers of prevention measures in place to prevent transmission in child care settings.

Adhere to the following criteria for allowing a child or staff member to return to child care:

## Summary Table for Returning to Child Care

Exclusion Category	Scenario	Criteria to return to child care
<b>Positive antigen test without symptoms</b>	Child/staff person has tested <b>positive</b> with an <b>antigen test (including an at-home test)</b> but does <b>not</b> have or develop symptoms of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19.	<p>If the child/staff person takes a repeat PCR/molecular test performed in a laboratory within 48 hours of their positive antigen test, and that PCR/molecular test is negative: the positive antigen test can be considered a false positive and the person can immediately return to child care; OR</p> <p>If the child/staff person does not take a repeat PCR/molecular test, or takes one within 48 hours and it is also positive, he/she can return to child care 5 days after the specimen collection date of the first positive test, as long as they did not develop symptoms. The person must continue to mask for an additional 5 days to minimize risk of infecting others. Isolation should begin starting from the date of their first positive test.</p> <p>If the person cannot wear a mask for the remaining 5 days, including children under the age of 2, they must be excluded for 10 days after the specimen collection date.</p> <p>The person is not required to have documentation of a negative test in order to return to child care.</p>
<b>Positive PCR test without symptoms</b>	Child/staff person has tested <b>positive</b> with a <b>PCR/molecular test</b> but the person does <b>not</b> have and does not develop symptoms.	<p>Person can return to school 5 days after the specimen collection date of their positive test as long as they did not develop symptoms. The person must continue to mask for an additional 5 days to minimize risk of infecting others.</p> <p>If the person cannot wear a mask for the remaining 5 days, including children under the age of 2, they must be excluded for 10 days after the specimen collection date.</p>
<b>Positive antigen or PCR test with Symptoms</b>	Child/staff person <b>has symptoms</b> of COVID-19 and has tested <b>positive</b> with an <b>antigen test or PCR/molecular test</b>	<p>Child/staff person can return to child care when</p> <ul style="list-style-type: none"> <li>• He/she completes 5 days of isolation*.; AND</li> <li>• It has been at least 24 hours since the he/she had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms of COVID-19 are improving.</li> </ul> <p>The person must continue to mask for an additional 5 days to minimize risk of infecting others. If the person cannot wear a mask for the remaining 5 days, including children under the age of 2, they must be excluded for 10 days after the specimen collection date.</p> <p>The person is not required to have documentation of a negative test in order to return to child care.</p>
<b>Symptoms without COVID-19 test or alternative diagnosis</b>	Child/staff person has symptoms of COVID-19 but has <b>not</b> been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	<p>Child/staff person can return to child care when</p> <ul style="list-style-type: none"> <li>• He/she completes 5 days of isolation*.; AND</li> <li>• It has been at least 24 hours since he/she had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms of COVID-19 are improving.</li> </ul> <p>The person must continue to mask for an additional 5 days to minimize risk of infecting others. If the person cannot wear a mask for the remaining 5 days, including children under the age of 2, they must be excluded for 10 days after first day of symptoms</p>

<p><b>Symptoms with negative COVID-19 test or alternative diagnosis</b></p>	<p>Person has symptoms of COVID-19 but has received a <b>negative test for COVID-19*</b> or has visited a health care provider and received <b>an alternate diagnosis</b> that would explain the symptoms of COVID-19</p> <p>*In a person with symptoms, a negative test is defined as either</p> <p>(1) a negative PCR/molecular test or</p> <p>(2) a negative antigen test if the person</p> <ul style="list-style-type: none"> <li>○ has no known or suspected exposure to a person with COVID-19 within the last 14 days or</li> <li>○ is fully vaccinated or</li> <li>○ has had a laboratory confirmed COVID-19 infection in the last 3 months.</li> </ul> <p>See <a href="#">CDC antigen algorithm</a> for interpretation of antigen tests.</p>	<p>Child/staff person can return to child care when</p> <ul style="list-style-type: none"> <li>• It has been at least 24 hours since he/she had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms improving for at least 24 hours.</li> </ul> <p>Note: The health care provider is not required to detail the specifics of the alternate diagnosis.</p>
<p><b>Exposure</b></p>	<p>Child/staff person who for whom an exemption to exclusion does not apply and has been in <b>close contact</b> with someone <b>with</b> COVID-19.</p>	<p>Person must be excluded from child care for 5 days after exposure*. Person may return to childcare after exclusion if asymptomatic but must continue to wear a mask for an additional 5 days, for a total of 10 days after exposure. They should test on day 5, if possible. If symptoms occur, person should immediately isolate until a test either confirms COVID-19, or a negative result rules it out.</p> <p>If the person cannot wear a mask for the remaining 5 days, including children under the age of 2, they must be excluded for 10 days after the day of last exposure.</p>
<p><b>Exposure (Exemption – vaccinated)</b></p>	<p>Person has been in close contact with someone with COVID-19 and is in one of the following groups:</p> <ul style="list-style-type: none"> <li>• They are 18 years of age and have received their primary series AND booster, if eligible.</li> <li>• They are between the ages of 5-17 and have completed a primary series of COVID-19 vaccines. Boosters are not required to meet this exception for this age group.</li> </ul>	<p>Person does not need to be excluded from school if they have had no symptoms after being a close contact to someone with COVID-19. The person must continue to wear a mask for 10 days after the exposure to minimize the risk of infecting others and should get tested on day 5, if possible.</p> <p>If the person cannot wear a mask they must be excluded for 10 days after the exposure.</p>
<p><b>Exposure (Exemption – masked exposure)</b></p>	<p>Person who has been in close contact with someone with a confirmed case of COVID-19, in which both individuals were wearing a mask the entire time.</p>	<p>Person does not need to be excluded from child care if masks were being worn appropriately and consistently by both the person with COVID-19 and the potential exposed person.</p> <p>This applies to exposures in child care program settings. This option should only be utilized in settings where masks are consistently worn.</p>
<p><b>Exposure (Exemption – infection in past 90 days)</b></p>	<p>Person has been in close contact with someone with COVID-19 and had confirmed COVID-19 within the last 90 days (tested positive using a viral test)</p>	<p>Person does not need to be excluded from school if they have had no symptoms after being a close contact to someone with COVID-19. The person must continue to wear a mask for 10 days after the exposure to minimize the risk of infecting others.</p> <p>If the person cannot wear a mask, including children under the age of 2, they must be excluded for 10 days after the exposure.</p>
<p><b>Household Member, Exposure</b></p>	<p>Child/staff person is a <b>household member</b> (e.g. a sibling) of someone <b>with a confirmed case of</b> COVID-19.</p> <p>Read more about on-going exposure to COVID</p>	<p>Child/staff person must be excluded from child care for 5 days after last exposure, unless an exemption to exclusion applies, if they do not develop symptoms. They should get a test on day 5 after exposure, if possible. The exclusion period for the exposed person resets to day 0 on each</p>

	positive household members at the <a href="#">CDC website</a> .	exposure to the person with COVID-19. The day of last exposure is either: <ul style="list-style-type: none"> <li>• <b>at the end</b> of a 5-day isolation of the person <b>with</b> COVID-19</li> <li><b>OR</b></li> <li>• after the last known close contact with the COVID-19 positive person, in situations where the positive person isolates from all other household members.</li> </ul>
<b>Household Member, Symptoms</b>	Child/staff person is a <b>household member</b> (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has <b>not</b> been tested for COVID-19, nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Child/staff person must be excluded from child care for 5 days after last exposure, unless and exemption to exclusion applies, if the do not develop symptoms. They should get a test on day 5 after exposure, if possible. . The exclusion period for the exposed person resets to day 0 on each exposure to the person with COVID-19. The day of last exposure is either: <ul style="list-style-type: none"> <li>• <b>at the end</b> of a 5-day isolation of the person <b>with</b> COVID-19</li> <li><b>OR</b></li> <li>• after the last known close contact with the COVID-19 positive person, in situations where the positive person isolates from all other household members.</li> </ul>
<b>Household member, Symptoms</b>	Child/staff person is a <b>household member</b> (e.g. a sibling) of someone who has symptoms of COVID-19 and has received a negative test <b>for COVID-19</b> . *In a person with symptoms, a negative test is defined as either <ol style="list-style-type: none"> <li>(1) a negative PCR/molecular test or</li> <li>(2) a negative antigen test if the person <ul style="list-style-type: none"> <li>○ has no known or suspected exposure to a person with COVID-19 within the last 14 days or</li> <li>○ is fully vaccinated or</li> <li>○ has had a laboratory confirmed COVID-19 infection in the last 3 months.</li> </ul> </li> </ol> See <a href="#">CDC antigen algorithm</a> for interpretation of antigen tests.	Child/staff person can return to child care immediately, as long as he/she has not developed symptoms.
<b>Household Member, Symptoms</b>	Child/staff person is a <b>household member</b> (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has visited a health care provider and received an <b>alternate diagnosis</b> that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Child/staff person can return to child care when symptomatic household member receives their alternate diagnosis, as long as he/she has not developed symptoms.  Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

\*For individuals exposed, day of exposure is considered day zero (0). For cases, day of symptom onset is day zero (0) or day of specimen collection for cases with no symptoms.



# Personal Protective Equipment

Personal Protective Equipment (PPE) protects the person wearing it and those nearby from the spread of germs. When used properly, PPE acts as a barrier between germs found in blood, body fluids, or respiratory secretions and the wearer's skin, mouth, nose, or eyes.

Examples of PPE are:

- disposable gloves
- face shields
- disposable procedural masks, N95, or KN95 masks

PPE, other than masks, should be used only when necessary and should not be used with healthy children. Disposable PPE should be used by adults when caring for a child who, while in care:

- starts showing symptoms of COVID-19
- receives news of a positive COVID-19 test or diagnosis from a health care professional.

PPE should also be worn when completing breathing-related health care procedures, such as nebulizer treatments (see below).

## Considerations for children who require asthma treatments

It is uncertain, but possible, that giving nebulizer treatments to children in child care may increase the spread of COVID-19. During the COVID-19 pandemic, asthma treatments using inhalers with spacers should be used whenever possible and nebulizers should be avoided.

During the COVID-19 pandemic, if a child cannot use an inhaler with a spacer, the CDC recommends:

- Only the child and the adult who is helping give the treatment should be in the room where the treatment is being given
- The adult who is giving the treatment should be trained in medication administration, provided with proper PPE (gloves, disposable procedure masks and face shields) and be trained on:
  - when to use PPE
  - what PPE is necessary
  - where the PPE is stored
  - how to properly don (put on) and doff (take off) PPE, and
  - how to properly dispose of used PPE

After the nebulizer treatment, the separate room that was used should undergo cleaning and disinfection.

## Face Shields

According to CDC guidance, face shields should not be used as a substitute for masks. Face shields protect the wearer's eyes and mask from liquid splashes and sprays. Reusable face shields should be cleaned after each use following the manufacturer's guidelines. If manufacturer guidelines are unavailable, follow [CDC guidance](#).



## Cleaning and Hygiene

Requirements and recommendations for Cleaning and Hygiene have been updated to align with guidance from the Center for Disease Control and Prevention to prevent the spread of COVID-19. Continuing with good hand hygiene practices and routine cleaning/sanitizing/disinfecting routines based on [child care and sanitation requirements](#) will prevent the spread of all infectious diseases.



### Child care programs are required to:

- Follow [NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations](#).
- Follow [North Carolina Child Care and Sanitation rules](#).

### Child care programs should:

- **Clean surfaces once a day, prioritizing high touch surfaces.**
- If there has been a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean and disinfect the space using an EPA-approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19).
- **Create a plan for cleaning, sanitizing and disinfecting that protects children and adults.**
  - Develop an internal plan for cleaning, sanitizing, and disinfecting that protects children and adults from both surface contamination and exposure to products.
  - Cleaning products should not be used near children.
  - Staff should ensure that there is adequate ventilation when using cleaning, sanitizing, and disinfecting products to prevent children from inhaling toxic fumes (e.g., open doors and/or windows). Always read and follow the manufacturer's use instructions.
  - All cleaning products must be kept secure and out of reach of children in accordance with NC child care and sanitation rules.
  - Avoid mixing chemicals. In particular, do not mix bleach with ammonia, acids, or other cleaners, as this can cause serious inhalation hazards and injuries. Be sure to always read the product label before using a cleaning product.
- Remove and not use toys that cannot be easily cleaned.
- Clean all toys that are used consistently:
  - At least weekly, whenever visibly soiled, or as listed below:
  - Mouthed toys or other objects contaminated with oral or respiratory secretions should be removed when a child is finished with them and before another child has access to them. Place these toys in a bin that is inaccessible to other children, then wash hands.
  - In all classrooms, clean and sanitize mouthed toys and contaminated objects between use by individual children in a dishwasher with a sanitizing setting or using the following procedure:
    1. Scrub in warm, soapy water using a brush to reach into crevices.
    2. Rinse in clean water.
    3. Submerge in a sanitizing solution containing 50 to 200 ppm of chlorine for at least two minutes (or sanitize with another approved sanitizing solution) if the toy is submersible. If toy is not submersible, spray the item with sanitizer.
    4. Let air dry.
  - Pacifiers must be reserved for use by one child. Pacifiers that have been observed or suspected to have been shared should be cleaned and sanitized using following procedure:
    1. Scrub in warm, soapy water using a brush to reach into crevices.
    2. Rinse in clean water.
    3. Spray with a sanitizing solution containing 50-200 ppm of chlorine (or sanitize with another approved sanitizing solution).



4. Wait at least two minutes or the approved contact time for the type of sanitizing solution.
5. Rinse again to remove sanitizer residue.
6. Inspect the pacifier for fluid trapped inside. (Discard damaged pacifiers or ones with fluid trapped inside.)
7. Let air dry.

### Child care programs could consider:

- Maintaining awareness of children’s behaviors in the classroom in order to remove toys and objects which become contaminated with oral and/or respiratory secretions when the child is finished with it, and clean as described below.
- Minimizing items that are shared between groups/cohorts of children. (Outdoor play equipment is acceptable to share between groups of children.)
- Setting up hand hygiene stations at the entrance of the facility so that people can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol. Keep hand sanitizer out of children’s reach and supervise use.
  - Routinely check and refill/replace supplies to support healthy hand hygiene, such as soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol for safe use by staff and older children.
  - Teach and reinforce [adult](#) and [child](#) handwashing with soap and water for at least 20 seconds.
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue, and to avoid touching eyes, nose, and mouth.
- Brushing children’s teeth daily using the [NC Toothbrushing Guidelines for Child Care Programs: Infant/Toddler and Preschool Classrooms](#). CDC also recommends:
  - For group brushing, stagger toothbrushing with smaller groups and promote physical distancing as much as possible. Clean and sanitize the table(s) between groups of children.

### For additional recommendations for cleaning and hygiene, see the Center for Disease Control.

- [Guidance for Cleaning and Disinfecting in Community, Work and School](#)
- [Guidance for Operating Child Care Programs during COVID-19](#)



## Transportation

### Child care programs are required to:

- Follow [NC Child Care Rules .1000 - Transportation Standards](#).
- Follow [the Center for Disease Control Transportation Order](#) which requires passengers and staff wear a mask on public transportation vehicles.



### Child care programs should:

- Require that all children ages 2 years older and all staff, and adult visitors wear masks when they are on a bus, van, or other group transportation vehicle, unless the person (or family member, for a child) states that an exception applies.
- Have staff perform daily self-monitoring of COVID-19 symptoms before boarding group transportation
- Have families conduct daily home-based monitoring of symptoms before children board group transportation.
- Not allow people who report symptoms fo COVID-19 to enter a transportation vehicle.
- Enforce that if an individual becomes sick during the day, they do not use group transportation to return home and follow protocols outlined above.
- Enforce if a driver develops symptoms during the day, they follow protocols outlined above and not return

to drive students until they meet criteria to return.

- Keep windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate, safe, and weather permitting.
- Clean transportation vehicles regularly. Children should not be present when a vehicle is being cleaned.
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
- Clean frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles).
- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Clean equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- Create a plan for getting sick students home safely if they are not allowed to board the vehicle.
- Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
- Hand sanitizer should only remain on school transportation while the vehicles are in use.



## Ventilation and Water Systems



Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with [other preventive strategies](#), including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening screened windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility. During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk.

Check for hazards such as mold, Legionella (bacteria that causes [Legionnaires' disease](#)), and [lead and copper contamination](#) from plumbing that has corroded after reduced operation or temporary building shutdown.

For more specific information about maintenance, use of ventilation equipment or plumbing, actions to improve ventilation and reduce hazards, consult with your local Environmental Health Specialist or refer to CDC guidance:

- [Ventilation in Schools and Child Care Programs](#)
- [Ventilation FAQs](#)
- [Improving Ventilation in Your Home](#)



## Resources for Early Educators

- NCDHHS: Coping and Resilience
  - For early educators and staff – [Hope4Healers](#) or **919-226-2002**
  - For families – [Hope4NC](#) or **1-855-587-3463**
- NC Child Care Health and Safety Resource Center: [Child Care Health Consultant Network](#)
- Local Health Departments: [Contact Information by County](#)
- NCDHHS: [Interim Guidance for Safe Application of Disinfectants](#)
- NCDHHS: [COVID-19: Individuals and Families](#)
- CDC: [Guidance for Operating Child Care Programs during COVID-19](#)
- CDC: [People at Increased Risk](#)
- CDC: [On-going COVID-19 exposure FAQ](#)
- CDC: [Cleaning and Disinfecting Your Facility](#)
- CDC: [How to Protect Yourself and Others](#)
- CDC: [Coping with Stress](#)
- CDC: [For Facilities Planning to Reopen After Extended Closure](#)
- EPA: [Disinfectants for Use Against SARS-CoV-2](#)
- FDA: [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#)
- HHS/OSHA: [Guidance on Preparing Workplaces for COVID-19](#)

## HOPE 4 HEALERS

The NC Department of Health and Human Services, in partnership with the North Carolina Psychological Foundation, created Hope4Healers, a confidential mental health support for early educators and child care staff who are on the front lines of the pandemic. The child care workforce is essential, both for NC families with young children and our economy. NCDHHS aims to support these individuals and their families with a timely, easily accessible helpline. The Hope4Healers helpline is staffed 24/7 with counselors trained in helping.

# Glossary

**Antigen Test:** Rapid antigen tests, which detect protein on the surface of the virus, are less sensitive than a PCR/molecular test. This means they miss some infections that would be detected by a PCR/molecular test. However, they can be performed without having to send the sample to a laboratory and results come back quickly (eg., approximately 15 minutes). For this test, a sample may be collected through a nasal swab, and the test can be conducted inside a doctor's office, or even at a community event that meets the right set of requirements. At-home antigen tests are also available.

**Asymptomatic:** Not showing any signs or symptoms of disease or illness. Some people without any symptoms still have and can spread the coronavirus. They're asymptomatic, but contagious.

**Close Contact:** Being within 6 feet of a person diagnosed with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period. See also **Exposure**.

**Cohort:** A group of non-overlapping children, teachers and staff who are designated to follow identical schedules. Keeping clear and distinct schedules helps with contact tracing, should it be necessary.

**Communicable:** Similar in meaning as "contagious." Used to describe diseases that can be spread or transmitted from one person to another.

**Community Spread:** The spread of an illness within a location, like a neighborhood or town. During community spread, there's no clear source of contact or infection.

**Confirmed Case:** Someone who tests positive for SARS-CoV-2, the virus that causes COVID-19, with a PCR, molecular test, or antigen test.

**Coronavirus:** A family of related viruses. Many of them cause respiratory illnesses. Coronaviruses cause COVID-19, SARS, MERS, and other respiratory illness. The coronavirus that causes COVID-19 is officially called SARS-CoV-2, which stands for severe acute respiratory syndrome coronavirus 2.

**COVID-19:** The name of the illness caused by the coronavirus SARS-CoV-2. COVID-19 stands for "coronavirus disease 2019."

**Exclusion:** An individual is not allowed to attend child care in person in order to isolate because they are, or are presumed to be, COVID-positive, or to quarantine

to ensure they do not expose others if they may become COVID-positive.

**Exposure:** Being in close contact with a person diagnosed (through lab-confirmed diagnostic testing, by a health care professional, or by at-home test) with COVID-19 while they are contagious. Individuals are contagious starting from 2 days before symptoms began (or, for asymptomatic individuals, 2 days prior to test specimen collection date) until they have completed isolation. See also **Close Contact**.

**Incubation Period:** The time it takes for someone with an infection to start showing symptoms. For COVID-19, symptoms appear 2-14 days after infection.

**Isolation:** When someone tests positive for COVID-19 or is presumed to be positive, they separate (isolate) themselves from others for 5-10 days to make sure they do not spread the virus. This is not the same thing as quarantining, which is for someone who is NOT positive with COVID.

**Local Health Department:** An administrative or service unit of local or state government concerned with health and carrying out some responsibility for the health of a jurisdiction smaller than the state.

**Masks:** Masks cover the wearer's nose and mouth and are fitted properly to prevent leaks. May be:

- Cloth masks made from multiple layers of tightly woven breathable fabric
- Disposable masks, also known as surgical masks or medical procedure masks, made with multiple layers of non-woven materials
- N95 or KN95 masks, where available. Note: Specially labeled "surgical" N95 respirators should be prioritized for healthcare personnel.

**Off-premises Activities:** Any activity that takes place away from the child care premises (defined as: the entire child care building and grounds including natural areas, outbuildings, dwellings, vehicles, parking lots, driveways and other structures located on the property).

**On-going COVID-19 exposure:** Being in close contact and repeatedly exposed to a person with COVID-19 who is unable to effectively isolate. When a person has on-going exposure, the **first day of their quarantine is the first day AFTER the 5-day isolation** of the person with COVID-19.

**PCR/molecular Testing:** Polymerase chain reaction (PCR)/molecular tests detect the virus's genetic material. This test is the "gold standard" for detecting the virus that causes COVID-19 and typically requires a sample being sent to a laboratory. For this test, it is most common that samples are collected through a nasal swab.

**Pandemic:** When a new disease spreads to many countries around the world.

**PPE:** PPE stands for personal protective equipment. This includes masks, face shields, gloves, gowns and other coverings that help prevent the spread of infection to the wearer.

**Physical Distancing:** Consistently putting space between yourself and other people. The goal is to slow down how fast an infection spreads. The CDC recommends keeping at least six feet between you and others around you in public. Physical distancing also includes avoiding crowds and groups in public.

**Presumed Positive:** Person has symptoms of COVID-19 but has not been tested for COVID-19 nor has visited a health care provider.

**Positive COVID-19 Test:** An individual has taken a PCR/molecular COVID-19 test or an antigen COVID-19 test and the result is positive. This includes at-home tests.

**Quarantine:** Quarantine refers to the time spent away from other people by an individual who has been in close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) with someone who is positive with COVID-19. A person exposed to COVID-19 should quarantine for at least 5 days after the exposure unless a specific exception applies. This is not the same thing as isolation, which is for someone who is positive with COVID-19.

**Symptom Screening:** A series of basic questions about a person's health condition and recent potential

exposure to someone who has had COVID-19. This is not the same thing as a COVID-19 test.

**Symptomatic:** When a person shows signs or symptoms of illness. For COVID-19, that includes new cough, fever, shortness of breath, or new loss of taste or smell.

**Testing:** Testing is used to diagnose cases of COVID-19. Anyone with COVID-19 symptoms, those who have been around others with symptoms or others who have tested positively, and high-risk members of the population should consider testing for COVID-19. The most common tests are the molecular/PCR test and the antigen test, both of which seek to determine whether or not a person currently is infected with COVID-19. The NCDHHS hosts testing sites regularly throughout the state.

**Vaccinated:**

- **Fully vaccinated** – individuals who have completed a **primary series** of COVID-19 vaccine are considered "fully vaccinated":
  - 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
  - 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine
- **Up-to-date** – individuals are considered up-to-date who have completed both a primary series AND any additional doses and/or booster doses for which they are eligible. Unlike the primary series, individuals are considered "up to date" immediately after receiving a booster dose. For more information on who should receive booster and additional doses and when, [see CDC](#).