



## COVID-19 Policy for Childcare Centers, Preschools

March 23, 2022

### Introduction (updated March 2022)

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

On Feb. 25<sup>th</sup>, 2022, the Centers for Disease Control and Prevention (CDC) released updated recommendations regarding COVID-19 mask measures for the general public. The CDC's "COVID-19 Guidance for Operating Early Care and Education/Child Care Programs" was last updated on Jan. 28, 2022.

There are no mask mandates in place in Johnson County. According to the new CDC criteria, the COVID-19 Community Level in Johnson County is currently in the "low" category. This is good news especially since a low community level translates to lower risk of spread in childcare facilities. However, residents should remember that there is the risk of another wave. There is currently a surge in some countries in Europe and Asia.

In addition, there are unique constraints of childcare classrooms (e.g., limited space to separate positive children, etc.) which may add to the risk of transmission.

Therefore, JCDHE recommends that childcare facilities and parents put in place risk mitigation measures that are scalable based on COVID-19 Community Levels. JCDHE will support childcare providers who continue masking staff and children over the age of two years that are willing and able to mask and with the implementation of other mitigation measures.

Please continue notifying JCDHE of any positive cases and sending spreadsheets - the cases are reported to Kansas Department of Health and Environment Childcare Licensing Department and the spreadsheets are used to help provide the best guidance and for disease prevention and investigation purposes.

CDC has put forth a new guide for understanding community risk and use of precautionary measures related to COVID-19. [Your COVID-19 Community Level | CDC](#). KDHE issued the same information in their most recent childcare guidance update. Please note this is based on the rate of new COVID-19 cases and hospitalization data.

- **Low** (green) - Wear a mask based on your personal preference, informed by your personal level of risk.
- **Medium** (yellow)– If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions.

- **High (red)** - Wear a well-fitting mask indoors in public.

At all levels, people can wear a mask to protect themselves and others from COVID-19. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.

## 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, they should practice masking and physical distancing as much as possible. Quarantine/exclusion timelines always begin with the last exposure to a person with confirmed or presumed COVID-19. Guidance from CDC and the Kansas Department of Health and Environment, updated in August 2021 and December 2022, offers the following shortened quarantine protocols.

**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.

**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 15 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.

**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 two days before through 10 days after their specimen was collected.

**Presumed Positive:** Symptomatic individuals with a known exposure to a COVID-19 positive individual within the 14 days prior to symptom onset are presumed positive. Becoming symptomatic while excluded for quarantine should trigger a move from quarantine to isolation.

**Vaccine (COVID-19) Breakthrough Case:** A breakthrough case is defined as an individual who has a laboratory confirmed COVID-19 positive case greater than or equal to 14 days after completing the primary series of an FDA-authorized or approved COVID-19 vaccine.

**Screening:** Screening remains in place because the virus is still circulating. 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 if child appears ill. Many facilities are doing after nap temperatures. Suggested screening questions include:

- 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 lower than 100.4)
  - 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 temperature as indicated. Per childcare regulation, sick children should not be in the childcare setting.

**Masks:** Please see CDC guidance for appropriate types of masks: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>. The CDC recommends that when a mask is worn it should be the most protective mask that fits well (i.e., fitting closely on the face without any gaps along the edges or around the nose) and can be comfortably worn throughout the day.

**Recommended Masks:**

- Respirator (e.g., N95)
- KN95
- Medical or surgical masks
- Properly fitting masks (i.e., snugly around nose AND chin with no 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**

**Mask usage by Children and Staff (updated March 2022)**

*This is for classrooms with no exposures and no positive cases.*

- Children ages two years and older can wear masks or respirators to protect themselves and others from COVID-19. In particular, attendees/staff who are older or immunocompromised should consider wearing a mask indoors.
- Childcare centers, preschools, school age programs and daycare homes can require the use of masks in childcare settings.
- For more information on the use and care of masks visit (Updated 2/25/2022): [Use and Care of Masks | CDC](#)
- Wearing a mask provides a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people. Without a mask, an individual may unknowingly spread the virus to others while talking, coughing, or sneezing.
- When masks are worn, care should be taken to avoid touching the eyes, nose, and mouth when removing and to wash hands immediately after removing.
- Masks should be washed if visibly soiled and/or every day of use and before being used again.

- Staff wearing masks should consider the speech and language skills of young children as visual access to caregivers' mouths is critical to infant/toddler speech development. Consider wearing a clear mask, one that covers the nose/mouth, provided it does not cause breathing difficulties or overheat the wearer.
- Be aware that young children may try to touch or remove the mask from their caregiver which could result in contamination.
- Licensees should consult with parents about children routinely wearing masks in care, in accordance with the public health guidance.
- Masks should not be placed on anyone—adult or child—who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove their mask without assistance.
- Additional recommendations if children wear masks:
  - Adults should wash their hands or use hand sanitizer before/after helping a child put on or adjust a mask.
  - Children wearing masks should be closely supervised.
  - Masks should not be worn during meals and naptime.
  - Masks should not be worn if wet. A wet mask may make it more difficult to breathe.
  - Masks should be labeled with the child's name or initials to avoid confusion/mixing them up. Masks may also be labeled to indicate top/bottom and front/back.
  - When not being worn, masks should be stored in a space designated for each child: individually labeled containers or paper bags, lockers, or cubbies.
  - Masks should be washed if visibly soiled and/or every day of use and before being used again.
- Consider keeping extra masks on-hand for staff, children and visitors or in case a back-up mask is needed during the day and to facilitate daily washings of masks. Face shields made of a see-through material and covering the entire face are not recommended for normal everyday activities or as a substitute for masks. It isn't known if face shields provide any benefit as a control measure to protect others from the spray of respiratory particles.

**Combining classes: (updated March 2022)**

KDHE and JCDHE guidance continue to recommend cohorting and smaller classrooms. The safest way to reduce risk of outbreaks is to cohort and to not mix classes. However, JCDHE is aware this is a challenge for some due to finances and staffing and that this may not always be possible. When and where these are not possible, risk of outbreak may be higher. Therefore, JCDHE is recommending that facilities decide what level of risk they are comfortable with before an outbreak occurs. Consideration should be given to the fact that children under the age of five are still not eligible for vaccinations. Improving indoor air quality via increased ventilation and MERV 13 or HEPA filters, masking, cohorting and increased social distancing are protective options available to facilities. Additionally, consider that if a positive case or exposure occurs it can impact multiple classrooms if they are combined.

**Sensory tables and supplies**

Good hand hygiene will make it safe to use sensory tables. Children should be encouraged to wash their hands prior to and after usage. Capacity at a sensory table should be limited to one or two children at a time depending on size. These same guidelines apply to use of individual supplies such as markers, crayons, and playdoh. Remember to clean and disinfect all toys, supplies, and surfaces on a routine basis.

### **Field Trips**

Given the current COVID-19 Community Level of “low” for Johnson County, JCDHE is not recommending any restrictions on field trips.

## Management of Symptomatic Individuals in a Childcare Setting

JCDHE recommends all licensed childcare facilities follow the guidance below for exclusion criteria and management of symptomatic individuals. Individuals who meet the criteria below 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 may be readmitted to childcare prior to their symptoms resolving.

### **Primary Symptoms (at least one)**

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

### **Secondary Symptoms (at least two)**

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

Individuals who test negative for COVID-19 may return to childcare 24 hours after their symptoms improve. If a physician indicates the symptoms are due to a *non-infectious* diagnosis (e.g., allergies, asthma), they may return to childcare prior to symptom resolution.

## Management of a COVID-19 Positive Individual

### **Exclusion of New Positive Cases**

All individuals who test positive **must** be excluded from childcare settings for at least five days from when their symptoms began (or five days from the positive test if the individual doesn't have symptoms).

### **For individuals who are willing and able to mask:**

#### **With symptoms:**

Isolate until:

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

Mask for:

- Five additional days (days 6 through 10) using a high-quality mask when around others.

Testing recommendations:

- The **best approach** is to perform an antigen test on or around day five.
  - a. If negative, individual may return to childcare, but should continue to mask.
  - b. **If positive, individual should remain isolated until they have a negative test or have completed their 10-day isolation.**

**Without symptoms:**

Isolate for:

- Five days from day of test.

Mask for:

- Five additional days (day 6 through 10) using a high-quality mask when around others.

Testing recommendations:

- The **safest option** is to perform an antigen test on or around day five.
  - a. If negative, individual may return to childcare, but should continue to mask.
  - b. If positive, individual should remain isolated until they have a negative test or through day 10.

**For individuals who are unwilling or unable to mask (e.g., under the age of two), the safest option is a 10-day isolation period:**

**With symptoms:**

Isolate for:

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

**Without symptoms:**

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

If an individual with symptoms is excluded but the test comes back positive a few days later, the 10 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 call JCDHE's Child Care Licensing hotline 913-477- 8361 (M-F, 8 a.m. – 5 p.m.) to report positive cases or exposures occurring in childcare—spreadsheet completion and submission are still needed.

**Contacts of a COVID-19 Positive Child/Staff**

JCDHE strives to keep children in childcare as much as possible, as long as it can be done safely. As such, JCDHE Child Care Licensing staff will work with centers when exposures occur to determine proper mitigation measures on a case-by-case basis. Factors used to determine recommendations will include masking before/after the exposure, whether children were in pods before/after exposure and the number of cases within a classroom.

In general, 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, the classroom where the positive occurred can be cohorted but the children and staff who are able to mask should mask consistently throughout the day (when not napping/eating). 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.) when other classes are present.

### Exclusion of a Classroom

Exclusion of a classroom may cause substantial disruption to families and have negative impacts on learning and social development of the affected children. Therefore, exclusion of a classroom should be considered only when other mitigation measures have failed. 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 10 days of one another, without another known exposure). If transmission is identified, JCDHE will assist the facility in identifying and implementing additional mitigation strategies. As a last resort, the entire classroom may need to be excluded for up to 10 days from the last exposure to the infectious case.

If the facility chooses to close the room in lieu of cohorting, the return or reopen date is determined by one of three options:

- Exposed persons who are able and willing to mask may return after day five provided they mask consistently around others for day six through day ten;
- Exposed persons testing negative on day six or later with a PCR test to return on day eight; **or**
- The exposed persons can't or chooses not to test and they remain asymptomatic through day 10 can return on day 11.

### **Notification Following a COVID-19 Positive Case**

When there is a positive case in the classroom, families and staff need to be notified, while protecting confidentiality of the positive person's identity and encouraging them to monitor for signs and symptoms of COVID-19 for 10 days. It is important to communicate to families that even though they are allowed to cohort at the childcare facility, when not in the childcare they should remain at home for the duration of the recommended quarantine period. They should also be provided the guidance that was given by JCDHE to the provider. Template letters for providers have been sent out via email to providers.

### **Post-exposure management of individuals with a lab confirmed positive case of COVID 19 in last 90 days**

It is possible to be diagnosed with COVID-19 more than once, as immunity from natural infection wanes over time and new variants emerge. Close contacts with evidence of previous infection **within the past 90 days** that is documented by a positive PCR or antigen test may be exempt from quarantine exclusion if they remain **asymptomatic** following their exposure. Positive serology or antibody tests may not be substituted for either the PCR or antigen test. If the close contact becomes symptomatic following their exposure, but it is during the 90 days after recovery from a prior infection, antigen testing is preferred, with the specimen collected within the first five to seven days from symptom onset ([KDHE, 2021](#); [CDC, 2021](#)).

### **Post-exposure management of individuals not up to date on COVID-19 vaccination**

For individuals who are willing and able to mask:

- Five-day quarantine followed by five days of consistent mask wearing while around others, as long as the individual remains symptom-free. Testing on day five after exposure is strongly recommended.

For individuals who are unwilling or unable to mask (including children under age two years):

- Option 1 (with testing): Exposed individuals who remain asymptomatic may receive a test on or after day six. If there is a negative result and no symptoms, individuals may return to normal activities on day eight after exposure.

- Option 2 (without testing): Individuals who are exposed and remain asymptomatic, but do NOT take a test, should quarantine for 10 days, returning to activities on day 11 after exposure. Although the risk of transmission after the 10-day quarantine period is low, the risk is not zero.

Childcare facilities may stay with the 10-day quarantine as it offers the most protection to the facility. The facility may cohort if there is only one case identified (as discussed above).

### **Post-exposure management of vaccinated individuals**

Exempt from quarantine IF they meet ALL the following criteria:

1. Asymptomatic following their exposure.
2. Up to date for their COVID-19 vaccinations (received all recommended COVID-19 vaccines, including any booster dose(s) when eligible).
  - a. For individuals not eligible for booster doses, they must be at least two weeks out from their last primary dose (2<sup>nd</sup> dose of Moderna or Pfizer or single dose of Johnson and Johnson).
  - b. Individuals are eligible to receive a booster dose five months after the second dose of Moderna or Pfizer vaccine or two months after receiving a single dose of Johnson and Johnson.
3. Exposed vaccinated staff/children who remain in the childcare setting are **strongly recommended** to wear a mask (covering the mouth and nose) **at all times**.

Those meeting the above criteria may continue to work/attend childcare unless they become symptomatic. It is recommended by the CDC that fully vaccinated individuals get tested via PCR or antigen test at least five days after exposure to a suspected or confirmed case of COVID-19 even if they do not have symptoms. However, they do not have to quarantine at home while waiting for results if they do not have symptoms.

Fully vaccinated individuals that do not have symptoms do not need to quarantine but should mask while in public indoor settings for 10 days after exposure.

If the exposed person becomes symptomatic, they should be tested via PCR or antigen test. Receiving the vaccine does not affect the results of a PCR or antigen test.

## 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.

### **Additional doses of vaccine for those with moderately to severely compromised immune systems**

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood.
- Received an organ transplant and are taking medicine to suppress the immune system.
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system.

- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Advanced or untreated HIV infection.
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immuneresponse.

People should talk to their healthcare provider about their medical condition and whether getting an additional dose is appropriate for them. Immunocompromised people should continue to follow prevention measures such as wearing a mask and physical distancing until advised otherwise by their healthcare provider.

Close contacts of immunocompromised people should also be encouraged to be vaccinated against COVID-19 to help protect others.

**Booster Doses**

Individuals aged 12 and up are currently recommended to have a booster dose. To see the most current recommendations for booster doses, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.

Testing

**Types of Tests:**

<p><b><u>Antigen OR Rapid Diagnostic Test (RDT):</u></b></p>	<p>Antigen tests detect a protein on the virus. Results for most antigen tests are available onsite in 15-30 minutes. 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. If COVID-19 is suspected or there has been a known exposure, a negative RDT/antigen test should be followed by a confirmatory PCR to make a final diagnosis.</p> <p>At home antigen tests are more reliable when an individual has symptoms. The manufacturer’s directions must be followed exactly, which could include testing more than once with the home kit. If a person tests positive with any of these methods, they should isolate at home.</p>
<p><b><u>PCR/molecular test:</u></b></p>	<p>Polymerase chain reaction tests 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 generally more sensitive than antigen tests. JCDHE currently offers free PCR tests (nasal swab version). There are rapid PCR tests available as well in the community.</p>
<p><b><u>Serology:</u></b></p>	<p>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.</p>

**Acceptable tests for return to childcare setting for symptomatic individuals**

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 concerns about false negatives; therefore, **negative** antigen tests on symptomatic individuals (one primary and/or  $\geq 2$  secondary symptoms) should NOT be used to return to childcare setting (unless the person had a previous positive test in the last 90 days, then test using an antigen test to avoid picking up remnants for previous infection).

The individual will need a negative confirmatory PCR test, a physician's alternate diagnosis, or wait five days from symptom onset before returning to childcare, followed by five days of masking. Individuals with a positive antigen test without a subsequent negative PCR test within 48 hours of the initial antigen test will be considered presumed positive and contact tracing is indicated. If a negative PCR test is obtained within 48 hours of the initial antigen test, then the individual would not be considered a case.

#### **Exclusion while waiting for results**

Current or recent symptomatic individuals awaiting COVID-19 test results should be excluded from childcare for at least five days or until negative lab results are received. Asymptomatic individuals who are waiting on test results prior to planned travel or a medical procedure do not need to be excluded. Vaccinated staff/children without symptoms after exposure do not have to quarantine while waiting for results.

#### **Exposures outside of the childcare setting**

If a child or staff member is not up to date for COVID-19 vaccinations or has not had a lab-documented COVID-19 infection in the last 90 days and is a close contact of a positive individual, no matter the setting in which they were exposed, the **safest option** is to exclude them from childcare settings.

*All close contacts should self-monitor for symptoms for 10 days from exposure. If symptoms develop during the 10-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 who are not up to date on vaccination 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.

#### **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.