

Interim Guidance for Child Care Programs

The reopening of child care programs is crucial to helping parents and guardians return to work. Many States have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs. CDC's [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#) and supplemental [Guidance for Child Care Programs that Remain Open](#) provide recommendations for operating child care programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by State and local authorities, child care programs should be closed. However, child care programs can choose to remain open to serve children of [essential workers](#), such as healthcare workers. All decisions about following these recommendations should be made locally, in collaboration with local health officials who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems.

(Re) Opening

- **In all Phases:**
 - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
 - [Protect](#) and support staff, children, and their family members who are at [higher risk](#) for severe illness.
 - Provide staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to childcare programs in lower transmission (later Phase) areas and vice versa.
 - Follow CDC's supplemental [Guidance for Child Care Programs that Remain Open](#).
 - Ensure that any other community groups or organizations that use the child care facilities also follow this guidance: [Guidance for Child Care Programs that Remain Open](#).
- **Phase 1:** Restrict to children of [essential workers](#) in areas needing **significant mitigation**.
- **Phase 2:** Expand to all children with **enhanced** social distancing measures.
- **Phase 3:** Remain open for all children with social distancing measures.

Safety Actions

Promote [healthy hygiene practices](#) (Phases 1-3)

- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of [cloth face coverings](#) among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all staff on [proper use, removal, and washing of cloth face coverings](#).
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), and tissues.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- [Clean, sanitize, and disinfect](#) frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day. and shared objects between use.
- Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Ensure [safe and correct application](#) of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

Ensure social distancing

- **Phase 1 and 2**
 - Ensure that classes include the same group of children each day, and that the same child care providers remain with the same group each day.
 - Restrict mixing between groups

- Cancel all field trips, inter-group events, and extracurricular activities (Phase 1)
- Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
- Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils.
- Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.
- **Phase 3**
 - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
 - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
 - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
 - Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
 - Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
 - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
 - Consider staggering arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.

Limit sharing (Phases 1-3)

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas or taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, other games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing), as well as by mediated contact.

Train all staff (Phases 1-3)

- Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.

Monitoring and Preparing

Check for signs and symptoms (Phases 1-3)

- Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) and in CDC's [General Business FAQs](#) for screening staff.
- Implement health checks (e.g. [temperature checks and symptom screening](#)) screenings safely, and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Employers and child care directors may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

Plan for when a staff member, child, or visitor becomes sick (Phases 1-3)

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you [clean or disinfect to reduce risk to individuals cleaning](#). If it is not possible to wait 24 hours, wait as long as possible. Ensure [safe and correct application](#) of disinfectants and keep disinfectant products away from children
- Advise sick staff members not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform anyone exposed to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow [CDC guidance](#) if symptoms develop.

Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).

Closing

Phases 1-3

- It is very important to check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Where a community is deemed a significant mitigation community, child care programs should close, except for those caring for the children of essential workers, such as the children of health care workers.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

Interim Guidance for Schools and Day Camps

As communities consider reopening centers for learning, such as K-12 schools and summer day camps, CDC offers the following recommendations to keep communities safe while resuming peer-to-peer learning and providing crucial support for parents and guardians returning to work. These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low (e.g. communities that remain in low transmission or that have entered Phase two or three) may put in place the practices described below as part of a phased reopening. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors.

(Re) Opening

- **In all Phases:**
 - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
 - Protect and support staff and students who are at [higher risk for severe illness](#), such as providing options for telework and virtual learning.
 - Follow CDC's Guidance for [Schools and Childcare Programs](#).
 - Provide teachers and staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Phase) areas and vice versa.
 - Ensure external community organizations that use the facilities also follow this guidance.
- **Phase 1:** Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students. Ensure provision of student services such as school meal programs. Camps restrict to children of essential workers and for children who live in the local geographic area only.
- **Phase 2:** Remain open with **enhanced** social distancing measures and for children who live in the local geographic area only.
- **Phase 3:** Remain open with distancing measures. Restrict attendance to those from limited transmission areas (other Phase 3 areas) only.

Safety Actions

Promote [healthy hygiene practices](#) (Phases 1-3)

- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of [cloth face coverings](#) among all staff. Face coverings are most essential in times when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all staff on [proper use, removal, and washing of cloth face coverings](#).
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- [Clean and disinfect](#) frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies) between uses.
- To clean and disinfect school buses see guidance for [bus transit operators](#).
- Ensure [safe and correct application](#) of disinfectants and keep products away from children.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to children using the facility.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

Ensure social distancing

- **Phase 1 and 2**
 - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
 - Restrict mixing between groups
 - Cancel all field trips, inter-group events, and extracurricular activities (Phase 1)
 - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
 - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time
 - Space seating/desks to at least six feet apart.
 - Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use.
 - If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms. Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.
 - Create social distance between children on school buses where possible.
- **Phase 3**
 - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
 - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
 - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
 - Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
 - Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
 - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
 - Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible. Continue to stagger arrival and drop-off times and plan to continue limiting direct contact with parents as much as possible

Limit sharing (Phases 1-3)

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

Train all staff (Phases 1-3)

- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Monitoring and Preparing

Check for signs and symptoms (Phases 1-3)

- Implement screenings safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- School and camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children and CDC's [General Business FAQs](#) for screening staff.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
- Encourage staff or children who are sick to stay at home.

Plan for when a staff, child, or visitor becomes sick (Phases 1-3)

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#).
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours is, wait as long as possible. Ensure [safe and correct application](#) of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform those exposed to a person with COVID-19 to stay home and self-monitor for symptoms, and follow [CDC guidance](#) if symptoms develop. Provide options for virtual learning.

Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication systems for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).

Closing

Phases 1-3

- Check [State](#) and [local](#) health department notices daily about transmission in the area and adjust operations accordingly
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.

Interim Guidance for Communities of Faith

CDC offers the following recommendations to help communities of faith continue their mission while keeping their staff and congregations safe. This guidance is not intended to infringe on First Amendment rights as provided in the US Constitution. As all Americans are now aware, gatherings present a special risk for increasing spread of COVID-19 during this Public Health Emergency. The federal government may not prescribe standards for interactions of faith communities in houses of worship and no faith community should be asked to adopt any mitigation strategies that are more stringent than the mitigation strategies asked of similarly situated entities or activities in accordance with the Religious Freedom and Restoration Act (RFRA). CDC offers these suggestions that faith communities may consider and accept or reject, consistent with their own faith traditions, in the course of preparing their own plans to prevent the spread of COVID-19. In communities deemed by CDC's guidance to be significant mitigation areas, the risk to the larger community of continuing or resuming in-person gatherings should be taken into account and virtual options strongly considered. All decisions about following CDC's recommendations should be made in collaboration with [local health officials](#) and other State and local authorities who can help assess the current level of mitigation needed based levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. CDC offers the following suggestions for consideration to the extent consistent with each community's faith tradition:

(Re) Opening

- **In all Phases:**
 - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
 - Protect staff and congregants who are at [higher risk for severe illness](#) encouraging use of options to participate virtually, if possible.
 - Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis, or refer them to other available resources.
 - Encourage other entities using the facilities to also follow this guidance.
 - If the facility offers child care or educational programming for children and youth, follow CDC guidance for such programs.
- **Phase 1:** Limit gatherings to those that can be held virtually (by remote viewing) for [vulnerable populations](#) and consider video streaming or drive-in options for services. Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing.
- **Phase 2:** Consider continuing to hold gatherings virtually (by remote viewing) for [vulnerable populations](#) and video streaming or drive-in options for services. Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing.
- **Phase 3:** Limit gatherings to those that can maintain social distancing and consider video streaming or drive-in options for [vulnerable populations](#).

Safety Actions

Promote [healthy hygiene practices](#) (Phases 1-3)

- Encourage use of a [cloth face covering](#) at all gatherings and when in the building by everyone except children aged less than 2 years old. Not using a cloth face covering may also be appropriate at times for some individuals who have trouble breathing or need assistance to remove their mask.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Consider posting signs on how to [stop the spread](#) of COVID-19 and [promote everyday protective measures](#), such as [washing hands](#) and covering coughs and sneezes and [properly wearing a face covering](#).

Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- [Clean and disinfect](#) frequently touched surfaces at least daily and shared objects between use.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- Ensure [safe and correct application](#) of disinfectants and keep them away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.

- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

Promote social distancing (Phases 1-3)

- Limit the size of gatherings in accordance with the guidance and directives of state and local authorities and in accordance with RFRA.
- Consider video streaming or drive-in options for services.
- If appropriate and possible, add additional services to weekly schedules to maintain social distancing at each service, ensuring that clergy, staff, and volunteers at the services ensure social distancing to lessen their risk.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Space out seating for attendees who do not live in the same household to at least six feet apart when possible; consider limiting seating to alternate rows.
- Consider whether other gatherings may need to have attendance limited or be held virtually if social distancing is difficult, such as funerals, weddings, religious education classes, youth events, support groups and any other programming.
- Avoid or consider suspending use of a choir or musical ensemble during religious services or other programming, if appropriate within the faith tradition. Consider having a soloist or strictly limiting the number of choir members and keep at least six feet between individuals.
- Consider having clergy hold virtual visits (by phone or online) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.

Limit community sharing of worship materials and other items (Phases 1-3)

- Consider temporarily [limiting the sharing of frequently touched objects](#), such as worship aids, prayer books, hymnals, religious texts and other bulletins, books or other items passed or shared among congregants, and encourage congregants to bring their own, if possible, photocopying, or projecting prayers, songs, and texts using electronic means.
- Modify the methods used to receive financial contributions. Consider a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- Consider mitigating the risk of transmitting COVID-19 posed by close physical contact among members of the faith community during religious rituals as well as mediated contact through frequently touched objects, consistent with the community's faith traditions and in consultation with local health officials as needed.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee whenever possible, instead of a buffet or family-style meal.
- Avoid food offerings when it is being shared from common dishes.

Train all staff (Phases 1-3)

- Train all clergy and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that [social distancing](#) is maintained.

Monitoring and Preparing

Check for [signs and symptoms](#) (Phases 1-3)

- Encourage staff or congregants who are sick to stay at home.

Plan for when a staff member or congregant becomes sick (Phases 1-3)

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a healthcare facility.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\) or other applicable laws in accordance with religious practices](#).
- Inform those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow [CDC guidance](#) if symptoms develop.

- Close off areas used by the sick person and do not use the area until it after cleaning and disinfection; wait 24 hours to clean and disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure [safe and correct application](#) of disinfectants and keep disinfectant products away from children.
- Advise sick staff and congregants not to return to the facility until they have met CDC's [criteria to discontinue home isolation](#).

Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible).
- Monitor absenteeism and create a roster of trained back-up staff. Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

Closing

Phases 1-3

- Check [state](#) and [local](#) health department notices daily about transmission in the community and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to close, then properly clean and disinfect the area and the building where the individual was present.

Interim Guidance for Employers with Vulnerable Workers

As workplaces consider re-opening it is particularly important to keep in mind that some workers are at [higher risk for severe illness from COVID-19](#). These vulnerable workers include individuals over age 65 and those with underlying medical conditions. Such underlying conditions include, but are not limited to, chronic lung disease, moderate to severe asthma, hypertension, severe heart conditions, weakened immunity, severe obesity, diabetes, liver disease, and chronic kidney disease that requires dialysis. Vulnerable workers should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce vulnerable workers' risk of exposure to COVID-19, while making sure to be compliant with relevant ADA and ADEA regulations. First and foremost this means following [CDC's](#) and the [Occupational Safety and Health Administration \(OSHA\)](#) guidance for reducing workplace exposure for all employees. All decisions about following these recommendations should be made in collaboration with [local health officials](#) and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. In addition, the guidance offered below applies to workplaces generally; specific industries may require more stringent safety precautions. Finally, there may be essential workplaces in which the recommended mitigation strategies are not feasible.

(Re)Opening

- **In all Phases:**
 - Establish and continue communication with State and local authorities to determine current mitigation levels in your community.
 - Protect employees at [higher risk](#) for severe illness by supporting and encouraging options to telework.
 - Consider offering [vulnerable workers](#) duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if agreed to by the worker.
 - Ensure that any other entities sharing the same work space also follow this guidance.
 - Provide employees from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to workplaces in lower transmission (later Phase) areas and vice versa.
- **Phase 1:** Reopen only if business can ensure **strict** social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; vulnerable workers are recommended to shelter in place.
- **Phase 2:** Reopen only if business can ensure moderate social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; vulnerable workers are recommended to shelter in place.
- **Phase 3:** Reopen only if business can ensure limited social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers.

Safety Actions

Promote [healthy hygiene practices](#) (Phases 1-3)

- Enforce [hand washing](#), covering coughs and sneezes, and using [cloth face coverings](#) when around others where feasible; however, certain industries may require face shields.
- Ensure that adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, tissues, and no-touch trash cans.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

Intensify cleaning, disinfection and ventilation (Phases 1-3)

- Clean, sanitize, and disinfect frequently touched surfaces at least daily and shared objects between use.
- Avoid use or sharing of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if doing so poses a safety risk to individuals and employees using the workspace.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

Ensure social distancing (Phases 1-3)

- Limit service to drive-throughs, curbside take out, or delivery options, if possible (Phase 1).

- Consider installing physical barriers, such as sneeze guards and partitions, and changing workspace layouts to ensure all individuals remain at least six feet apart.
- Close communal spaces, such as break rooms, if possible (Phase 1) or stagger use and clean and disinfect in between uses (Phases 2 & 3).
- Encourage telework for as many employees as possible.
- Consider rotating or staggering shifts to limit the number of employees in the workplace at the same time
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Cancel all group events, gatherings, or meetings of more than 10 people (Phase 1), of more than 50 people (Phase 2), and any events where social distancing of at least 6 feet cannot be maintained between participants (all Phases)
- Restrict (Phase 1) or consider limiting (Phase 2) any nonessential visitors, volunteers, and activities involving external groups or organizations.
- Limit any sharing of foods, tools, equipment, or supplies.

Limit travel and modify commuting practices (Phases 1-3)

- Cancel all non-essential travel (Phase 1) and consider resuming non-essential travel in accordance with state and local regulations and guidance (Phases 2 & 3)
- Ask employees who use public transportation to consider using teleworking to promote social distancing
- Train all managers and staff in the above safety actions. Consider conducting the training virtually, or if in-person, ensure that social distancing is maintained.

Monitoring and Preparing

Checking for signs and symptoms (Phases 1-3)

- Consider conducting routine, daily health checks (e.g., temperature and symptom screening) of all employees.
- If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected. Employers may use examples of screening methods in CDC's [General Business FAQs](#) as a guide.
- and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected.
- Encourage employees who are sick to stay at home.

Plan for when an employee becomes sick (Phases 1-3)

- Employees with symptoms (fever, cough, or shortness of breath) at work should immediately be separated and sent home.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility.
- Notify local health officials, staff, and customers (if possible) immediately of a possible case while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\); other information on civil rights protections for workers related to COVID-19 is available here.](#)
- Close off areas used by the sick person until after cleaning and disinfection Wait 24 hours to clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Inform those who have had close contact with a person with COVID-19 to stay home and self-monitor for symptoms, and follow [CDC guidance](#) if symptoms develop.

Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave and other flexible policies and practices, such as telework, if feasible.
- Monitor absenteeism of employees and create a roster of trained back-up staff.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create and test communication systems for employees for self-reporting and notification of exposures and closures.

Closing

Phases 1-3

- Check State and local health department notices daily about transmission in the area and adjust operations accordingly.
- Be prepared to close for a few days if there is a case of COVID-19 in the workplace or for longer if cases increase in the local area.