Childcare Centers

Frequently Asked Questions

When should a child who attends childcare be tested for COVID-19?
A child with signs/symptoms potentially consistent with COVID-19 (cough, shortness of breath, difficulty breathing, fever, chills, rigors, muscle aches, headache sore throat, diarrhea, or change in sense of smell and/or taste) without a plausive alternative diagnosis should be tested if possible, based upon local availability and capacity. The child's healthcare provider should be contacted for guidance.

If child has an alternative diagnosis, must they be tested for COVID-19 to return to childcare?
A child who has an alternative diagnosis provided by a health care provider does not require a test for COVID-19 in order to return to the childcare setting. Return will be based upon the guidelines in place for the child's diagnosis (also refer to question #4). However, co-infections can occur and a COVID-19 test would be advisable if there are consistent signs and symptoms.

If a child has symptoms, but no known exposure to COVID-19, can a negative test be used to return a child to a childcare center once symptoms resolve? Or if a child has any symptoms of illness do they need to be out 10 days?
As with any illness, parents should keep their children home if ill or feverish. A child with signs/symptoms of COVID-19 should be tested for COVID-19 if possible, based upon local availability and capacity, regardless of known exposure (refer to questions #1 and #2). A negative result from an FDA-authorized molecular assay (i.e., a PCR test and not a rapid antigen test) from an appropriately collected respiratory specimen would allow a child to return to the childcare setting once signs/symptoms have resolved. For children with a negative result, the same criteria should be used as for return after any illness (typically 24 hours fever-free without the use of fever-reducing medications, no diarrhea, no vomiting, etc.). If a provider makes a non-COVID-19 alternative diagnosis, return to childcare should be based upon guidance for that diagnosis.

If parents refuse to test a sick child or testing is not accessible or available, do all of that child's siblings and others living in the home need to be quarantined as well?
Any ill child with symptoms consistent with COVID-19 who does not have an alternative diagnosis should be tested for COVID-19 if possible. If the child meets clinical criteria and has had exposure to a known or suspected case, then that child is a probable case and household contacts (and others with exposure to the child) should be placed in home quarantine and monitored for signs and symptoms for 14 days from the date of last known exposure. Contacts of probable or confirmed cases may be allowed to work if they are essential workers and are following recommended mitigation strategies to decrease likelihood of transmission of infection (e.g., social distancing, facemasks, hand hygiene). If the ill child has no alternative

diagnosis, but no known exposure, and testing is not performed, the ill child and siblings should be kept at home until the illness is clarified.

If a child tests positive for the virus that causes COVID-19 positive, when can he/she return to the childcare setting? Is additional testing needed?

Children who have been diagnosed with COVID-19 may return to a childcare setting when they receive written clearance from the local health department. Most children can return to the childcare setting based on resolving symptoms. For release from isolation (and return to the childcare setting), all of the following criteria would need to be met per guidance from the Centers for Disease Control and Prevention (CDC) and the Kentucky Department for Public Health (KDPH):

- At least 10 days have passed since symptoms first appeared; AND,
- At least 24 hours have passed since last fever without the use of fever-reducing medications; AND,
- Symptoms (e.g. cough, shortness of breath) have improved.

Children with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from childcare until 10 days have passed since the date of their first positive viral diagnostic test, assuming they have not subsequently developed symptoms since their positive test. If the child develops symptoms, then release from isolation and return to the childcare setting will be based on the criteria above.

If a child persistently tests positive, when can that child return to the childcare setting?

Individuals who have a positive COVID-19 molecular assay should generally not be retested within 90 days of the initial positive test. Release from isolation, and return to the childcare facility, should be based on the criteria noted in #5 above. Therefore, a symptom-based strategy, without retesting, is recommended.

Some childcare centers are asking health care providers to "certify" that a child does not have COVID. Is this strategy recommended?

Providers cannot reliably certify that a child is free from infection and will remain so, consequently this practice is NOT recommended. A negative result from a diagnostic test only means that virus was not detected at the time of specimen collection.

If a child is an identified close contact of a COVID-19 case (as determined by contact tracing), does the child need to stay out of daycare (even if asymptomatic)?

Any child identified as a closely exposed contact based upon contact investigation by the local health department should be placed in home quarantine for 14 days from the day of last exposure (day 0) to the positive case and monitored for signs and symptoms of COVID-19. That child could return to the childcare setting on day 15 if he/she remains asymptomatic during the quarantine period and has not had subsequent known exposures. A negative test would not be required.

If a child in a class of 10 kids tests positive, what should be done with the other children and adults in that class? Should they get testing (as they are "contacts")? Are they allowed to keep attending while awaiting results?

Any individual (staff or children) identified as a closely exposed contact based upon contact investigation by the local health department should be placed in home quarantine for 14 days and monitored for signs and symptoms of COVID-19. The individual could return to the childcare setting if he/she remains asymptomatic. A contact of a positive COVID-19 case is not required to get a test. If testing is conducted, a negative test during quarantine would NOT shorten the quarantine period and allow the individual to return to childcare earlier. However, testing should be considered if the closely exposed contact develops signs or symptoms of COVID-19.

If a teacher or other staff member in a childcare center is positive for COVID-19, are the children exposed to that teacher or staff member placed into quarantine for 14 days from the most recent exposure?

It is recommended that children and staff closely exposed to a teacher or staff member that tests positive for COVID-19, as determined by contact investigation performed by the local health department, be placed into quarantine for 14 days and monitored for signs and symptoms of COVID-19 (see #9 above).

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

CDC recommends no masks for children less than two years of age due to safety concerns, and Kentucky guidance recommends no masks for children five years or younger. Children six years and above should be able to safely and appropriately use a mask, though consistency will likely remain a challenge. Any child six years and above in childcare should be encouraged to wear a face covering. This guidance applies to children without other medical and/or developmental considerations that directly impact upon mask use.

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

Children in childcare who are six years and above should be able to wear a face covering safely and should be encouraged to do so. Parents should be counseled that refusal to wear a face covering puts their child (and them) at increased risk of infection and places others in the class at increased risk as well. The childcare center may refuse to provide care for children and/or parents who refused to comply with behaviors intended to reduce likelihood of infection.

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

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

Can teachers, aides or children move between classrooms and groups in the childcare center across days or weeks or should children and teachers (and aides) consistently be kept together?
It would be preferable for children and staff to remain consistently in the same groups to limit exposures and to assist with response and interventions if a positive case is identified within the childcare center.

What are the reporting requirements for childcare facilities?
All positive cases identified among children and staff in a childcare center are to be reported to the local health department. The health care provider should complete the necessary forms (EPID 200, PUI/CRF) as directed by the local health department.

Shall all children and staff in the daycare center receive the annual influenza vaccine for the upcoming flu season?
Children age six months and older and all staff in the childcare setting should be strongly encouraged to receive vaccination for influenza A/B. Signs and symptoms of influenza overlap with those associated with COVID-19 and with many other viral illnesses. Therefore, influenza vaccination will reduce the occurrence of influenza and will decrease the number of symptomatic illnesses and associated investigations and testing for COVID-19.

Glossary

EPID 200: Kentucky Reportable Disease Reporting Form, for submission of data related to reportable conditions to the local/state health department (https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/KentuckyReportableForm2003.pdf).

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

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

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

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

PUI/CRF (person under investigation/case report form): Centers for Disease Control and Prevention (CDC) form used for standardized reporting of demographic, symptom, and other data for COVID-19 cases.

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

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

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

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