



COVID -19 Policy for Summer Camps in Licensed Child Care Programs -Summer 2021

COVID-19 in Children and Adolescents

While fewer children have gotten sick with COVID-19 compared with adults during the pandemic, children can be infected with the virus that causes COVID-19, get sick with COVID-19, spread the virus to others, and have severe outcomes. However, children are more likely to be asymptomatic or to have mild, non-specific symptoms; they are less likely than adults to have severe illness or die. Children with [underlying medical conditions](#) are at increased risk for severe illness from COVID-19.

Consistent use of the multiple [prevention strategies](#) described in this document can limit the spread of COVID-19 in many settings, including camps and can help camps open safely for in-person activities.

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 CDC recommends a 14-day quarantine as the gold standard for COVID-19 infection prevention/control. We want all childcare facilities to stay with the 14-day quarantine as it offers the most protection to the facility. You are 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.

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.

Taking Actions to Lower the Risk of COVID-19 Spread

COVID-19 is mostly [spread through close contact by respiratory droplets](#) released when people talk, sing, breathe, sneeze, or cough. Regardless of the level of community transmission, camp programs should fully implement multiple [prevention strategies](#) to slow the spread of COVID-19. Key prevention strategies include

- Getting vaccinated when eligible
- Staying home if sick or having [symptoms of COVID-19](#)
- Universal and correct use of [well-fitted masks](#) that cover the nose and mouth
- [Physical distancing, including co-horting](#)
- [Handwashing and covering coughs and sneezes](#)
- Engaging in outdoor activities whenever possible and increasing ventilation for indoor activities
- [Cleaning](#) and disinfecting when needed, to maintain healthy facilities
- [Contact tracing](#) in combination with isolation and quarantine, in collaboration with the state, local, territorial, and tribal health departments

COVID-19 Vaccination

The U.S. Food and Drug Administration (FDA) authorized the first COVID-19 vaccines for emergency use in December 2020. Getting vaccinated as soon as the opportunity is available is an important way for camp operators and staff to keep from getting and spreading COVID-19. Camp operators and staff can review CDC's [COVID-19 Vaccination Information](#) or talk to their healthcare provider for more information. [Fully vaccinated people](#) should continue to take prevention steps, including wearing masks when working or volunteering in youth settings. Vaccines are now approved for use in children ages 12 and up, although vaccine trials are currently underway for younger children. Since summer camp age kids either may not be eligible or have not had the opportunity to receive the vaccine, even after camp employees are vaccinated, camps need to continue prevention measures for the foreseeable future, including requiring masks and physical distancing.

Health Equity Considerations in Prevention Strategies

The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. Camp administrators can help [promote health equity](#) to ensure campers have resources to maintain and manage their physical and mental health. Federal and state disability laws, to the extent applicable, may require an individualized approach for working with children and youth with disabilities consistent with the camper's IEP or Section 504 plan. Camp administrators should also consider adaptations and alternatives to prevention strategies when [caring for people with disabilities](#), while maintaining efforts to protect campers and staff from COVID-19.

Prevention Strategies That Reduce the Spread of COVID-19

Camp administrators, working with local public health officials, should assess the [level of community transmission](#) to understand the burden of disease in the community. The higher the level of community transmission, the more likely that the virus that causes COVID-19 will be introduced into the camp facility from the community, which could lead to in-camp transmission if layered prevention strategies are not in use. Camp administrators should continue to monitor community transmission levels to inform decisions on strengthening prevention measures and can refer to specific recommendations for each level of community transmission as described in the [CDC's Operational Strategy for K-12 Schools through Phased Prevention](#). Using the following prevention strategies can lower the risk of transmission of COVID-19 in your camp program.

Screening

Screening remains in place at this time due to the fact that the virus is still circulating and that new variants are starting to be 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
 - 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 and/or on an as needed basis (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 daycare/summer camp setting.

Staying Home when Appropriate

Educate staff, campers, and their families about when they should [stay home](#) and when they can return to camp. The recommendations below are for staff and campers attending day camps. Staff and campers who are not fully vaccinated and have recently had a [close contact](#) with a person with COVID-19, including family members who they live with, should [quarantine at home](#).

- Staff and campers who have tested positive for COVID-19 or are showing symptoms of COVID-19 should [isolate at home](#).
- [Fully vaccinated staff and campers](#)
- Although the risk that fully vaccinated people could become infected with COVID-19 is low, [fully vaccinated](#) people who have symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for COVID-19, if indicated.
- [Fully vaccinated](#) people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19.
- Develop policies that encourage sick employees to stay at home without fear of negative consequences. Ensure policies are clearly communicated to your staff.
- CDC's criteria can help inform when staff should return to work:
 - o [If they have been sick with COVID-19](#)
 - o [If they have recently had a close contact with a person with COVID-19](#)

Masks

[Masks](#) protect the wearer and those around them. Require all campers, staff, and visitors to use well-fitting masks with proper filtration consistently and correctly to prevent the spread of [COVID-19 through respiratory droplets](#). **All people in camp facilities should wear masks at all times with exceptions for [certain people](#), or for certain settings or activities, such as large motor play outside, while eating and drinking, or swimming.**

- Develop mask policies for all campers and staff that set the expectation that people will use masks throughout camp. This includes campers in the same small group or cohort.
- Teach and reinforce [consistent and correct](#) use of masks. Staff and campers should wear masks over the nose and mouth, especially when physical distancing is difficult (whether activities are

indoors or outdoors). Camp administrators should provide information to staff and campers on proper use, removal, and washing of masks.

- Masks should **not** be placed on
 - Anyone younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cover without help

N95 respirators or other personal protective equipment intended for healthcare workers should be worn only by camp medical staff when appropriate.

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.

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
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- Store masks properly and wash them regularly to keep them clean. Staff and campers should have more than one mask on hand each day so they can easily replace a dirty mask with a clean one. Make sure to [remove masks correctly](#) and wash hands after touching a mask while wearing it or when removing a mask. Store your mask somewhere safe to keep it clean, such as your pocket or backpack. When reusing a mask after a break, keep the same side facing out. For more information on washing masks, visit [How to Store and Wash Masks](#).
 - Do not wear a mask when doing activities that could get your mask wet, like swimming at the beach or pool. A wet mask can make it difficult to breathe and might not work.
 - CDC's [guidance on wearing masks](#) includes adaptations and alternatives for various activities.
 - Additional guidance on wearing masks at overnight camps is provided in the [Additional Guidance for Overnight Camps](#) section of this web page.

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.

Field Trips

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 to reduce exposure if exposed to a positive case.

Floater

If using floaters, it is recommended to have staff who are vaccinated be utilized in these roles.

Physical Distancing

- **Cohorting:** Cohorts (or “pods”) are groups of campers and staff that stay together throughout the day to minimize exposure to other people while at camp. Cohorts should have the same staff stay with the same group of campers and remain together as much as possible. Limit mixing between cohorts. Cohorting should not replace other prevention measures, including wearing masks. Campers and staff in the same cohort should continue to wear masks at all times, except when eating and drinking or swimming. Camps that serve younger and older children should consider creating cohorts with campers who are similar in age. When developing cohorts, consider services for campers with disabilities, English language learners, and other campers who may receive services, and to ensure equity, integration, and other requirements of civil rights laws, including federal disability laws.
- **Maintaining Physical Distance:** [Physical distancing](#) provides protection by reducing risk of exposure and limiting the number of close contacts when someone is infected with COVID-19. Establish camp policies and implement strategies to promote physical distancing, indoors and outdoors, of
 - At least 3 feet between all campers within a cohort
 - At least 6 feet between all campers outside of their cohort
 - At least 6 feet while eating and drinking, including among people within the same cohort
 - At least 6 feet between campers and staff
 - At least 6 feet between staff
- Use physical or visual guides to reinforce physical distancing of at least 6 feet in areas where adults may be interacting with other adults, camp staff, or campers (for example reception and dining areas).
- If specialized staff (for example, speech language pathologists) are providing services to campers within multiple cohorts or multiple camp programs, they should take prevention measures to limit the potential transmission of COVID-19, including getting vaccinated if eligible, and wearing masks,

or other necessary personal protective equipment. Specialized staff should keep detailed [contact tracing](#) logs.

- If nap times are scheduled for younger campers, assign campers' naptime mats to individual children, [sanitize](#) before and after use, and space them out as much as possible. Place campers head-to-toe to ensure distance between their faces. Masks should not be worn when sleeping.
- Create physical distance between campers on buses or transportation (e.g., seat children one child per row, skip rows) *when possible*. Campers who live in the same household may be seated together. Masks should be required on buses or transportation.
- More information on physical distancing for cohorts in overnight camps is provided in the [Additional Guidance for Overnight Camps](#) section of this web page.

Handwashing and Covering Coughs and Sneezes

- Teach and reinforce frequent [handwashing](#) with soap and water for at least 20 seconds and monitor to ensure all campers and staff follow this practice.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and campers over the age of 2 who can safely use hand sanitizer).
- Staff and campers should not use hand sanitizer if their hands are visibly dirty or greasy (for example, after playing outdoors, fishing, or camping). Instead, they should wash hands with soap and water as soon as possible.
- Staff who prepare food must wash hands with soap and water.
- Encourage staff and campers to cough and sneeze into their mask or a tissue. Masks that become dirty or wet should be replaced with a clean one as soon as possible. They should throw used tissues in the trash and wash their hands immediately with soap and water for at least 20 seconds. When a mask or tissue is not available or in use, they should cough or sneeze into their elbow, not their hands.

Adequate Supplies

- Ensure you have accessible sinks and enough supplies for people to clean their hands and cover their coughs and sneezes. Supplies include soap, a way to dry hands (for example, paper towels or a hand dryer), tissues, hand sanitizer with at least 60% alcohol (for staff and older campers who can safely use hand sanitizer), masks (as feasible), and no-touch/foot pedal trash cans.
- Ensure enough sinks or hand sanitizer dispensers are available at key locations for campers to be able to use them easily without crowding, especially during peak usage times.

Maintaining Healthy Environments

Camp administrators should implement several strategies in physical spaces to maintain a healthy camp environment.

Cleaning

- If the camp uses transport vehicles (for example, buses), drivers should practice all safety actions and protocols as indicated for other staff (for example, staying 6 feet apart, washing hands, wearing masks). To clean school buses or other transport vehicles, see guidance for [bus transit](#).
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

When to Disinfect

Disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces. Note: current research shows the risk of transmission on surfaces is very low.

- High transmission of COVID-19 in your community
- Low number of people wearing masks
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)

[If there has been a sick person or someone who tested positive for COVID-19](#) in your facility within the last 24 hours, you should clean AND disinfect the space.

Use Disinfectants Safely

Always read and [follow the directions](#) on how to use and store cleaning and disinfecting products. [Ventilate](#) the space when using these products.

Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

Limit Shared Objects

For young children and others who might not consistently or properly wear masks, wash hands, cover coughs and sneezes, and limit shared objects.

- Discourage sharing of items that are difficult to [clean](#).
- Keep each camper's belongings separated from others' and in individual, labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (for example, assign art supplies or other equipment to a single camper), or limit use of supplies and equipment to one group of campers at a time and clean between use.
- Limit sharing of electronic devices, toys, books, and other games or learning aids.

Ventilation

Camp activities should occur outside, as much as possible. If activities are held indoors, bring in as much fresh air into camp buildings as possible. Bringing fresh, outdoor air into your facility helps keep virus particles from concentrating inside. Open windows and doors **when possible** (must stay within childcare regulations regarding doors and windows), use fans to increase the effectiveness of open windows, and decrease occupancy in areas where outdoor ventilation cannot be increased. Ventilation, including opening windows when possible, is also important on camp transport vehicles. For recommendations on improving ventilation in camp facilities, please see [CDC's Guidance for Ventilation in Schools and Childcare Programs](#) and [Ventilation in Buildings](#).

Water Systems

The temporary shutdown or reduced operation of youth and summer camp programs and reductions in normal water use can create hazards for returning campers and staff. [Take steps](#) to ensure that all water systems and features (for example, sink faucets, drinking fountains, showers, decorative fountains) are

safe to use to prevent lead or copper exposure, [Legionnaire's disease](#), and other diseases associated with water when reopening facilities after prolonged closure. Follow the [Environmental Protection Agency's \(EPA's\) 3Ts, \(Training, Testing, and Taking Action\)](#)^{external icon} for reducing lead in drinking water. It might be necessary for you to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#)^{external icon}.

- Clean drinking fountains as part of routine cleaning practices. More frequent cleaning might be required based on level of use for all high-touch surfaces. Access to drinking water fountains should allow for physical distancing. Encourage staff and campers to bring their own water, when possible, to minimize use and touching of water fountains. Consider installing no-touch activation methods for water fountains. For more information on the importance of water access in schools, visit CDC's [School Nutrition](#) page.

Communal Spaces

- Follow recommendations in [CDC's Guidance for Operating Child Care Programs during COVID-19](#) and reinforce prevention strategies for indoor communal spaces.
- Stagger use of shared spaces, such as dining halls and playgrounds with shared playground equipment to promote physical distancing between cohorts of campers. [Clean](#) shared spaces between use.
- If applicable, follow [CDC's considerations for Pools, Hot Tubs, and Water Playgrounds During COVID-19](#).
- If your camp has playgrounds and outdoor play spaces, please see recommendations in [CDC's Guidance for Operating Child Care Programs during COVID-19](#).

Food Service

Campers may bring their own meals and snacks to camp. However, many camps provide children with meals and snacks. Some camps may provide meals and snacks through the [United States Department of Agriculture's Summer Food Service Program](#)^{external icon}, a critical program for reducing food insecurity.

- As feasible, have children and staff eat meals and snacks outdoors or in well-ventilated spaces while maintaining physical distance as much as possible. Campers should store masks in a space designated for each child that is separate from others when not being worn (for example, in individual, labeled containers, bags, or cubbies) and put their mask back on when not eating or drinking. All campers and staff should remain at least 6 feet apart when eating or drinking.
- For additional recommendations on safely providing campers with meals and snacks, please see [CDC's Guidance for Operating Child Care Programs during COVID-19, Safely Distributing School Meals During COVID-19](#), and [What School Nutrition Professionals and Volunteers at Schools Need to Know about COVID-19](#).

Maintaining Healthy Operations

Camp administrators should implement several strategies to maintain healthy operations.

Protections for Staff and Campers Who Are at Higher Risk for Severe Illness from COVID-19

- Strongly encourage camp staff, including staff who are 16 and older, to get vaccinated as soon as the opportunity is available to reduce the risk of getting seriously ill from COVID-19, and help reduce risk of spreading COVID-19 to other staff and campers.
- Offer modified job responsibilities for your staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk.
- Offer options for campers at higher risk for severe illness that limit exposure risk (e.g., virtual learning opportunities).
- Establish policies that protect the privacy of people at higher risk for severe illness because of underlying medical conditions.

Modify Camp Activities

- Campers and staff should participate in activities outdoors whenever possible, while wearing masks and maintaining physical distance. They should not wear masks when swimming or during other water activities but should stay 6 feet apart.
- Avoid group events, gatherings, or meetings where physical distancing between people cannot be maintained. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible.
- Perform activities that have the potential to produce respiratory droplets including singing, chanting, shouting, or playing an instrument outside. Campers and staff should wear masks and maintain at least 6 feet physical distance during these activities.
- For recommendations on safely doing gardening activities, please see [CDC's Considerations for Outdoor Learning Gardens and Community Gardens](#).

Communication Strategies

Signs and Messages

- Post [signs](#) in highly visible locations (for example, camp entrances, dining areas, restrooms) that [promote everyday protective measures pdf icon\[289 KB, 2 Pages\]](#) and describe how to [stop the spread pdf icon\[467 KB, 1 Page\]](#) of germs such as by [properly washing hands](#) and [properly wearing a mask image icon](#).
- Provide regular [announcements](#) to campers and staff that reinforce ways to reduce spread of COVID-19.
- Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with staff and families (such as on camp websites, in emails, and through camp [social media accounts](#)).
- Find free CDC print and digital resources on [CDC's communications resources](#) main page.

Physical Guides

Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and campers remain distanced in lines and at other times (e.g., guides for creating “one way routes” in hallways and dining halls).

Communication Systems

Put communication systems in place for:

- Having staff, campers, and families self-report to the camp administrators and COVID-19 point of contact if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19 \(See “Notify Health Officials and Close Contacts” in the Preparing for When Someone Gets Sick section below\)](#)[external icon](#) and other applicable privacy and confidentiality laws and regulations. [Fully vaccinated people](#) can refrain from quarantine and testing following a known exposure if asymptomatic.
- Notifying staff and families of camp closures and restrictions in place to limit COVID-19 exposure (for example, limited hours of operation).

Management of Symptomatic Individuals in a School Age Program 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
- 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 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 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.

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. If the COVID-19 positive staff member was in close contact with unvaccinated staff without masks and physical distancing of six feet or more 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 be to 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 7 days from last exposure. A PCR test (cannot be a rapid antigen test) should be conducted on day 6 or later. If test is negative and person is symptom-free, they may return to activities on day 8 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, person should self-isolate and get a PCR test. If test comes back positive, they will need to do 10 day quarantine.

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 2 weeks following their second dose of Pfizer or Moderna or one dose of Johnson and Johnson, and;
3. Within 6 months of their vaccination.

Notification Following a COVID-19 Positive

It is recommended that families be notified of the positive student/staff in the classroom and encouraged to monitor their children for signs and symptoms of COVID-19.

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 child care 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 you and your 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 your 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). Some places in Johnson County now offer rapid PCR tests.

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

Currently or recently symptomatic individuals awaiting COVID-19 test results should be excluded from daycare 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>Negative COVID-19 PCR Test: 24 hours after fever resolution and symptom improvement</p>
		<p>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>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>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>

*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: 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: 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: 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>

*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 (see attached document).

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.

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>

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 6 months following receipt of the last dose in the series
- Have remained asymptomatic since the exposure/travel

Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance for travel.

Support Coping and Resilience

- Communicate openly about program and policy changes. Ask staff for input in decisions about new processes and procedures to increase staff's sense of control and to reduce their anxiety.
- Train all staff on recognizing signs of emotional distress and trauma and [coping with stress](#).
- Encourage employees and campers to take breaks from watching, reading, or listening to news stories about COVID-19, including social media, if they are feeling overwhelmed or distressed.
- Encourage employees and campers to eat healthfully, exercise, get adequate sleep, and find time to unwind.
- Discuss and share stress reduction strategies such as mindfulness practices, social support, deep breathing, and spending time in nature or outside.
- Encourage employees and campers to talk with people they trust about their concerns and how they are feeling.
- Consider posting signs for the national distress hotline: call or text 1-800-985-5990, or text TalkWithUs to 66746.
- Encourage staff to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis Chatexternal icon](#) if they are [feeling overwhelmed with emotions](#), such as sadness, depression, anxiety; or call 911 if they feel like they want to harm themselves or others.