KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

TEAM KENTUCKY

Kentucky Public Health
Prevent. Promote. Protect.

Guidance for Operations in Early Care and Education and Child Care Programs
August 30, 2021

Early Care and Education (ECE) programs, including child care centers, home-based programs, Head Start, and pre-kindergarten programs, are an essential part of community infrastructure and the maintenance of in-person services is a priority. The purpose of this document is to outline prevention strategies that help protect children, teachers, and staff and slow the spread of COVID-19 in ECE programs based on updated CDC guidelines. This guidance emphasizes the implementation of layered prevention strategies to protect individuals who are not fully vaccinated and is intended to help program administrators and local health officials select appropriate, layered prevention strategies in their communities.

Prevention strategies

While fewer children have been sick with COVID-19 compared to adults, children can be infected with SARS-CoV-2 and spread the virus to others. SARS-CoV-2 transmission in ECE settings is influenced by disease incidence in the community and evidence from the 2020-2021 school year suggests that implementation of layered prevention strategies reduces transmission. Together with local public health officials, ECE administrators should consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19. Since ECE programs typically serve their surrounding communities, decisions should be based on the program population, families, and children served, as well as their communities. The primary factors to consider include:

- Level of community transmission of COVID-19 and occurrence of outbreaks in the program or community.
- COVID-19 vaccination coverage in the community and among children, teachers, and staff.
- Ages of children served by the program and associated social and behavioral factors that may affect the risk of transmission and feasibility of different prevention strategies.

Full implementation of all layers of protection is recommended when sustained incidence of COVID-19 in a community is high (i.e., red or orange). If any of the prevention strategies are removed for a program based on local conditions, they should be removed one at a time and increases in COVID-19 cases should be closely monitored. ECE programs should communicate their strategies and changes in plans to families. The recommended layered prevention strategies include:

1. Vaccination

- **Promote and offer vaccination** by:
  - Encouraging teachers, staff, and family members to get vaccinated.
  - Providing information to families about vaccine safety and availability in the community.

2. Masks

- **All persons ≥2 years of age should wear masks or face coverings while indoors**, including on buses operated by public and private school systems, unless otherwise exempted (e.g., cannot wear a mask due to disability). Mask use is particularly important when physical distancing is not possible or when other indoor activities with elevated risk of COVID-19 transmission (e.g., singing, shouting, playing wind instruments) are occurring. The American Academy of Pediatrics recommends that children ≥2 years of age should be encouraged to wear a mask but should not be reprimanded or punished if mask compliance is not feasible. Masks should be required in compliance with federal, state, local, and organization regulations, including the Kentucky Cabinet for Health and Family Services.
- **In general, people do not need to wear masks when outdoors**, though mask use may be considered in outdoor settings that involve sustained close contact with other people who are not fully vaccinated.

3. Physical distancing

- **Physical distancing should be implemented to the greatest extent possible in indoor settings where not everyone is fully vaccinated**. Maintaining physical distance is often not always feasible in an ECE setting, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to utilize additional layered prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk.
- **Utilize cohorts or pods** (a small group that stays together throughout an entire day) to facilitate more efficient contact tracing and minimize opportunities for transmission.
  - If possible, child care groups should include the same children each day, and the same child care 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. Stagger use of communal spaces between cohorts.
  - Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping. Masks should not be worn when sleeping.

- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- Prioritize outdoor activities. When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces.

4. Ventilation

- **Improve facility ventilation** to the greatest extent possible to increase circulation of outdoor air and increase delivery of clean air. Utilize outdoor spaces, where possible.

5. Handwashing and respiratory etiquette

- **Teach and reinforce handwashing** with soap and water for 20 seconds or use of hand sanitizer containing at least 60% alcohol. Ensure adequate supplies and opportunities for hand hygiene.

6. Isolation

- **Ensure sick children, teachers, or staff stay home** if they are having symptoms of infectious illness or certain symptoms of COVID-19, including:
  - Fever (temperature 100.4 ^{o}F or higher)
  - Sore throat
  - New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
  - Diarrhea, vomiting, or stomachache
  - New onset of severe headache, especially with a fever
- **Ensure persons who test positive for COVID-19 self-isolate** away from the facility for 10 days after the start of their illness (or testing date) or otherwise follow the direction of the local public health department about when it is safe for them to be around others. COVID-19 test results that involve use of an "at-home" test kit and for which the specimen collection is not monitored by a trained healthcare provider are not reportable to local public health departments. Children, teachers, or staff who test positive for COVID-19 through a non-medically proctored "at-home" test should be recommended to self-isolate and obtain an additional test from a medical provider to confirm the result.
- **Direct sick persons to a health care provider to be tested** and instruct to isolate at home until they receive their test result. Sick children, teachers, or staff who are not tested for COVID-19 may return when their symptoms resolve. Consider implementing a program to offer on-site rapid COVID-19 testing for sick children, teachers, or staff.

7. Quarantine and contact tracing

- **ECE programs should work with the local health department to facilitate case investigation and contact tracing** to identify individuals who have had close contact with a person diagnosed with COVID-19. A close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes while the person was considered contagious.
- **Unvaccinated children, teachers, or staff who are identified as close contacts should be instructed to self-quarantine** regardless of whether the exposure occurred within or outside of the ECE setting. Quarantine may be discontinued when the local public health department determines the individual is safe to be around others or:
  - After day 7 if the individual is symptom-free and receives a negative COVID-19 test (antigen or PCR) 5 days or later after the last date of exposure to the case.
  - After day 10 without testing if the individual is symptom-free.

  Unvaccinated persons who have documented COVID-19 illness in the prior 3 months (with a positive COVID-19 PCR or antigen test) do not need to quarantine if they are symptom-free. Results from antibody testing should not be used to assess for infection or for determining need to quarantine.
- **Fully-vaccinated* persons do not need to quarantine** following an exposure to a person diagnosed with COVID-19 if he/she is not experiencing symptoms.

  *≥14 days have passed since receipt of the Janssen (J&J) vaccine or the second dose of Pfizer or Moderna vaccine.

8. Cleaning and disinfection

- **Improve facility cleaning** to the greatest extent possible. In general, cleaning once a day is enough to sufficiently remove potential virus that may be on surfaces. Consider cleaning high-touch, shared surfaces more frequently.

Additional recommendations

- Nonessential visitors, volunteers, and activities with people who are not fully vaccinated should be limited, particularly when there is moderate-to-high (i.e., red or orange) COVID-19 transmission in the community.