

**COVID-19 and Childcare Centers**

**1. What should be done when a teacher or child who attends a childcare center is sick?**Anyone who is experiencing symptoms of COVID-19, which includes fever 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, and diarrhea, should be sent home from the facility and instructed to contact their healthcare provider and consider getting tested for COVID-19.

**2. If a sick child or teacher has an alternative diagnosis, must they be tested for COVID-19 to return to the facility?**A child or teacher who is experiencing some symptoms but who has an alternative diagnosis provided by a health care provider does not require a test for COVID-19 in order to return to the childcare setting as long as he or she has been free of fever, vomiting, and diarrhea for at least 24 hours without medication.

**3. When can a child or teacher who has had symptoms, but no known exposure to COVID-19 return to the facility?**Any child or adult with signs/symptoms of COVID-19 should stay home and should be advised to contact their healthcare provider and consider getting tested for COVID-19. The child or teacher may return to the childcare setting once he or she has been free of fever, vomiting or diarrhea for at least 24 hours without the use of medications and the other symptoms have resolved. A negative COVID-19 test is not required to return if the symptoms have resolved, however if the individual has been tested and the results of a COVID-19 test are pending, the individual should not return until a negative result is obtained. If a provider makes a non-COVID-19 alternative diagnosis, return to childcare should be  
based upon guidance for that diagnosis.

**4. If a child is sick, do all of that child’s siblings and others living in the home need to be quarantined as well?**If a child is ill with symptoms, but has not been diagnosed as having COVID-19, the siblings of that child may continue to attend unless they have had a known exposure to someone who has been diagnosed with COVID-19 or they are also experiencing symptoms. If the child is diagnosed with COVID-19, the siblings must immediately quarantine if they are not fully vaccinated. Fully vaccinated siblings who have no symptoms do not have to quarantine.

**5. If a child or teacher tests positive for COVID-19, when can he or she return to the childcare setting?**Children or adults who have been diagnosed with COVID-19 may return to a childcare setting when they receive written clearance to be released from isolation by their local health department where they reside or from their physician. For children and adults with symptoms, this determination will be based on the following:  
• At least 1 days (24 hours) has passed since resolution of fever, vomiting, or diarrhea without the use of  
medications; AND,  
• Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,  
• At least 10 days have passed since symptoms first appeared.

Being fully vaccinated does not exempt someone from being considered a case in the event they test positive for COVID-19. People who test positive for COVID-19 are considered a case regardless of if they are show symptoms of infection, or not (asymptomatic). Individuals with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from childcare until 10 days have passed since the date of their first positive COVID-19 confirmatory diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Individuals who have tested positive for COVID-19 do not need to be retested before returning to the facility.

**6. Some childcare centers are asking health care providers to “certify” that a child does not have COVID-19. Is this strategy recommended?**Healthcare providers cannot reliably certify that a child is free from infection and will remain so, consequently this practice is NOT recommended. A negative result from a diagnostic test only means that virus was not detected at the time of specimen collection. Children who have had illnesses may return to the facility if they receive an alternative diagnosis or if their symptoms have improved and they are free of fever, vomiting, and diarrhea for at least 24 hours.

**7. If a child or teacher has a household member or is an identified close contact of a COVID-19 case (as determined by contact tracing), does the child or teacher need to stay out of daycare even if he or she is asymptomatic?**A close contact is someone who lives in a home with a person with a confirmed or probable COVID-19 infection, or someone who spent 15 minutes or more within 6 feet of an infectious person with or without mask.

* **If a child or teacher is a close contact who is fully vaccinated (14 days or more after 2nd dose of two dose series or 1st dose of a one dose series) the following may apply:**

1. If they are fully vaccinated more than 14 days and are asymptomatic, they do NOT need to quarantine, but need to monitor for symptoms.
2. If they are fully vaccinated more than 14 days and develop symptoms, they need to quarantine and reach out to their health care provider about testing for COVID-19.
3. We are encouraging staff and anyone age 12 or older to receive the COVID-19 vaccine.

* **If a child or teacher is a close contact who is NOT fully vaccinated the following may apply:**

1. If they are not fully vaccinated (only one dose of two dose series or not at all) they will need to quarantine. The quarantine period begins from the last date of exposure to an infectious person. There are three different ways they can quarantine if you have NO symptoms:
2. Quarantine for 14 days, especially if they are going to be around people that are high-risk for the virus: elderly, people who are immunocompromised, people with co-morbidity (*recommended*).
3. Quarantine for 10 days if they have NO symptoms.
4. Quarantine for 7 days if they have a negative COVID-19 test on or after day 5 and have NO symptoms.

**8. If a child or staff member tests positive for COVID-19, how are exposures assessed?**If a child or teacher is diagnosed with COVID-19, the following information is gathered:  
• The date the individual started having symptoms and tested positive for COVID-19  
• The dates the individual was in the facility while infectious (the infectious period includes the 2 days prior to the onset of symptoms or 2 days prior to testing, if the case does not have symptoms)  
• The length of the exposure (i.e., number of days/hours in the facility while infectious, how long it has been since the exposure(s) occurred)  
• The extent to which other children or adults had close contact with that individual while infectious. Close contact is defined as being <6ft from the case for >15 minutes or more, regardless of if masks were worn. In general, physical distancing is not considered possible within a class/cohort of children who are preschool-aged and younger, therefore the entire classroom or cohort is considered to have close contact.

**9. If a child or staff member at a childcare center tests positive for COVID-19, are the children exposed to that individual placed into quarantine for 10 days from the most recent exposure?**If a child or adult in a childcare center has tested positive for COVID-19, instruct that individual to stay home. Contact LFCHD at (859) 899-2222 or [covidchild@lfchd.org](mailto:covidchild@lfchd.org) to report the case and discuss necessary follow-up steps. For kindergarten-aged classrooms and younger, where physical distancing is challenging, all children and teachers should be quarantined for 10 days following their last exposure to the case while he or she was infectious. For older school-aged children, the entire class may not need to quarantine if close contacts can be assessed. Fully vaccinated individuals (14 days or more after 2nd dose of two dose series or 1st dose of a one dose series) are exempt from quarantine, as long as they have no symptoms.

**10. Can teachers, aides or children move between classrooms and groups in the childcare center across days or weeks or should children and teachers (and aides) consistently be kept together?**It would be preferable for children and staff to remain consistency in the same groups to limit exposures and to assist with response and interventions if a positive case is identified within the childcare center. This practice of “cohorting” teachers and children will reduce the numbers of exposed individuals if a case were to occur in the facility.

**11. What are the reporting requirements for childcare facilities?**All diagnosed cases of COVID-19 identified among children and staff in a childcare center are to be reported to the local health department at (859) 899-2222 as well as to the Division of Child Care and the Division of Regulated Child Care (859) 246-2301 and Division of Child Care (502) 564-2524.

**12. Shall all children and staff in the childcare center receive the annual influenza vaccine for the upcoming flu season?**All children (ages 6 months and up) and staff in the childcare setting should be strongly encouraged to receive vaccination for influenza A/B. Signs and symptoms of influenza overlap with those associated with COVID-19 and with many other viral illnesses. Therefore, reducing the occurrence of influenza via vaccination will decrease the number of symptomatic illnesses that will result in investigation and testing for COVID-19. Children should be up-to-date on all other required vaccinations.

**13. Do teachers and children need to wear masks in childcare?**

We are encouraging everyone 2 years and older to wear a mask, except when eating or sleeping. We recognize there are specific instances when wearing a mask is not feasible (for example: a child with autism; people of any age with certain disabilities; people who have high sensitivity to materials on their faces). By wearing a mask, people are helping prevent the spread of COVID-19 to young children who are not eligible to receive the COVID-19 vaccine at this time; and to those who have a weakened immune system. (For more information, please visit: Centers for Disease Control and Prevention: cdd.gov/coronavirus/2019-ncov/community/schools-childcare).

**14. Can COVID-19 vaccines cause fertility problems?**

Claims linking COVID-19 vaccines to infertility are unfounded and have no scientific evidence supporting them. COVID-19 mRNA vaccines are not a cause of infertility. The COVID-19 vaccine is recommended for people who may consider future pregnancy. (For more information, please visit: The American College of Obstetricians and Gynecologists ACOG: acog.org)