Childcare Guide for COVID-19 Isolation and Quarantine

If An Attendee...

- Has one or more symptoms that are consistent with COVID-19 (fever, chills, cough, shortness of breath or
 difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or
 runny nose, nausea or vomiting and/or diarrhea) or tests positive for COVID-19, the child must isolate.
 - If not already done, testing should be done immediately if the symptoms are not otherwise explained by a documented chronic illness.
 - The attendee can return on day 6 from start of symptom onset (use collection date if no symptoms) as long as the child is fever free and other symptoms improving. Day 0 is the day of symptom onset or collection date if no symptoms, and day 1 is the next day.
 - Antigen testing on day 5 prior to return to childcare is recommended, especially for those who are not able to or are too young to mask.
 - o If fever is present, isolation should continue until fever is resolved
 - Exception: If symptoms are followed with a negative molecular test or 2 negative antigen tests, and in the
 absence of any positive test, the child may return once fever free for 24 hours (without fever reducing
 medication) and with other symptoms improving. Initial negative tests (molecular or antigen) must be
 collected after symptom onset, and second antigen tests must be collected at least 12 hours after the
 previous negative antigen.
- Is identified as a close contact and does not have symptoms, quarantine may be considered due to exposure, including staying home for 5 full days following last date of exposure to a positive case.
 - Testing is recommended immediately, as well as on day 5 following last date of exposure. Day 0 is the last date of exposure, and day 1 is the next day.
 - For exposed contacts under quarantine, return on day 6 is permitted as long as no symptoms have developed. Close contacts should be monitored for symptoms daily. If symptoms occur, the attendee should test and follow the above guidance for those with symptoms or testing positive.
 - Providers may consider permitting asymptomatic exposed children to continue to attend childcare, regardless of vaccination status.
 - Emphasis should be placed on all close contacts to wear an appropriate well-fitted mask around others through day 10, especially if remaining at care.

If a Worker...

- Has tested positive and does not have symptoms, use the Asymptomatic Positive Tree for Workers
- Has symptoms, use the Symptom and Isolation Tree for Workers
- Is identified as a close contact and does not have symptoms, use the Close Contact and Quarantine Trees for Childcare Workers

Asymptomatic Positive Tree for Childcare Workers

A person (vaccinated or unvaccinated) has tested positive for COVID-19 using any test type and does not have symptoms

Confirmation testing is not recommended



- Return on or after Day 6 with evidence that a diagnostic sample collected on or after Day 5 is negative.
- On Days 6 10, a mask must be worn that fits snugly over the mouth and nose while indoors and when around others outside.
- If unable or unwilling to test or mask as required, return on Day 11.
- If symptoms develop, isolate immediately and follow the Symptom and Isolation Tree.





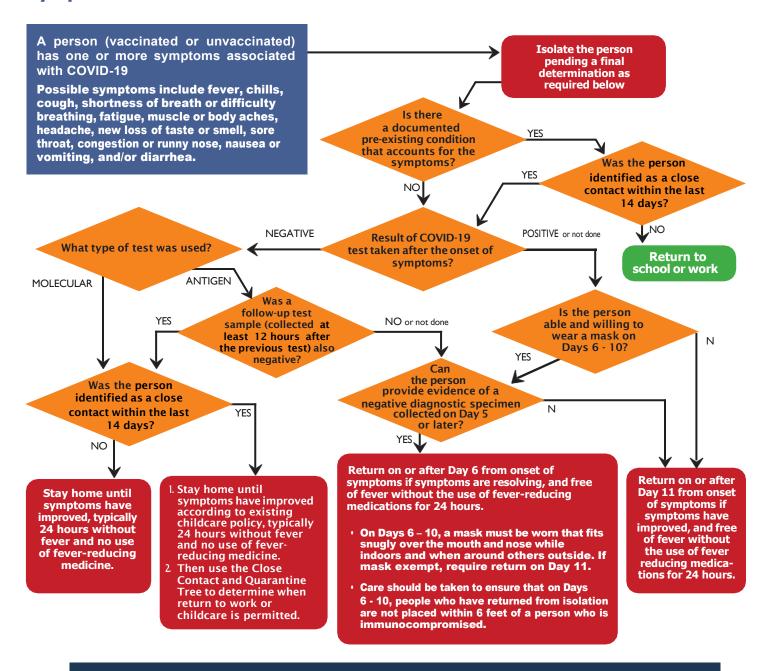








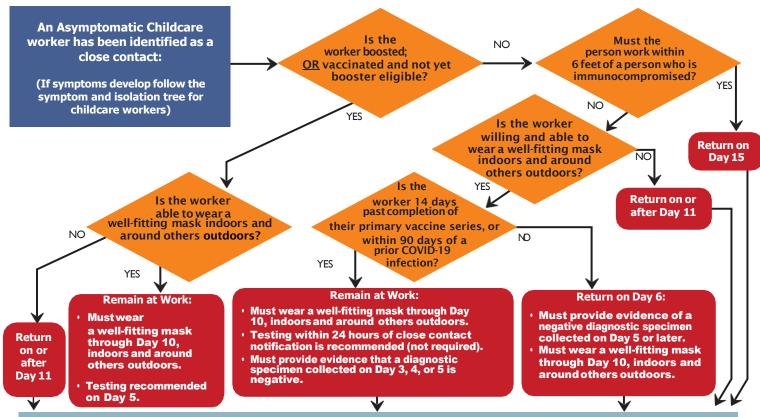
Symptom and Isolation Tree for Childcare Workers



Other Notes on Isolation for Workers:

- Persons returning to work prior to day 11 must wear a well-fitting mask and maintain 6 feet of distance from others to the maximum extent possible through day 10.
- Those returning from isolation must be fever free for 24 hours prior to return (without having to take fever reducing medication) and other symptoms must be improving.
- A negative test on day 5 or later is required for early release from isolation. This result must be received prior to returning to work. If the person is unwilling or unable to adhere to the testing requirement, or any other requirement, the person must be excluded for a full 10-days.

Close Contact and Quarantine Tree for Childcare Workers



Household Exposures: If the close contact occurred with a COVID-19 positive household member, day 1 of the quarantine is the day after the COVID positive household member's isolation is complete or effective home isolation has begun. If testing is required for the exposed individual, guidance for testing also follows the same timeline. See Decision Tree FAQs answer No. 4 for additional information and requirements.

Other Notes on Quarantine for Workers:

- Persons returning to work or care prior to day 11 must wear a well-fitting mask and should maintain 6 feet of distance from others to the maximum extent possible through day 10.
- Those returning from quarantine must be symptom free. If a person under quarantine develops symptoms, they must follow the symptom/isolation tree and seek testing, if not already performed.
- A negative test on day 5 or later is required for early release from quarantine. This
 result must be received prior to returning to work. If the person is unwilling or
 unable to adhere to the testing requirement, or any other requirement, the person
 must be excluded for a full 10-days.

Test Types By Situation

Situation	Appropriate Test Types
Return from quarantine before Day 11	Antigen PCR or other NAAT
Return from isolation before Day 11	 Antigen is recommended because it is less likely to detect the virus beyond a person's contagious period. PCR or other NAAT are acceptable.
Person with symptoms	 Antigen is acceptable, but if a person with symptoms receives a negative result from the initial antigen test, confirmation with another test (PCR, antigen, or other NAAT) is necessary to accept the negative result if seeking return prior to day 6. If any prior positive result is received, a minimum 5 day isolation period is still required. PCR, antigen, or other NAAT.
At-Home Testing	

Childcares should use one or more means described in the Over-The-Counter Tests Guidance to verify the results on tests administered at home. See the FAQ section, answer #10, for specific recommendations.

Frequently Asked Questions

What is the difference between quarantine and isolation? 1.

Quarantine: People who have been identified as having been in close contact with someone with COVID-19 are required to quarantine away from others because they may become infected with COVID-19 from 2 to 14 days following their last contact with a person who had COVID-19, though this risk decreases after day 5.

When calculating quarantine period, last date of contact with the positive case is day "0"

Isolation: People who have one or more of the symptoms associated with COVID-19 and/or have lab confirmed COVID-19 are required to isolate away from others while they may be contagious with COVID-19. A person:

- With symptoms is contagious from 2 days before their symptoms began to 5 10 days after.
- Who has tested positive and does not have symptoms is considered contagious from 2 days before the date their first positive test sample was collected to 5 - 10 days after, if they remain asymptomatic.
- Who tested positive while they were asymptomatic, and develops symptoms later, is considered contagious from 2 days before the first positive test sample was collected until they meet criteria to end isolation.
- Likelihood of contagious infection being present decreases after day 5, especially if a negative antigen test result is obtained.
- When calculating isolation period, date of symptom onset, or test collection date (if no symptoms) is day "0"

2. What counts as a close contact?

A "close contact" is a person who has contact with a COVID-19 positive person that occurs anywhere between 2 days before the positive person's symptoms began (or, for asymptomatic cases, 2 days prior to test specimen collection), and until the positive person is no longer required to be isolated, and where they:

- 1. Were within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24- hour period; or
- 2. Had unprotected contact with the body fluids and/or secretions (including, but not limited to, being coughed on or sneezed on, sharing utensils, or drinking out of the same container) of a COVID-19 positive person."

Per CDPH, in childcare settings where it may be difficult to identify individual contacts, all those in a shared indoor airspace for at least 15 minutes with an infectious person may be considered exposed.

Who is exempt from quarantine requirements? 3.

Providers may consider permitting exposed children without symptoms to continue to attend care (See page 1). Workers and attendees are not required to quarantine if they are fully up-to-date on COVID-19 vaccination (have completed their primary vaccine series and a booster dose, or if they have completed their primary series and are not yet eligible for a booster). Testing on day 5 is highly encouraged. Workers who are fully vaccinated (14 days past completion of their primary vaccine series), even if they have not received their booster, can remain working but should test within 24 hours of close contact notification and must provide evidence that a diagnostic specimen

Frequently Asked Questions continued . . .

collected on day 3, 4, or 5 is negative to remain at work. Workers and attendees who are within 90 days of a prior COVID-19 infection are not required to quarantine if they do not have symptoms, and are highly encouraged to test via antigen on day 5. All others not exempt by previous statements, are required to quarantine following close contact. If symptoms occur in anyone (attendee or worker) during quarantine (even people who are fully vaccinated, and those who have already had COVID-19 in the preceding 90 days, they are required to isolate immediately and test. If within 90 days of a COVID infection, consultation with a health care provider may be necessary if the antigen test is negative or the PCR test is positive.

4. How long do I have to quarantine if a member of my household is COVID positive?

If I am not exempt from quarantine (as per Question 3 above) and there is ongoing exposure to a positive case, such as a household contact, and the case and contact continue to share a home, the close contact's quarantine will begin once the positive case's isolation period has ended. Typically, this is a period of 10-20 days (5-10 day isolation period + 5-10 day quarantine, with the last day of isolation being the contact's last day of exposure). If the positive case meets all criteria to end isolation on day 6, day 5 can be used as the contact's last day of exposure. If the contact qualifies for a 5 day quarantine period, the period may be as short as a 10-day period (5 day isolation period + 5 day quarantine period). If the COVID-19 positive person is not able to isolate in a separate residence, the county's home isolation instructions (translations) describe the specific requirements for isolation in a home occupied by others. If the person is able to comply with these instructions, quarantine of close contacts can begin when the COVID-19 positive person begins isolation. If a close contact with ongoing exposure starts exhibiting symptoms but does not test positive for COVID-19 or does not test, they must finish out the remainder of their quarantine period (either 5 or 10-days from the last date of exposure). If the close contacts test positive for COVID-19, then the isolation and symptom guidance should be followed.

5. Does the K-12 guidance apply to childcare settings serving preschool age children on school campuses?

No, CDPH has published guidance for each sector, K-12 in conjunction with Department of Education and Early Childhood Education in conjunction with Community Care Licensing. As K-12 and ECE serve different populations and have different methods of instruction, different precautions are needed in the ECE setting. The Childcare Decision Tree is based on the CDPH Child Care Providers and Programs guidance, Cal/OSHA Emergency Temporary Standards, the local public health orders, pertinent executive orders, and answers received directly from the CDPH. CDPH has allowed for childcare facilities serving school age children (typically TK and up) and located on K-12 campuses, to follow K-12 guidance. It is anticipated more changes will follow over time. Preschools on K-12 campuses must continue to follow this childcare guidance.

6. Is contact tracing required for attendees and staff in outdoor childcare settings?

Yes, but indoor exposures generally are considered higher risk than outdoor exposure. For most unvaccinated persons who have had close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with suspected or confirmed COVID-19, CDPH recommends the exposed person get tested and self- quarantine at home. CDPH does not make a distinction between indoor and outdoor exposure in accounting for the 15 minutes of exposure. Per CDPH, in childcare settings where it may be difficult to identify individual contacts, all those in a shared indoor airspace for at least 15 minutes with an infectious person may be considered exposed.

7. How should childcare manage eating, drinking, and nap time for attendees who return from isolation or quarantine before Day 11?

Individuals (staff and children) who return from isolation before Day 11 should wear a mask that fits snugly over their nose and mouth indoors, and outside when they are within 6 feet of others on Days 6-10 from the onset of their symptoms. Childcare should make arrangements for attendees to eat and drink outside with physical distancing. Physical distancing of 6 ft. or more should be implemented during nap time since masks are not worn during this time.

Frequently Asked Questions continued . . .

8. When does it make sense to confirm an antigen test with another test?

When the person's symptoms don't match the antigen test results.

A symptomatic person with a negative antigen test should isolate until confirmatory results are available.

9. What type of test can be used to confirm an initial negative antigen test for a symptomatic individual?

A follow up molecular (PCR or other NAAT) or antigen test is acceptable to confirm the negative results. An antibody test is not acceptable. The follow up confirmatory test must be collected at least 12 hours after the initial negative antigen test, and must also show a negative result.

10. Can home testing be used to satisfy testing requirements?

The CDPH Over-The-Counter (OTC) testing guidance allows at-home tests to be used to end isolation and quarantine, and encourages childcare to establish requirements for verification of the test results for attendees. The guidance suggests:

- Use of a digital (app-based) platform for test verification, which often includes scanning barcodes; these are available for certain brands of self-tests.
- Having parents write the name and date of the child that was tested on the test card results and requiring them to send a picture of the card to the request return.
- Create an attestation form and require signature declaring that the test specimen was obtained from the individual represented on the form, including the date the specimen was collected, and that the test was processed according to the test kit instructions.
- Workers can only use home tests if observed by the employer or authorized telehealth proctor.

11. What are the requirements if a person tests positive but has no symptoms?

If the person remains asymptomatic, they are required to self-isolate for at least 5 days past the date on which the positive test was collected. Attendees can return after day 5 if symptoms have not developed. A test is recommended for attendees on day 5, and masking should be actively encouraged for children 2 years and older through Day 10. To return to work the staff member must provide a negative test collected on day 5 or later, if returning prior to day 11. The worker must also wear a mask that fits snugly over their nose and mouth (indoors and within 6 feet of others outdoors) on Days 6 - 10. If the worker is unable or unwilling to do this, they must remain in isolation through Day 10.

12. What changes to masking guidance were implemented on March 12th, 2022?

As of March 12th, 2022 masking is no longer required indoors in childcare settings for day-to-day operations. This guidance applies to children, staff, and visitors. However, CDPH still strongly recommends that masking is used indoors for the childcare setting, especially for those with recent COVID-19 symptoms, diagnosis, or exposure. CalOsha still requires staff who have tested positive for COVID-19, or who have been exposed to COVID-19, to mask through day 10. Each facility may choose to set their own masking policy, including stricter requirements. Per CDPH guidance for face coverings (ca.gov) masks, especially those that offer the best fit and filtration (e.g. N95s, KN95s, KF94s), remain a critical component of our multi-level approach for protection against COVID-19 infection," though "vaccines remain the ultimate exit strategy out of the COVID-19 pandemic." CDPH Guidance for Child Care Providers and Programs states that "promoting vaccination, including boosters, among all eligible individuals can help child care programs protect staff and children in their care, as well as their families."

13. What is the recommended guidance for an individual who develops symptoms, but is within 90 days of a previous COVID-19 infection?

Regardless of previous infection or vaccination status, anyone who develops otherwise unexplained symptoms consistent with COVID-19 should isolate and seek testing. Antigen testing is preferred for those who are symptomatic and within 90 days of previous infection (potential reinfections) because it is less likely to detect the virus if the individual is no longer contagious to others, while molecular testing may remain resulting positive for some months after initial infection. If antigen testing is positive, or in the absence of a test result, the person should isolate for 5 full days past onset of symptoms, and until fever free with other symptoms improving. If antigen testing is negative and symptoms are not due to chronic illness, it may be necessary to seek a medical provider's evaluation prior to returning to care or work.