

COVID-19 and Childcares — Questions and Answers

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General Questions

Q1. What will happen if a case of COVID-19 occurs in the childcare?

The Centers for Disease Control and Prevention recommends the following steps should be taken once a COVID-19 positive case is identified in a childcare:

1. Isolate the positive case: The case will need to isolate until 5 days have passed. Isolation can end if the person is asymptomatic, or if symptoms are improving and the individual has been fever free without medication for 24 hours at day 5. This isolation period should be followed by 5 days of wearing a well-fitting mask around others. If the case is under the age of 2, then masking is not required. Please see the [Quarantine and Isolation Flow Charts](#) for additional guidance.

2. Contact Tracing: If your childcare is contact tracing, individuals exposed to someone with COVID-19 are recommended to quarantine and follow these basic [quarantine guidance](#). Childcares can also utilize the quarantine calculator at health.nd.gov/covid-calculator.

Considerations for identifying close contacts in a childcare:

- Arrival and departure time (all locations worked or attended).
- Transportation used, if provided by the program.
- Lunch, snack, nap, outdoor play, and other activities.
- The classroom or program environment and the person's activities (i.e., was the person in a cohort or class, or were the classes or groups intermixing).
- Prevention Strategies in place (i.e., mask use, cohorting).
- Prior COVID-19 Infection.
- COVID-19 Immunization Status.

Q2. How is it determined if a childcare needs to close after there was an exposure in a childcare?

Childcares are recommended to review the extent of the exposure and what mitigation strategies were in place within the program when the case was in attendance. Those who were within 6 feet for 15 minutes would be a close contact and are recommended to follow the [Quarantine and Isolation Flow Charts](#).

Q3. How do I promote behaviors that reduce spread of COVID-19 and maintain a healthy childcare environment?

Childcare programs primarily serve children under 5 years of age, many of which may not be eligible for the COVID-19 vaccine at this time. Therefore, childcare administrators will have to make decisions about the use of COVID-19 prevention strategies in their programs to protect people who are not fully vaccinated. For more details, please refer to [COVID19 Childcare and School Exclusion Guidance.pdf](#)

Please reference a list of prevention strategies:

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)
- [Physical distancing and cohorting](#)
- [Screening Testing for COVID-19](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)
- [Contact tracing in combination with isolation and quarantine](#)
- [Cleaning and disinfecting](#)

Q4. Can programs continue to provide toothbrushing and water play in sensory tables?

Brushing teeth is an important component to the overall health of the child. Toothbrushing can continue to occur if precautions are taken, such as washing hands before and after and using separate toothpaste. COVID-19 is not transmitted through water; therefore, children can continue to participate in water play. Please refer to the Center for Disease Control and Prevention (CDC) for more information on [hygienic toothbrushing in group settings](#).

Q5. How do we distinguish between COVID-19 and other common illnesses that occur in the childcare setting?

Please refer to the North Dakota Department of Health (NDDoH) [COVID-19 Childcare and School Exclusion Guidance.pdf](#) and the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#).

Q6. How do I support coping and resilience in my childcare program?

Share facts about COVID-19 regularly through trusted sources of information (such as your state health department or CDC). Please refer to the Department of Human Services (DHS) Behavioral Health website at <https://www.helpishere.nd.gov/> that contains many resources, including the First Link 211, the Suicide Lifeline, and the Crisis Text Line.

Q7. What if children have allergies? Since they always have a runny nose and cough would I need to exclude them?

The symptoms discussed in the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#) refer to new onset of symptoms. If a child always has a cough, then they would not need to be excluded unless it has gotten worse. Since children may have mild symptoms, they should be referred to their healthcare provider for evaluation.

Q8. What are the recommendations for staff and children who have a household member that is identified as a close contact to a COVID-19 positive case?

Contacts of a close contact do not need to quarantine. Thus, any staff and children who has a household member, such a sibling, that is identified as a close contact to a COVID-19 positive case can attend the childcare, as long as the household member does not develop symptoms and/or test positive for COVID-19.

Q9. What are the recommendations for staff and children who have a household member being tested for COVID-19?

If a household member is **asymptomatic and is not a close contact** to a COVID-19 positive case (e.g., testing for work or travel), the staff or child **does not need to be excluded** from childcare activities, pending test results.

Q10. What are the recommendations for staff and children who have a COVID-19 positive household member?

If a household member tests positive it is recommended to quarantine during the household members isolation period (which is at least 5 days from symptoms onset or positive test date for asymptomatic) **plus** the staff or child's 5 day quarantine, [followed](#) by strict mask use for an additional five days. If the exposed person is under the age of 2, then masking is not required.

For all those exposed, best practice would also include a test for SARS-CoV-2 at day five after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

A quarantine calculator can be found at health.nd.gov/covid-calculator. Please refer to the [Quarantine and Isolation Flow Charts](#).

Exemptions:

- [Vaccinated Household Close Contacts](#)
- [Household Close Contacts who have a history of positive COVID-19 infection in the past 90 days](#)
- [Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Programs](#)

Q11. What are the recommendations for staff and children who are being tested for COVID-19?

- If staff and children are **being tested for COVID-19 and have symptoms**, the staff and children are recommended to be excluded from childcare pending test results.
- If staff and children are **asymptomatic and are not a close contact** to a COVID-19 positive case (e.g., testing for work or travel, K-12 screening testing program), staff and children **do not need to be excluded** from childcare activities, pending test results.

Q12. What is the difference between quarantine and isolation?

- [Quarantine](#): separates and restricts the movement of people who were exposed to COVID-19 to see if they become sick.
- [Isolation](#): separates sick people with COVID-19 from people who are not sick.

Contact Tracing

Q13. What is a close contact?

A close contact is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact.

Q14. What are the quarantine recommendations for close contacts in a childcare program?

Please refer to the [Quarantine and Isolation Flow Charts](#).

Exemptions:

- [Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program](#)
- [Masked Contacts](#)

Q15. Are quarantine exemptions for school age children who participate in the North Dakota K-12 School COVID-19 Screening/Testing Program extended to school age children in childcare or afterschool programs?

School age close contacts **who have parental/informed consent to participate** in a [K-12 School COVID-19 Screening/Testing Program](#), are exempt from the quarantine recommendations and can continue **in-person childcare**, in-person learning and participating in extra-curricular activities as long as they meet [K-12 School COVID-19 Screening/Testing Program](#) criterion.

Q16. Are vaccinated individuals exempt from quarantine?

If you are **up-to-date** on COVID-19 vaccination:

- **no quarantine.**
- you do not need to stay home **unless** you develop symptoms.

If you are **NOT up-to-date** on COVID-19 vaccination:

- [quarantine](#) for at least 5 full days.

In both cases:

- wear a well-fitted mask for 10 full days any time you are around others inside your home or in public.

For all those exposed, best practice would also include a test for SARS-CoV-2 at day five after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19. If the exposed person is under the age of 2, then masking is not required.

A quarantine calculator can be found at health.nd.gov/covid-calculator. Please refer to the [Quarantine and Isolation Flow Charts](#).

Q17. Are individuals who have a history of testing positive for COVID-19 exempt from quarantine, if identified as a close contact?

Individuals who have had a prior infection in the last 90 days do not need to quarantine following an exposure but should wear a well-fitting mask for 10 days after the exposure. For all those exposed, best practice would also include a test for SARS-CoV-2 at day five after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19. If the exposed person is under the age of 2, then masking is not required.

Q18. Why are household contacts excluded from childcare longer than other close contacts?

Household contacts to COVID-19 cases should be excluded longer because they are continuously exposed to the case in the household. A case can be infectious for 10 days after their onset of symptoms (or 10 days after collection date of test if asymptomatic). That means a household contact must be excluded through the case's isolation period plus the contact's 5 day quarantine, followed by strict mask use for an additional five days. If the exposed person is under the age of 2, then masking is not required.

Q19. If you are quarantined due to an exposure outside of childcare, are you recommended to quarantine from childcare?

Yes. If an individual is identified as a close contact of someone who tested positive for COVID-19 outside of childcare, they would be recommended to follow the same guidelines as someone exposed at childcare. Please refer to the [Quarantine and Isolation Flow Charts](#).

Exemptions:

- [Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program](#)
- [Masked Contacts](#)

Mask Use

Q20. Is mask use recommended for staff and children in childcare programs?

[The NDDoH provides data on its website that can be used to inform decision-making at the local level.](#)

- **Indoors:** The Centers for Disease Control and Prevention (CDC) recommend universal use of a well-fitting mask in childcare programs for everyone two years of age and older, regardless of vaccination status.

- **Outdoors:** In general, people do not need to wear masks when outdoors. CDC recommends that people age 2 and older who are not fully vaccinated wear a well-fitting mask in crowded outdoor settings or during activities that involve sustained [close contact](#) with other people. Fully vaccinated people might choose to wear a well-fitting mask outdoors regardless of the [level of transmission](#), particularly if they or someone in their household is immunocompromised, at [increased risk for severe disease](#), or if someone in their household is unvaccinated.

During transportation: [CDC's Order](#) applies to all public transportation conveyances including transportation for childcare programs. Passengers ages 2 years and older and drivers must wear a well-fitting mask on buses and vans, including on buses operated by public and private school systems and childcare programs, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order. Learn more [here](#).

Q21. When can mask breaks be taken?

Mask breaks may be taken when 6 feet or greater can be maintained either indoors or outdoors.

Q22. Are masked individuals exempt from quarantine?

If the case and close contact were both **consistently and correctly wearing a well-fitting mask** at all times during the exposure, they would be exempt from quarantine provided they remain asymptomatic. If a case and close contact removed their masks (nap, snack, lunch, outdoor play etc.) and were within 6 feet for a cumulative of 15 minutes would be named close contacts.

Q23. Do I have to wear a face mask on a bus?

All people are required by the Centers for Disease Control and Prevention (CDC) order to wear a well-fitting face covering on all indoor public transportation conveyances (airports, public buses, etc.), including childcare vans and buses.

[Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#)

[CDC's Order](#) applies to all public transportation conveyances including transportation for childcare programs. Passengers ages 2 years and older and drivers must wear a well-fitting mask on buses and vans, including on buses operated by public and private school systems and childcare programs, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order. Learn more [here](#).

At home self-tests for COVID-19

Q24. What are the recommendations for a staff or child who tested positive using the At-home Self COVID-19 testing?

At-home Self-tests for COVID-19 are available by prescription or retail and online without a prescription.

These tests can be either molecular (PCR) or antigen tests that detect current infection. **The North Dakota Department of Health (NDDoH) will not accept self-reported test results.** If a Self-test for COVID-19 result is positive, individuals are recommended to isolate until 5 days have passed, this isolation period should be followed by 5 days of wearing a well-fitting mask around others. Inform any close contacts. The Centers for Disease Control and Prevention (CDC) has more information about [at home Self-Testing | CDC](#).

Vaccinations

Q25. Should children be vaccinated against influenza this year?

It is more important than ever that children be vaccinated against influenza this year because if they have a cough or congestion, even mild, they are recommended to be excluded from childcare. These symptoms could be caused by influenza and not COVID-19, so reducing a child's chance of contracting influenza is best so they can stay healthy and in childcare.

Please refer to the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#).

Q26. How do I promote vaccinations in a childcare setting?

Centers for Disease Control and Prevention (CDC) indicate, achieving high levels of COVID-19 vaccination among eligible staff, children and household members is one of the most critical strategies to end the COVID-19 pandemic. CDC encourages staff and families, including extended family members that have frequent contact with children in the childcare program, to get vaccinated as soon as they can. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection.

- [COVID-19 Vaccine Children and Adolescents.pdf](#) Visit [vaccines.gov](#) to find out where staff and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the childcare program.
- Find ways to adapt [key messages](#) to [help families and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Use CDC COVID-19 [Vaccination Toolkits to educate](#) members of the childcare community and promote COVID-19 vaccination. CDC's [Workers COVID-19 Vaccine Toolkit](#) is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. Childcare staff and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.

Cohorting

Q27. What is Cohorting?

Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of [moderate-to-high transmission levels](#). The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. When determining how to ensure physical distance and size of cohorts, childcare programs should consider education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend childcare programs in person.

Considerations for cohorting in a childcare:

- If possible, your childcare groups should include the same children each day, and the same childcare providers should remain with the same group of children each day.
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
- The number of cohorts or groups may vary depending on childcare program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.
- Maintain at least 6 feet between children and staff from different cohorts.
- Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger use of communal spaces between cohorts.
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
- Prioritize [outdoor activities](#). Maintain cohorts if feasible in outdoor play spaces.

Q28. Why is floating to other classrooms by staff not recommended?

Having staff float to multiple classrooms is not recommended because multiple classrooms may be considered close contacts and have to close if that staff person becomes infected with COVID-19.

Key Definitions

The following are definitions used for case investigation, contact identification, and follow-up.
[COVID-19 Glossary of Terms | Department of Health \(nd.gov\)](#)

Case: A person who is positive for COVID-19 through confirmation of a PCR or Rapid Antigen Test.

Probable Case: A close contact of a confirmed case, who has symptoms compatible with COVID-19, but is not a confirmed positive case.

Case investigation: When the NDDoH or other public health partner interviews someone who has COVID-19 to determine where or by whom the individual may have gotten infected, understand symptoms, obtain demographics and underlying health conditions, and to identify close contacts.

Close contact: A close contact is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact.

Contact tracing: People in close contact with someone who is infected with a virus, such as COVID-19, are at higher risk of becoming infected themselves, and of potentially further infecting others. The NDDoH and other public health partners follow-up with close contacts of COVID-19 cases to notify them of their exposure, check for symptoms/signs of infection, and advise them of their quarantine period.

Exposure: When an individual comes in contact with the virus. The virus is thought to spread when someone who is infected coughs, sneezes, or exhales. Social distancing is an effective way to reduce this risk.

Household Contact: All individuals (i.e., family members, roommates, intimate contacts, and caregivers) who live with a person who is positive for COVID-19.

Incubation Period: The time it takes an individual to develop symptoms after an exposure, the estimated incubation for COVID-19 is 2-14 days.

Infectious Period: The infectious period begins 2 days BEFORE onset of symptoms (or, for asymptomatic cases, 2 days prior to test specimen collection) and continues until the case is released from isolation up to 10 days. If case is asymptomatic at the time of testing, but becomes symptomatic later, the infectious period is from the onset of symptoms.

Isolation: When a person who is showing symptoms of a disease separates themselves from other people to prevent spreading the disease to others. People who test positive for COVID-19 must be isolated for at least 5 days after symptom onset and be fever free for 24 hours (without the use of medications) and have improvement in symptoms. People who are immunocompromised, hospitalized or health care workers may need to be isolated longer.

Quarantine: Separates someone who might have been exposed to COVID-19 away from others. Quarantine applies to household and close contacts. Someone in quarantine should stay separated from others, limiting movement outside of the home or facility where they are staying, however they do not need to separate themselves from their household.

Reinfection: Clinical recurrence of symptoms compatible with COVID-19, accompanied by positive PCR test more than 90 days after the onset of the primary infection, supported by close-contact exposure or outbreak settings, and no evidence of another cause of infection.

Social distancing: Also known as “physical distancing”. Individuals should keep physical space between themselves and people outside of your home. Practicing social distancing involves: Staying six feet away from other people. Avoid gathering in groups. Staying out of crowded places and avoiding mass gatherings.