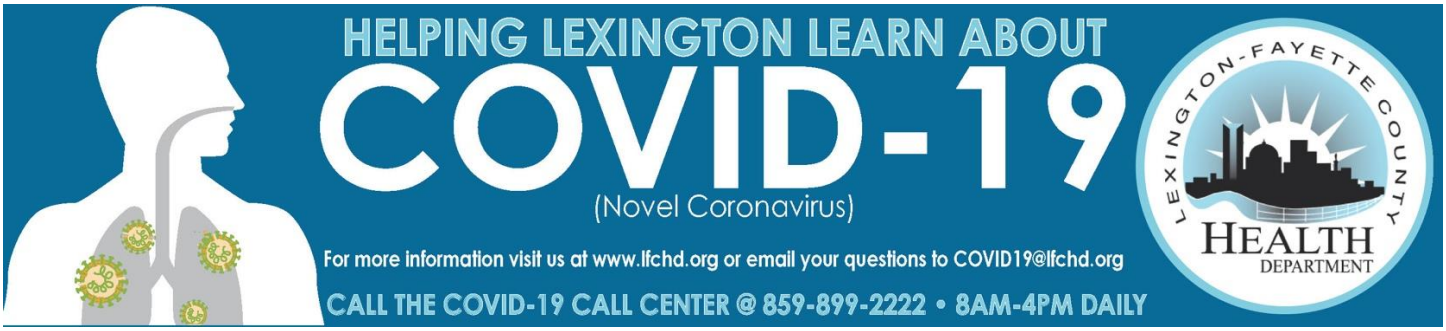

COVID-19 and Childcare Centers - Frequently Asked Questions (FAQs)

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 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 still 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 provide 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.

5. **If a child or teacher tests positive for the virus the causes 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.

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?**

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 has a household member or is an identified close contact of a COVID-19 case (as determined by contact tracing), does the child need to stay out of daycare even if he or she is asymptomatic?**

Anyone who has a household member with COVID-19 or has had close contact (defined at <6 ft for ≥15 minutes) with someone who has been diagnosed with COVID-19 should be placed in home quarantine for 10 days from the day of last exposure to the positive case and monitored for signs and symptoms of COVID-19. The quarantine period may be longer than 10 days if the individual is a household member and has ongoing exposure to the case.

8. **When can a quarantined (exposed) child or teacher return to work?**

Anyone who have had close contact with a known COVID-19 case may return to the facility when 10 days have passed since their last exposure to that case (day 0), if the individual has not developed symptoms of COVID-19. That individual could return to the childcare setting on day 11 if they remain asymptomatic during the quarantine period and has not had subsequent known exposures. The quarantine period may be shortened to 7 days if the close contact has a negative COVID-19 test on or after Day 5 of quarantine AND has no symptoms. An individual does not need to have a negative test result to return to the facility if they have completed the entire quarantine period without symptoms; however, a negative molecular test result at the end of the quarantine period may provide reassurance that the individual does not have asymptomatic infection.

9. **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 indoors and/or <6ft of the case for ≥30 minutes or more outdoors, 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.

10. **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 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.

11. **What do you say to parents of kids between 2 and 5 years of age about mask wearing?**

CDC recommends no masks for children less than two years of age due to safety concerns, and Kentucky guidance recommends no masks for children five years or younger. Children six years and above should be able to safely and appropriately use a mask, though consistency will likely remain a challenge. Any child six years and above in childcare should be encouraged to do so. This guidance applies to children without other medical and/or developmental considerations that directly impact upon mask use. Although use of a mask likely reduces the risk of transmission, at this time it is not a factor that is considered in determining close contact to a case.

12. **What if a child or the child's parents refuse to have the child wear a face covering?**

Children in childcare who are six years and above should be able to wear a face covering safely and should be encouraged to do so. Parents should be counseled that refusal to wear a face covering puts their child (and them) at increased risk of infection and places others in the class at increased risk as well. The childcare center may refuse to provide care for children and/or parents who refused to comply with behaviors intended to reduce likelihood of infection. Although use of a mask likely reduces the risk of transmission, at this time it is not a factor that is considered in determining close contact to a case. Physical distancing (6 feet or greater) is still recommended even when masks are worn.

13. **What about children who have documentation from a provider regarding medical/psychological contraindication to wearing a face covering?**

See question above. Although likely not as effective as face masks in maintaining source control (i.e., reducing risks to others), those unable to wear a face covering could be encouraged to wear a face shield.

14. **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.

15. **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 (502) 564-2524.

16. **Shall all children and staff in the daycare center receive the annual influenza vaccine for the upcoming flu season?**

All children 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.

Full COVID-19 vaccination allows for an exception to the above quarantine guidance

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria†

- Are fully vaccinated (i.e., ⩾2 weeks following receipt of the second dose in a 2-dose series, or ⩾2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Glossary

Exposed: individual who has had close contact (<6 feet)* for ≥15 minutes.**

Fever: for the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

Isolation: separates sick people with a contagious disease from people who are not sick.

Quarantine: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. With COVID-19, these people may be able to spread the virus to others before showing symptoms.

*Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk).

**Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.

Please see https://govstatus.egov.com/kycovid19 for additional information, including information on testing sites and laboratories performing testing for Kentuckians.