



COVID-19 Policy for Home Childcare Providers

Johnson County Department of Health and Environment's (JCDHE) childcare requirements reflect the current understanding of COVID-19 transmission in children. As new evidence emerges, guidance may change.

There are some changes from previous guidance due to new evidence-based information. As with your current disease policy, you can make your policy more restrictive than the county policy if you choose. It is important to be consistent. You need to implement the policy consistently with all children.

Screening

Screen children and staff daily before admittance for signs and symptoms of illness. When possible, the screening should be done before the child enters the childcare home to help reduce exposure.

Screening includes asking questions, observing for signs of illness, and checking for fever. Many facilities are doing after nap temperatures as well.

- Has there been travel within the last 14 days in a state or country identified as a hot spot for COVID-19? coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran
- Has there been an exposure to someone diagnosed with COVID-19, either household or non-household contact?
- Is anyone in the home showing signs of illness or who have the following:
 - ◊ fever greater than 100.4 degrees (F) (need to be aware of person's "normal" temperature as some people run lower "normal" and therefore a fever for them could be below 100.4 degrees).
 - ◊ cough
 - ◊ shortness of breath/difficulty breathing
 - ◊ sudden loss of smell or taste
 - ◊ other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)
- Check the child's/staff's temperature



Mask usage for Home Childcare Providers

Providers

JCDHE recommends that masks be worn at all times, but childcare home providers are not required to wear masks. Masks should be worn at least at children's pick up and drop off times and when other adult non-residents of the childcare are in the home. Snug fitting masks with the see-through face area are acceptable. At this time, JCDHE is not approving face shields alone.

During the COVID-19 outbreak it is not recommended that staff eat lunch with kids due to the added risk of exposure. Staff and kids over age 10 should be 6 feet away from younger children when eating. If provider is outside with the children and able to be 6 feet or greater from anyone else, they may remove their mask for a break (if they have been wearing one). As soon as any child or other adult approaches, they must replace the mask. When staff are at least 6 feet from others such as bathroom or at nap time, their mask may be removed for a break. Supervision must be maintained at all times.

Children

If a home provider chooses to have children wear masks, the masks need to be removed for nap time and, of course, meals. The facility must also plan for what to do with the masks at mealtime to keep them from becoming soiled or contaminated, as well as a plan for changing out wet or otherwise contaminated children's masks.

Symptomatic Individuals in a Childcare Setting

Provider and family members

JCDHE recommends all licensed childcare facilities follow the below guidance for exclusion criteria and management of COVID positive cases. In summary, provider will need to close for ten days after their/ or resident family members symptoms began **and** 24 hours after their fever (if present) has been reduced without the aid of medication **and** their initial respiratory symptoms have improved if they have at least one of the primary symptoms or two of the secondary symptoms. Provider/family members who meet these criteria should be encouraged to seek testing for COVID-19. If the staff member tests negative for COVID-19, they may return to work 24 hours **after their symptoms resolve**.

Primary symptoms (at least one)

- Cough
- Fever (measured or subjective)
- Shortness of breath
- Difficulty breathing
- Loss of taste and/or smell

Secondary symptoms (at least two)

- Chills
- Muscle or body aches
- Headache
- Sore throat
- Diarrhea/nausea/vomiting
- Congestion/runny nose
- Extreme fatigue

Children

Due to children having fevers for a variety of reasons (e.g., teething), fever has been moved to the secondary symptoms. COVID-19 testing for young children in Johnson County is limited, and generally reserved for those with severe illness. For this reason, a child who develops at least one primary symptom, or two or more secondary symptoms, is presumed to have COVID-19 and should be excluded from childcare for ten days after their symptoms began **and** 24 hours after their fever (if present) has resolved without the aid of medication **and** their initial symptoms have improved. If the child is tested for COVID-19, and tests negative, they can return to childcare 24 hours **after their symptoms resolve**. If a physician indicates the symptoms are due to a different diagnosis (e.g., allergies, asthma), a child can be re-admitted to childcare prior to their symptoms resolving. If a child has only one secondary symptom, JCDHE recommends they be excluded until at least 24 hours **after the resolution of symptoms**.

Primary symptoms (at least one)

- Cough
- Shortness of breath
- Difficulty breathing
- Loss of taste and/or smell

Secondary symptoms (at least two)

- Fever
- Chills
- Muscle or body aches
- Headache
- Sore throat
- Diarrhea/nausea/vomiting
- Congestion/runny nose
- Extreme fatigue

Management of a COVID-19 Positive Individual

All individuals who test positive must be excluded from childcare settings until they are no longer infectious. An individual is considered **infectious** (capable of spreading the virus) three days before their symptoms began until ten days after their symptom onset **and** 24 hours after their fever (if present) has resolved without the aid of medication **and** their initial symptoms have improved. If a child is sent home with symptoms but the test comes back positive a few days later, the ten days is still based off the start of symptoms. If the individual is asymptomatic (not showing any symptoms), then the infectious period is three days before the date their lab test was collected until ten days after their lab test.

Please notify JCDHE's Childcare Licensing Division – Eldonna Chesnut (Eldonna.chesnut@jocogov.org) at 913-477-8366 if you received notification of a positive case in your childcare facility.

Exclusion of contacts

Contacts of a COVID-19 Positive Staff – (Some childcare homes have non-residential staff)

If all childcare home providers/staff and residential family members have been wearing masks appropriately in the childcare home and a non-residential staff member tests positive, JCDHE is not recommending any exclusions of children nor closure of the childcare home. If the COVID-19 positive staff member was in close contact with provider and children without masks and physical distancing of six feet or more (e.g., lunch, socializing outside of work), it is recommended that the childcare home be closed for 14 days.



Contacts of a COVID-19 Positive Child

Based on current evidence, young children do not appear to efficiently spread COVID-19 to others. For this reason, JCDHE is not recommending any exclusions of contacts of a COVID-19 positive **child**, regardless of mask usage (the positive child will be excluded for ten days). The provider needs to notify all families of having a COVID-19. Letters are included to assist you in this notification. The provider can decide to remain open - however provider and residents are **required** to wear a mask except for eating. School age children are strongly recommended to wear masks. No field trips or other exposure to other people should occur. If you are on the food program – please notify your program so they can take necessary precautions or move your visit.

If there are two or more positives in a daycare home, JCDHE should be consulted to determine if there is evidence of COVID-19 transmission (two positives within 14 days of one another, without another known exposure). If transmission is identified, the daycare may be closed for 14 days from the last exposure to the infectious case.