



COVID-19 Policy for Childcare Centers, Preschools and School Age Programs

(May 2021)

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 the current disease policy, providers can choose to make policies more restrictive, however, policies must be implemented equally with all children.

Definitions

Quarantine: Keeps someone who might have been exposed to the virus away from others. Individuals in quarantine should stay home. If an individual must be in public to seek medical assistance, practice masking and physical distancing as much as possible. Quarantine/exclusion timelines always begin at last exposure to a person with confirmed or presumed COVID-19.

COVID-19 Quarantine: The Centers for Disease Control and Prevention (CDC) recommends a 14-day quarantine as the gold standard for COVID-19 infection prevention/control. Although the risk of transmission after the 10-day quarantine period is low, the risk is not zero. Childcare facilities should stay with the 14-day quarantine as it offers the most protection to the facility. The facility is still able to do cohorting (discussed in later section).

Isolation: Isolation separates people who are infected with the virus away from people who are not infected. Individuals with confirmed or presumed COVID-19 should isolate within their household and use a separate bedroom/bathroom, if possible. Sleeping areas should not be shared. Individuals should not spend time in common household areas (living room, kitchen); if face-to-face interactions must take place, all household members should mask. Disinfect frequently touched surfaces in the household often.

COVID-19 Symptomatic Isolation:

Isolate for:

1. At least 10 days have passed since symptoms first appeared AND
2. At least 24 hours fever-free without the use of fever-reducing medications AND
3. Improvement in initial symptoms

COVID-19 Asymptomatic Isolation:

Isolate for 10 days from a positive test. Use the date specimen was collected, not the date of results.

Close Contact/Exposure:

A close contact is defined as:

- a. being directly exposed to infectious secretions (e.g., being coughed on); or
- b. being within 6 feet for 10 cumulative minutes or more over a 24-hour period. Additional factors like infected person/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), classroom-level mitigation measures, individual risk profiles, and case symptomology may affect this determination.

Either (a) or (b) is defined as close contact if it occurred during the case's infectious period, which is defined as two days prior to symptom onset through 10 days after symptom onset. In the case of asymptomatic individuals who are confirmed with COVID-19, the infectious period is defined as two days prior to the confirming lab test and continuing for 10 days following the confirming lab test.

Infectious Period: An individual is considered **infectious** (capable of spreading the virus) for two days *before* their symptoms began until ten days *after* symptom onset *and* 24 hours after their fever (if present) has resolved without the aid of medication *and* initial symptoms have improved. For an **asymptomatic** individual who tests positive for COVID-19, their infectious period is considered to be two days before through 10 days after their specimen was collected.

Presumed Positive: Individuals with a known exposure to a COVID-19 positive individual who become symptomatic are presumed positive.

Screening: Screening remains in place at this time due to the fact that the virus is still circulating and that new variants are being seen in our area. Screen children and staff daily before admittance for signs and symptoms of illness. Screening includes asking questions, observing for signs of illness, and could include checking for fever. Many facilities are doing after nap temperatures.

- Has there been travel within the last 14 days in a state or country identified as a hot spot for COVID-19? <https://www.coronavirus.kdheks.gov/DocumentCenter/View/135/Travel-Related-Quarantine-Table-PDF--->
- 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:
 - o 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 lower than the 100.4
 - o cough
 - o shortness of breath/difficulty breathing
 - o sudden loss of smell or taste
 - o other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)
- Check the child's temperature as indicated (while this is not a primary symptom of COVID in children it is often a symptom of illness). Per childcare regulation, sick children should not be in the childcare setting.

Masks: The Johnson County mask ordinance has been changed to a strong recommendation. Please see CDC guidance for appropriate types of masks: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

The CDC recommends a well-fitting mask of at least two layers of breathable, washable fabric as an important mitigation strategy in both childcare and K – 12 schools. Double masking is not necessary so long as an individual is wearing a properly fitting mask that fits snugly around the nose and chin with no large gaps around the sides of the face. The CDC does NOT recommend the use of masks made from loosely woven fabric (i.e., allows light to pass through) or masks with exhalation valves or vents as they allow respiratory droplets with viral particles to escape. Mesh masks of any kind do not provide adequate coverage and are not recommended for the same reason. The effectiveness of goggles is unknown, but they are likely less effective than other masks because they only have a single layer of fabric - these are not acceptable in childcare.

Recommended Masks

- Medical or surgical masks
- Properly fitting masks (i.e., snugly around the nose AND chin with no large gaps around the sides of the face)
- Masks made with tightly woven fabric (i.e., fabrics that do NOT let light pass through when held up to a light source)
- Masks with two or three layers
- Masks with inner filter pockets

Guidance for Operations

Parent drop off and pick up

As long as parents are wearing masks they may drop off and pick up the children at the classroom door. The center should still limit access to facility as much as possible.

Combining of classes

It is recommended to continue to keep classes separated from others as much as possible; the reason behind this is to help reduce the amount of exposure should you have a positive case in a classroom. It is still recommended that one class at a time be on the playground.

(NEW) If children are over age two and masked, facility can combine rooms for opening and closing in the morning and afternoon, unvaccinated teachers should be masked – keep this combined time frame as short as possible. Caution: if a positive case occurs during this combined time it could result in multiple classrooms needing to be cohorted or excluded.

Sensory tables and supplies

CDC guidance has not been updated regarding this issue. However, as long as children wash their hands prior to and after usage JCDHE feels it is safe to restart sensory table usage. Capacity at a sensory table should be limited to one or two children at a time depending on size. Individual supplies such as markers, crayons and playdoh – should follow the same guidelines as sensory tables regarding hand washing and number of children in one location. Remember to clean and disinfect all toys, supplies, and surfaces on a routine basis.

Field Trips

(NEW) Field trips should be one class or small group at a time, where possible. Children age five and up and teachers should be masked when in areas that expose them to other groups. If unmasked due to activity (like swimming/water play or private function) –keep activity to one classroom at a time where possible. The rationale again is to protect those unable to be vaccinated and reduce exposure if exposed to a positive case.

Mask Usage

Childcare Center and SAP staff

(NEW) Vaccinated staff in centers can now be unmasked in the classroom and on the playground. JCDHE **strongly recommends** that unvaccinated childcare center staff always wear masks, including in classrooms and on playgrounds (unless six feet away from children and other staff while outside). It is best that all staff are masked in common areas and during pick up and drop off times.

SAP staff - at this time due to older children spreading and contracting virus similar to adults - both staff and children still need to be masked. Staff can take mask breaks outside when greater than six feet from anyone else. Vaccinated staff may go without a mask when outside. As soon as vaccine becomes available for children aged 12 to 15, this section guidance may change. Full SAP/summer camp guidance will be coming soon.

For centers and SAP staff - In order to ensure that staff are wearing masks properly (covering nose and mouth), JCDHE recommends that accountability measures be put in place including having program directors checking on mask wearing compliance periodically throughout the day and empowering employees to respectfully remind each other when masks are not being worn appropriately. In times when masks cannot be worn, staff members should be physically distanced (six feet or more) from other individuals. If childcare surveyors enter a facility where staff are not wearing masks this will be a written consultation on the NOSF.

During the COVID-19 outbreak it is not recommended that staff eat lunch with their students due to the added risk of exposure. Staff should be six feet away from children when eating. If staff are outside with the children and are six feet or greater from anyone else, they may remove their mask for a break. As soon as any child or other staff person approaches, they must replace the mask. Supervision must be maintained at all times. Staff may remove masks when they are six feet or more from other individuals, including in the break room, bathroom, or outside on break. Individuals in private offices/rooms may remove their mask but must replace it as soon as anyone enters.

Children

Existing evidence points to young children being less likely to transmit COVID-19 to other individuals as well as being less likely to develop severe symptoms from this disease. For this reason, JCDHE does not require non-school aged children to wear masks in childcare classrooms, however children over the age of two should be encouraged to wear masks in common spaces of the childcare center, such as entering the building, walking in the hallways, and using the restroom. These should be short amounts of time and masks are removed when children are in their classroom. Children in kindergarten and higher **are strongly encouraged to** wear a mask while in attendance. 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.

Management of Symptomatic Individuals in a Childcare Setting

JCDHE recommends all licensed childcare facilities follow the below guidance for exclusion criteria and management of symptomatic individuals. In summary, individuals (staff and attendees) should be excluded for ten days after their symptoms began *and* 24 hours after their fever (if present) has been reduced without the aid of medication *and* their initial symptoms have improved if they have at least one of the primary symptoms or two of the secondary symptoms.

Individuals who meet below criteria should be encouraged to seek testing for COVID-19. 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.

Primary Symptoms (at least one)

- Cough
- Shortness of breath
- Difficulty breathing
- Loss of taste and/or smell (having either of these makes the child/staff a presumed positive case regardless of exposure or test result)

Secondary Symptoms (at least two)

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

Management of a COVID-19 Positive Individual

Exclusion of New Positive Cases

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) two days before their symptoms began until 10 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 an individual is excluded 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 two 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) – 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

If staff have been wearing masks appropriately in the facility, JCDHE is not recommending any exclusions of staff or students. Wearing a mask appropriately means wearing a well-fitting mask (as described above) at all times when within 6 feet of any person and the mask covers mouth and nose. If the COVID-19 positive staff member was in close contact with other staff without masks and closer than six feet for

at least 10 cumulative minutes over a 24 hours period (e.g., lunch, socializing outside of work), it is recommended that they (contacts of positive person) be excluded. For childcare staff, the exposed individual should quarantine for 14 days, as it can take this long for symptoms to develop. However, for staff who can't quarantine for the entire 14 days, there are two options to shorten the quarantine period:

- **WITHOUT Testing:** Quarantine for 10 days from last exposure. If the person *remains symptom-free*, they may return to activities on day 11 after exposure.
- **WITH Testing:** Quarantine for seven days from last exposure. A PCR test (cannot be a rapid antigen test) should be conducted on day five or later. If test is negative and person is symptom-free, they may return to activities on day eight after exposure.

All close contacts, regardless of which quarantine procedure they follow, should continue to self-monitor for 14 days from exposure. If symptoms develop during the 14-day period, the person should self-isolate and get a PCR test. If test comes back positive, they will need to complete a 10-day isolation.

(NEW) Post-Exposure Management of Vaccinated Individuals

Per CDC guidelines, individuals who have been vaccinated for COVID-19 may be exempt from quarantine IF they meet ALL of the following criteria:

1. Asymptomatic following their exposure,
2. At least two weeks following their second dose of Pfizer or Moderna or one dose of Johnson and Johnson, and
3. Within six months of their vaccination.

Contacts of a COVID-19 Positive Child

Based on current evidence, young children do not appear to efficiently spread COVID-19 to others as adults. For this reason, JCDHE is not recommending any exclusions of contacts of a COVID-19 positive child, regardless of mask usage, as long as listed additional precautions are taken.

The choices are to:

- 1) Cohort the classroom (contacts of the positive child)
- 2) Close the room

Cohorting of the Classroom

If one individual (staff or student) tests positive for COVID-19, JCDHE **requires** the classroom where the positive occurred to be cohorted or excluded. If the classroom is cohorted, they are not to interact with any other children or staff, or visit any indoor common spaces (e.g., gyms, music room, etc.) until 14 days from the last exposure to an infectious case. Exposed children age two and up are **required** to wear masks in all non-classroom common spaces (e.g., lobby, hallway if other individuals are present, bathroom, etc.) of the childcare setting for 14 days, or be excluded. Exposed staff who remain working are **required** to wear a mask (covering mouth and nose) **at all times**.

Exclusion of a Classroom

Facilities can decide to close the room if they are more comfortable with this option if only one positive case in the classroom. **If there are two or more positives in a classroom**, 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 entire classroom may need to be excluded for 14 days from the last exposure to the infectious case.

Notification Following a COVID-19 Positive

While JCDHE is not recommending exclusion of children when there is a positive in the classroom, it is recommended that families be notified of the positive case and encouraged to monitor their children for signs and symptoms of COVID-19.

(NEW) COVID-19 Vaccination

Vaccines are an important tool to help stop the COVID-19 pandemic. Early care and education providers hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. As frontline essential workers, childcare providers have been prioritized nationally to receive vaccination. CDC's Advisory Committee on Immunization practices (ACIP) recommends that frontline essential workers, including childcare providers, be prioritized for vaccine allocation in phase 1b. To address this important public health issue, the [Health and Human Services Secretary issued a Secretarial Directivepdf iconexternal icon](#) on March 2, 2021, that directs all COVID-19 vaccination providers administering vaccine purchased by the U.S. government to make vaccines available to those who work in pre-K-12 schools, as well as Head Start and Early Head Start programs. Those who work as or for licensed childcare providers are also eligible. This means that in addition to existing state and local COVID-19 vaccination sites, teachers and staff in schools and childcare programs across the nation can sign up for an appointment at over 9,000 pharmacy locations participating in the [Federal Retail Pharmacy Program](#) for COVID-19 Vaccination. Getting vaccinated as soon as the opportunity is available is an important way for facilities and staff to stay safe and reduce the risk of getting seriously ill from COVID-19. Review CDC's [COVID-19 Vaccination Information](#) or talk to a healthcare provider for more information. Even after childcare providers and staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future including wearing masks, physical distancing, and other important prevention strategies outlined in this guidance document.

Testing

Types of Tests:

Rapid diagnostic tests (RDT)-Known as antigen tests; these detect a protein on the virus. The results are rapid because the specimen is read on-site. They may be useful as an initial data point, but because antigen tests may not detect lower levels of the virus, false negatives are a concern. An RDT/antigen test should be followed by a confirmatory PCR to make a final diagnosis. A negative antigen test does not release a person from quarantine.

Molecular/viral testing-Known as PCR (polymerase chain reaction) tests; they detect the presence of viral genetic material in specimens. These tests take longer (sometimes several days) because they must be sent to a lab for processing but are more accurate. JCDHE currently offers free PCR tests (nasal swab version).

Serology tests-A blood test that detects antibodies one may have to the virus from an immune system response. These are NOT diagnostic tests and should not be used as such. Serology tests do not provide sufficient evidence of immunity and cannot be used to release individuals from quarantine.

Acceptable tests for return to childcare setting

PCR tests are best for confirmation of COVID-19 infections. Serology tests are not diagnostic tests and, therefore, are never sufficient to prove current infection. Antigen tests (RDTs) are a gray area. Childcare personnel can use **positive** antigen tests as confirmation of a COVID-19 positive individual. Antigen tests present serious concerns about false negatives; therefore, **negative** antigen tests on symptomatic individuals (1 primary and/or ≥ 2 secondary symptoms) should NOT be used to return to childcare setting. The individual will need a confirmatory PCR test, a physician's alternate diagnosis, or wait 10 days from symptom onset. **Symptomatic individuals are encouraged to get a PCR test. If an individual has a negative PCR test within 48 hours of positive antigen, the person is not considered a positive case.**

Exclusion while waiting for results

Current or recent symptomatic individuals awaiting COVID-19 test results should be excluded from childcare until confirmatory lab results are received. Individuals who are waiting on test results prior to planned travel or a medical procedure do not need to be excluded.

Period of immunity

Individuals with documentation of previous infection no more than six months prior to the most recent exposure (or within the CDC's most recent guidelines) MAY be released from quarantine recommendations.

Exclusion Criteria

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to Childcare Setting?
<p align="center">1 primary symptom*</p> <p align="center">OR</p> <p align="center">≥2 secondary symptoms</p> <p align="center">AND</p> <p align="center">No COVID-19 exposure</p>	<p align="center">YES</p>	<p align="center">Negative COVID-19 PCR Test: 24 hours after fever resolution and symptom improvement</p>
		<p align="center">Negative COVID-19 Antigen Test: At least 10 days have passed since symptoms first appeared AND 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms OR Physician documentation that an alternate diagnosis is the cause of signs and symptoms. Return precautions should be specific to diagnosis</p>
		<p align="center">NO Test: At least 10 days have passed since symptoms first appeared AND 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms OR Physician documentation that an alternate diagnosis is the cause of signs and symptoms. Return precautions should be specific to diagnosis</p>
		<p align="center">Positive COVID-19 Test: At least 10 days have passed since symptoms first appeared AND 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms</p>

(NEW)*If one of the primary symptoms exhibited is new olfactory or taste disorder, the individual would be considered presumptive positive regardless of exposure or test result and should be excluded as a presumptive positive from the onset of symptoms. Contact childcare licensing, complete the spreadsheet, and plan to exclude contacts of the positive case.

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to Childcare Setting?
<p>1 primary symptom*</p> <p>OR</p> <p>≥2 secondary symptoms</p> <p>AND</p> <p>Exposure to a person with COVID-19 in the last 14 days*</p>	<p>YES</p> <p>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such.</p>	<p>Negative COVID-19 PCR Test BEFORE symptom onset: NEW At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms OR 14 days from last exposure and symptoms improved (whichever is longer) (retest is encouraged due to possibility of testing to soon)</p>
		<p>Negative COVID-19 PCR Test AFTER symptom onset: NEW Symptomatic contacts may not test out of quarantine. They must quarantine for 14 days and their symptoms must be improved.</p>
		<p>Negative COVID-19 Antigen Test: NEW 10 days from symptom onset AND at least 24 hours since resolution of fever w/o fever reducing medications AND improvement in symptoms OR 14 days from last exposure and symptoms improved (whichever is longer)</p>
		<p>NO Test: 14 days from last exposure to person with COVID-19 OR At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms (whichever is longer)</p>
		<p>Positive COVID-19 Test At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms</p>

(NEW)*If one of the primary symptoms exhibited is new olfactory or taste disorder, the individual would be considered presumptive positive regardless of exposure or test result and should be excluded as a presumptive positive from the onset of symptoms. Contact childcare licensing, complete the spreadsheet, and plan to exclude contacts of the positive case.

**According to CSTE/CDC case definition, individuals with a known exposure and COVID-like illness are considered probable cases. Contact tracing and exclusions should be performed without a test or prior to test results coming back due to the high likelihood that an individual has COVID-19.

***Contact tracing should be relatively simple since individuals in this situation should already be in quarantine

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to Childcare Setting?
1 secondary symptom AND No COVID-19 exposure	NO	24 hours after fever resolution and symptom improvement OR If alternate diagnosis is made, return precautions should be specific to diagnosis

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to Childcare Setting?
Exposure to a person with COVID-19	YES	<p>All close contacts should continue to self-monitor for 14 days from exposure. If symptoms develop during the 14-day period, person should isolate/be excluded from the childcare setting and get a PCR test.</p> <p><u>WITHOUT Testing and No Symptoms:</u> 10 days from last exposure to a person with COVID-19. If the person remains symptom-free, they may return to activities on day 11 after exposure.</p> <p><u>WITH Negative PCR Test and No Symptoms:</u> 7 days from last exposure to a person with COVID-19. A PCR test must be conducted on day 6 or later. After the test is collected, if the person develops symptoms during the 14-day period, then the individual needs to self-isolate and be excluded from childcare setting REGARDLESS of the results of the test.</p>

Exposures outside of the childcare setting

If a child or staff member is a close contact of a positive individual, no matter the setting in which they were exposed, they should be excluded per current public health recommendations. See above tables for guidance.

All close contacts should self-monitor for symptoms for 14 days from exposure. If symptoms develop during the 14-day period, person should self-isolate/be excluded from childcare setting and get a PCR test.

Household Contact

If a household member (sibling, parent, etc.) tests positive for COVID-19, then all other household members must be quarantined per current public health recommendations following their last

interaction with the positive case. If the positive individual can isolate in a separate bedroom, with a separate bathroom, spending little to no time in common areas and always wearing a mask in the presence of other household members, then the quarantine begins on the day the positive individual began isolating away from the household. If this is not possible, then household members will need to quarantine per current public health recommendations following the end of the infected person's isolation. This may mean that family members are quarantined for longer periods. If additional household members become symptomatic/test positive during the isolation or quarantine period, the quarantine period starts over.

Presumed Positive

In the absence of a negative PCR test for COVID-19 **after** the onset of symptoms, individuals with a known exposure to a COVID-19 positive individual who become symptomatic *within 14 days of last exposure* are presumed positive. They should already be in quarantine. Becoming symptomatic/presumed positive should trigger a move from quarantine to isolation.

Contacts of Contacts

If an individual is notified that they are a close contact of a COVID-19 positive individual, only that person who was directly exposed needs to quarantine. Other family members (e.g., siblings) do not need to quarantine if they did not have contact with the infected individual.

(NEW) Travel

Families and staff planning out-of-state travel should check KDHE's Quarantine guidelines. Children and staff can return to childcare setting, work, and extracurricular activities after traveling to a location on this list only after a quarantine period. <https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran>

(NEW) Vaccinated Individuals

Vaccinated persons are not required to quarantine (whether exposed to an infectious individual or travel-related) 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 six months following receipt of the last dose in the series
- Have remained asymptomatic since the exposure/travel

Persons who do not meet all three of the above criteria should continue to follow current quarantine guidance for travel.