



# Outbreak Response Protocols: Child Care

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Guidance for COVID-19 outbreak response in child care settings

Version 2.1: November 8, 2021

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# Letter to Child Care Providers

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We know reopening in the era of COVID-19 has not been easy and we hope this Child Care COVID-19 Outbreak Response Playbook will help you navigate the new normal when a child or staff member gets sick. While reviewing this Playbook, please keep in mind the following:

- As the COVID-19 pandemic continues, new science will emerge, and guidance may change. The Department of Human Services (DHS) and the Rhode Island Department of Health (RIDOH) will convene on an ongoing basis to review the Playbook, its protocols, and implementation challenges and successes. Updates to the Playbook will be communicated by email to all licensed child care providers with clear notation on edits/additions/redactions.
- Because each case is unique, once a child or staff member becomes symptomatic or tests positive, reach out to RIDOH for guidance. RIDOH will assess each situation and provide recommendations on a case-by-case basis.
- Recommendations from RIDOH will clearly indicate whether the follow-up is required or recommended. Child care providers are also business owners and can institute more stringent requirements in an effort to prevent COVID-19 transmission, as long as it's reflected in the program's Parent/Family Agreement and adheres with CCAP Rules and Regulations (if serving families in the CCAP).
- RIDOH and DHS are here to answer questions and provide guidance to help you through this historic pandemic.

RIDOH COVID-19 Health Information Line: 401-222-8022

DHS: 401- 462-3009 (8:30 a.m. to 4 p.m., Monday through Friday) [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov)

# Purpose of Playbook

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- This Playbook provides guidance about how to respond if a child or staff member is exhibiting a symptom of COVID-19 or tests positive for COVID-19.
- The goal of this Playbook is to provide visibility into the process child care providers will engage in with RIDOH in different scenarios. The protocols included in this playbook are in line with RIDOH's overarching approach with child care providers to date.
- The Playbook does not replace direct engagement with RIDOH, but rather gives an overview of what will occur throughout that engagement process.
- The information shared in this document assumes that child care providers and parents/guardians are **complying with current [RIDOH guidelines](#), [DHS COVID-19 Child Care Regulations](#), and [Centers for Disease Control and Prevention \(CDC\) guidance](#).**

Please note that the material in this document may evolve as new guidance is released.

# Use of Playbook

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- Please keep this Playbook available for reference in an area which is **easily accessible**.
- This Playbook is intended **to share general best practices** which can be used by **all**; it does not address unique, situation-specific questions that you may have.
- This Playbook is a reference guide to complement, but not replace, conversations with RIDOH.
- In the event of an outbreak, in addition to this resource, **RIDOH and DHS Child Care Licensing Unit will support you throughout the process.**

Please note that the material in this document may evolve as new guidance is released.

# Glossary



# Glossary

Term	Definition
Asymptomatic	Refers to a person who does not have any symptoms
Close contact	Refers to a person who has been within six feet of an infected person (with or without a face mask) for a cumulative 15 minutes over a 24-hour period <b>OR</b> has had unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period
Community transmission	Occurs when individuals acquire COVID-19 through contact with someone in their local community, rather than through travel to an affected location
Confirmed case	A person who has tested positive for SARS-CoV-2 infection (the virus that causes COVID-19)
Consistent/stable group	Each staff/child will be placed into “consistent/stable groups” of no more than 26 people and each group must physically distance themselves from other consistent groups. child care centers may have multiple consistent/stable groups, while family child care homes only have one consistent/stable group
Contact tracing	Process of identifying individuals who may have had close contact (see definition above) with someone who tested positive for COVID-19
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2

# Glossary

Term	Definition
Incubation Period	The time between exposure to an infection and the appearance of first symptoms. The virus that causes COVID-19 has an incubation period of 2-14 days
Isolation	Process of separating individuals who are infected with COVID-19 from others
Quarantine	Process of separating and restricting the movement of individuals who were in close contact with someone who tested positive or had symptoms of COVID-19
RIDOH	Rhode Island Department of Health
Screening	Checking individuals for symptoms of COVID-19 verbally and by using temperature checks
Symptomatic individual	Individual who is showing the symptoms or signs of COVID-19 according to <u>CDC guidelines</u>



# Summary of Changes to the Playbook

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## Version 2.0 (September 9, 2021)

- Updated protocol for a symptomatic individual – Page 12, 13
- Message on indoor mask wearing – Page 17
- Reminder on stable pods and mitigation strategies – Page 19
- Updated information on PreK-12/Child Care Testing Sites – Page 30
- Revised testing protocol for close contacts – Page 23, 24, 55
- Revised travel guidance – Page 62

## Version 2.1 (November 3, 2021)

- Revised protocol for symptom management - Page 15
- Vaccine boosters – Page 27
- Fully vaccinated individuals need to test five to seven days after exposure - Page 30, 39, 72
- FAQ on outdoor contacts in child care settings - Page 53

# New: Expectations of the Playbook

- This playbook is designed to serve as a resource for child care providers, nurses, and families to outline the current State requirements and best practice recommendations to help prevent the spread of COVID-19.
- Clarification on public health terminology:
  - **Requirements** are policies or behaviors that must be followed. Requirements may be a federal law, State Regulation, or Governor's Executive Order.
  - **Recommendations** are policies or behaviors that should be followed. Recommendations are based on best practice, science, data, experience, and resources.
- \* Child care providers may have policies that are more strict than State requirements and RIDOH recommendations.

# New: Why Is Some Guidance Different for Child Care and K-12?

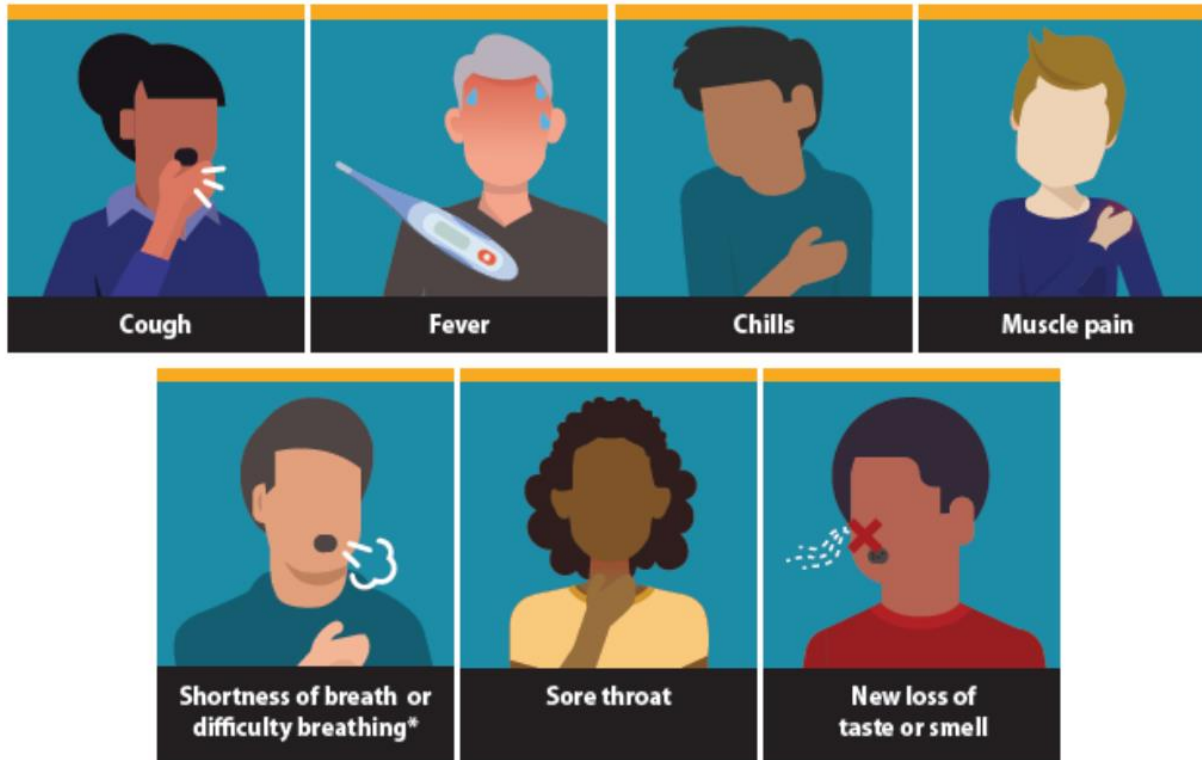
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- RIDOH and DHS work closely to update the child care playbook and ensure the guidance represents best practice for child care settings.
- The expectations and situational settings are not the same in child care and K-12:
  - With the Delta variant, we have seen two or three times more spread within child care settings than in K -12 settings.
  - Child care settings aren't as structured as K-12 settings and maintaining distance isn't as feasible.
  - While strongly recommended, children older than age two in child care settings aren't required to wear masks indoors like they are in public K-12 schools.

# Symptoms of COVID-19



# Symptoms of COVID-19



- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

# Use Clinical Criteria When Assessing Symptoms

Any ONE major symptom:

- Cough (new)
- Shortness of breath or difficulty breathing
- New loss of taste or smell

Any TWO minor symptoms:

- Fever or Chills
- Muscle or body aches
- Headaches
- Sore throat
- Fatigue
- Congestion or runny nose (new)
- Nausea or vomiting
- Diarrhea

# COVID-19 Symptom Management and Existing Illness Policies

COVID-19 policies should be included in existing child care illness policies.

- For example, if someone has a fever or is vomiting, they should be sent home if it is in existing illness policies.
- Child care providers maintain the ability to choose the best COVID-19 symptom policy based on community and facility-wide transmission rates and other relevant factors. Providers may choose to implement option A or option B:

## Option A

Anyone with new onset of one symptom of COVID-19 must isolate, go home, and get tested.

## Option B

Same clinical criteria used during the 2020-21 Academic year:

Individuals with **one major** or **two minor** symptoms of COVID-19 must isolate, go home, and get tested.

*\*If choosing Option B, anyone with one minor COVID-19 symptom may remain at child care. Providers may continue to send home anyone with one symptom such as fever, vomiting, or diarrhea according to existing child care illness policies.*

# What To Do If a Staff/Child Becomes Symptomatic

**If a staff member or child shows a sign of infectious illness consistent with COVID-19:**

1. Send the staff member home/excuse the child from the classroom and have them wait in the designated isolation room.
  - While children wait in the isolation room, ensure they are provided with a mask if they are age 2 or older.
2. Call the parent or guardian and arrange for the child to go home.
3. Inform the staff to get tested and/or the parent to get their child tested with a laboratory PCR test.
  - Parents can also contact their child's healthcare provider for evaluation.
4. Clean, disinfect, and ventilate areas that the ill child occupied.
5. If negative, the staff member/child can return to child care after completing the attestation form.
  - If positive, RIDOH should be notified immediately and will follow up soon.

**See the full flow chart of COVID-19 diagnosis at school by the CDC**



# FAQs: Responding to Someone with Symptoms

## What do I do if someone with COVID-19 symptoms refuses to get tested?

- If someone with symptoms aligned with Option B on slide 16 refuses to get tested, the individual should be managed the same way as a positive case of COVID-19:
  - The individual should isolate for 10 days;
  - Household contacts should quarantine and get tested; and
  - Child care contacts should get a lab-processed PCR test regardless of their vaccination status.
- If someone was identified as a close contact, they are required to get tested regardless of symptoms or vaccination status per [Executive Order](#).

# FAQs: Individuals with Symptoms

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## When do close contacts of a case need to quarantine?

- When a person is symptomatic and has been told to isolate and get tested, RIDOH recommends siblings who also attend child care should quarantine while the person gets tested and is waiting for results.
- Child care contacts and other contacts of a symptomatic case are not required to stay home while test results are pending. In certain situations, RIDOH may advise quarantine for child care contacts while test results are pending.

# Mitigation Strategies in Child Care Settings

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# FAQs: Indoor Mask

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## **Are masks still required indoors for child care?**

- DHS Office of Child Care regulations still require masking indoors for adults.
- DHS and RIDOH strongly support the CDC's recommendation of universal masking indoors in child care.

## **As a provider, what options do I have for implementing mask wearing for children?**

- You can choose to have a universal masking policy for children over the age of two.
- You can choose to implement a “parent choice” policy where parents can mask their children at their discretion.

# Outdoor Mask Update

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On June 1, Governor McKee and RIDOH announced updated guidance for mask wearing in Rhode Island.

- Effective June 2, vaccinated and unvaccinated individuals will not be required to wear masks outdoors in Rhode Island.
- Unvaccinated individuals are strongly encouraged to wear masks in crowded outdoor settings and during activities with sustained close contact with others that are not fully vaccinated, as well in locations of “substantial” or “high” transmission.
- **This is applicable to all ages and settings, including child care and summer camps .**

# FAQs: Indoor Mask Wearing in Child Care

## Can individuals who are fully vaccinated take their mask off indoors?

- At this time, there are no changes to indoor masking guidance. Fully vaccinated individuals should continue to wear masks indoors when providing care to children.
- Fully vaccinated staff may take their masks off indoors in areas where it is permitted, including staff breakrooms, personal offices, designated “mask break” areas for staff, and etc.

## Can I (the provider) choose to still enforce outdoor masking of staff and children?

- Yes, according to the [Executive Order](#), you may choose to enforce mask wearing outdoors at your own discretion. **Note:** It is your facility’s decision, and not the State’s decision, to enforce mask wearing outdoors at your center.

# Reminder: Mixing Stable Pods

Maintaining stable pod structure and limiting float staff remains a top goal in child care settings, especially with the highly transmissible Delta variant. However, DHS has allowed for stable pods to combine for one hour at the beginning and at the end of the day to help with staffing. Please note

- Stable pods should not be combining throughout the day. This includes outdoor playtime, lunchtime, activity time, etc.
- If stable pods are combining at the beginning/end of day, it is recommended they combine with the same group each time.
- Combining stable pods does increase the risk of exposure and close contacts in the event of a positive case.
- Floaters should also have limited movement between pods.

# Example: Transmission in Child Care

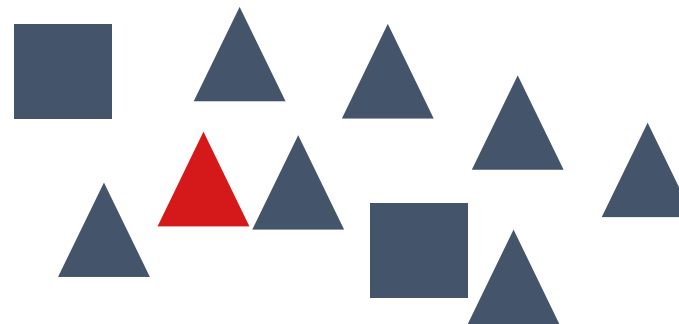
**With the Delta variant predominate in Rhode Island, child care centers and home daycares are experiencing an increase in COVID-19 clusters and outbreaks. Here is a recent example:**

11 a.m. - Day 0



- A child attends the center with a runny nose.
- One of two staff are fully vaccinated.
- Staff masked, children age three to five are unmasked.
- Both pods share the same bathroom, cleaned at the end of the day.

2 p.m. - Day 0



- Pod 1 and Pod 2 mix inside for lunch and outside for playtime for one hour, while staff and children unmasked.

4 Days Later



- Both pods were exposed to the symptomatic child on day 0 around 2 p.m., resulting in five additional cases

■ Staff   ■ Child   ▲ Positive COVID-19 case



# Reminder: Mitigation Strategies

**It is important to continue using multiple mitigation strategies to prevent the spread of COVID-19 in child care:**

**Face masks** for individuals two (2) years and older. RIDOH and DHS support the CDC's recommendation of universal masking indoors in child care.

Promoting **vaccination** among eligible individuals can help child care programs protect staff, children, and families.

Daily **symptom screening** (refer to Page 15 for guidance on a symptomatic individual).

**Stable pods.** Limit combining of stable pods and limit use of float staff between pods.

Frequent **disinfecting** of common surfaces/areas and proper **ventilation**.

# COVID-19 Vaccination



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# Authorized COVID-19 Vaccine Boosters

- For individuals who received a **Pfizer-BioNTech** or **Moderna** COVID-19 vaccine, the following groups are eligible for a booster shot at 6 months or more after their second dose:
  - 65 years and older
  - Age 18+ who live in long-term care settings
  - Age 18+ who have underlying medical conditions
  - Age 18+ who work or work in high-risk settings (teachers and other school employees would be included)
- For the nearly 15 million people who got the **Johnson & Johnson** COVID-19 vaccine, booster shots are also recommended for those who are 18 and older and who were vaccinated two or more months ago.
- **Mix and Match Boosters:**
  - Eligible individuals may choose which vaccine they receive as a booster dose.
  - Some people may prefer the vaccine type that they originally received and others, may prefer to get a different booster.
  - CDC's recommendations now allow for this type of mix and match dosing for booster shots.
  - Available data right now show that all three of the COVID-19 vaccines approved or authorized in the United States continue to be highly effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating Delta variant.

# Pfizer's COVID-19 Vaccine Authorized for Children Age 5 to 11

- Children age 5 to 11 are now eligible for the COVID-19 vaccine. The vaccine for younger children was reviewed extensively before federal health officials authorized its use.
- Pfizer's COVID-19 pediatric vaccine was found to be 90.7% effective against COVID-19 disease in children age 5 to 11, and no significant safety issues were identified.
- Pfizer's COVID-19 pediatric vaccine is the same one received by millions of adults and children age 12 and older, however it's a much smaller dose.
  - Children should get two doses, and the second dose will be at least three weeks after the first dose.
- Find up-to-date information at [covid.ri.gov/5to11vaccinefaqs](https://covid.ri.gov/5to11vaccinefaqs)

# Vaccination Opportunities for Children Age 5 to 11

## Children age 5 to 11 can get vaccinated at

- *School-based clinics:* School districts are partnering with municipalities and RIDOH to offer more than 160 vaccination clinics (both first and second doses) for children age 5 to 11 starting November 7.
  - Each clinic is open to all children 5 to 11 years old (regardless of what school or city or town they are from), however vaccine will not be available for older children and adults at school clinics.
  - Sign up for an appointment in advance at one of the local city or town clinics at [covid.ri.gov/5to11vaccine](https://covid.ri.gov/5to11vaccine).
- *Sockanosset State-run site:* Children age 5 to 11 may also get an appointment scheduled at the State-run site at: [www.vaccinateri.org](https://www.vaccinateri.org). If you need help to make an appointment, call 844-930-1779.
- *Pharmacies:* Vaccine for children age 5 to 11 will be available at many CVS, Walgreens, Walmart, and Stop and Shop sites. Visit the websites of these pharmacies for more information.
- *The offices of some primary care providers:* Many pediatrician and family medicine practices are enrolled as providers of COVID-19 vaccine. Contact your child's healthcare provider to learn if they are vaccinating younger children.
- *Other vaccination sites:* Information about other vaccination sites will be posted on [C19vaccineRI.org](https://C19vaccineRI.org).

# COVID-19 Vaccine Quick Tips

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- The COVID-19 vaccine is safe, highly effective against serious illness, and may prevent you from being infected with COVID-19.
- A person cannot get COVID-19 from COVID-19 vaccines.
- Because there still may be a small chance you can become infected and spread the virus to others, please continue to practice good hygiene, wear your mask while indoors in a child care setting, and get tested if you develop a symptom.
- Please visit the Rhode Island Department of Health website for other Frequently Asked Questions about the Vaccine [COVID-19 Vaccine FAQs | RI COVID-19 Information Portal](#).

# COVID-19 Vaccine and Immunity

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## When does a person have immunity after vaccination?

- It takes 14 days after the final recommended COVID-19 vaccination dose to reach full immunity from the virus.

## How long does immunity last after COVID-19 vaccination?

- We won't know how long immunity lasts after vaccination until we have more data on how well COVID-19 vaccines work in real-world conditions. The vaccine helps protect people from getting sick or severely ill with COVID-19 and helps protect people around them.
- Experts are working to learn more about both natural immunity and vaccine-induced immunity. The CDC will keep the public informed as new evidence becomes available.

# Quarantine Exemption After **Vaccination** for COVID-19

After a person has completed **vaccination** for COVID-19, they are exempt from quarantine, if they

- Have received all recommended doses of a COVID-19 vaccine; and
- Are **at least 14 days** after receiving the last recommended dose of COVID-19 vaccine.

Quarantine for close contacts	Exempt. Testing five to seven after exposure; Wear a mask in public indoor settings for 14 days or until you get a negative test result; and Always monitor for symptoms for 14 days after exposure.
Quarantine for domestic or international travel	Exempt. Testing 3 to 5 days after return from travel is highly encouraged; and Always monitor for symptoms for 14 days after exposure.
Asymptomatic testing	Asymptomatic testing is encouraged. The vaccine does not affect test results.
Eligible populations	Exemption applies to all individuals <u>except</u> vaccinated hospitalized patients and vaccinated residents in long-term care settings like nursing homes and assisted living facilities.



# FAQs: Symptoms Immediately After COVID-19 Vaccination. What Do I Do?

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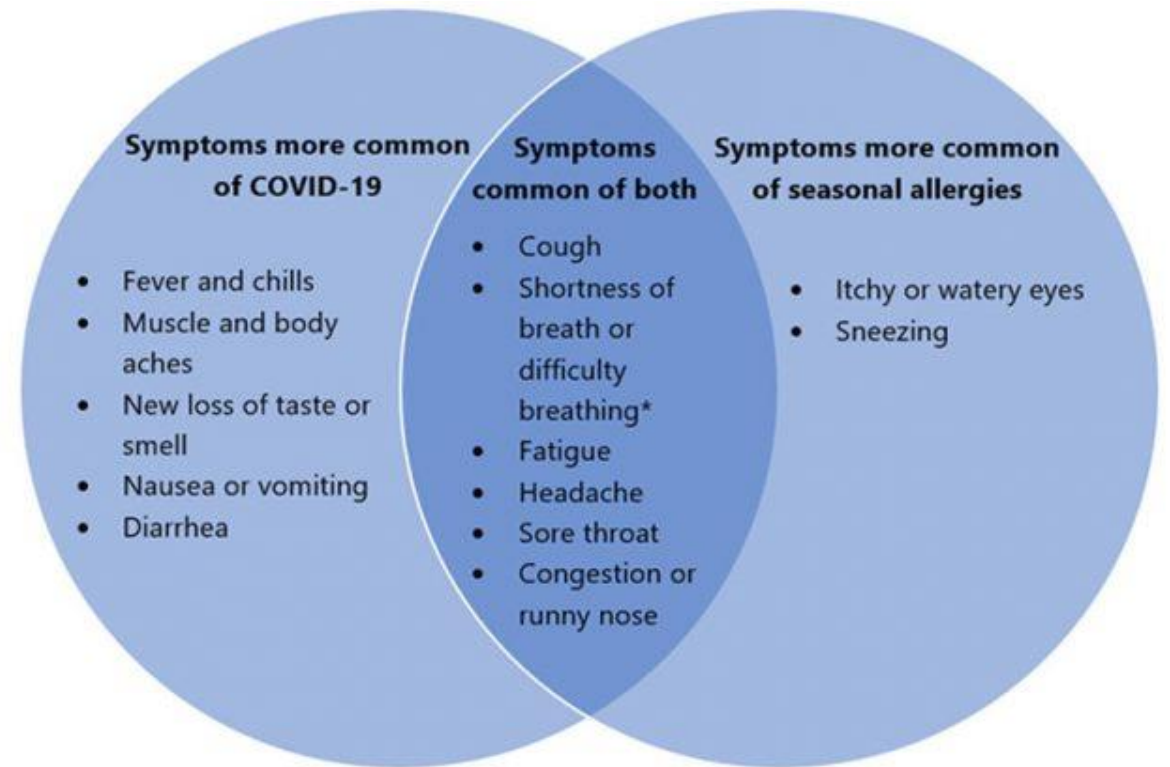
- People are likely to experience post-vaccination effects after receiving a COVID-19 vaccine. This means the immune system is working. This is healthy, normal, and expected.
- If you have any symptoms of COVID-19 following vaccination, isolate at home, call a health care provider, and get tested. Inform your healthcare provider of your vaccination status.

# COVID-19 and Allergies

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# COVID and Allergies

- COVID-19 and seasonal allergies share many of the same symptoms. It is difficult to know whether those symptoms are caused by COVID-19 or allergies without a COVID-19 test.
- When you have a new onset of ANY one symptom, assume it's COVID-19, not allergies and
  - Stay home;
  - Get a tested for COVID-19; and
  - Get medical advice about your symptoms.



# COVID and Seasonal Allergies

If you have new onset of ANY one COVID-19 symptom, stay home and get a PCR COVID-19 test:

- If the test result is negative, may return to child care after being fever-free for 24 hours and symptoms have improved.
  - If symptoms are a result of seasonal allergies, they may last for weeks or longer.
  - This child may attend child care as long as there is no fever, no new symptoms of COVID-19, and no sudden change or worsening of symptoms.
- If there is any **new additional COVID-19 symptom or sudden change or worsening** of the same symptoms, then
  - Dismiss home;
  - Seek medical advice; and
  - Get tested for COVID-19, as required to return to child care.

# Testing for COVID-19



# K-12 and Child Care Test Scheduling Service

## Who can schedule a test for this service?

Anyone associated with Pre-K-12 and/or child care program (staff, student, van driver, coach, etc.) who is symptomatic; a close contact; or a classmate of someone else who tested positive for COVID-19, even if they do not have symptoms, can schedule a test.

**Note:** *You do not need to pay for this service, even if you don't have insurance*

## How do I schedule a test?

You can schedule a test online at [portal.ri.gov](https://portal.ri.gov) or calling 844-857-1814.

### Testing hours (as of August 5)

Weekdays, except holidays, from 9 a.m. to 5 p.m.

Weekends from 9 a.m. to 1 p.m.

## Where can I learn more about K-12 COVID-19 testing?

For the latest guidance on COVID-19 testing for students and staff at schools and family/center based child care programs, please visit the RIDOH [Pre K-12 testing web page](#).

# How Can I Access Test Results?

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- If you were recently tested for COVID-19 in the state of Rhode Island, you can access a record of your test result at [portal.ri.gov/results](https://portal.ri.gov/results).
- What you need to access your test results:
  - Name;
  - Date of Birth; and
  - Date of Testing Appointment.
- [COVID-19 Test Result Portal User Guide](#) is available if you need assistance.

# Other Testing Questions

**If a symptomatic person gets tested for COVID-19, can the person return to child care while the test result is still pending?**

- No, a symptomatic person should not return until they receive the test results.

**If I am in quarantine and I get tested, do I need to remain in quarantine while I wait for results?**

- Yes. If you are unvaccinated, have been in close contact with someone with COVID-19 and you get tested, you should remain in quarantine while waiting for test results. If the test results taken on day 5 or later are negative, you can complete quarantine after a minimum of 7 days.

**Does a person who got positive test results need to get negative test results in order to return to child care?**

- No. After completing isolation, a person is neither required nor recommended to provide proof of a negative test for up to 90 days after infection.



# Testing of ALL Close Contacts

- Testing after being identified as a close contact is required by [Executive Order](#).
- ALL unvaccinated close contacts of people with COVID-19 must get tested right away and, if they get a negative test result, get tested again five to seven days after their last exposure. If they develop any one symptom at any time, they should get tested right away.
- Fully vaccinated close contacts of people with COVID-19 must get tested five to seven days after the last exposure. The purpose of testing close contacts is to identify those who are infected and asymptomatic.
  - In addition to testing, fully vaccinated close contacts should
    - Wear a mask in public indoor settings for 14 days or until obtaining a negative test result; and
    - Monitor for symptoms for 14 days from exposure.

# FAQs: Testing of Close Contacts

## What are situations where testing may be strongly recommended by RIDOH?

- RIDOH has evidence of transmission within a stable group (2+ positive cases detected in 14 days).
- RIDOH may recommend testing in other situations, on a case-by-case basis.

## Is there an alternative to testing to end quarantine?

- Per [Executive Order](#), all close contacts in Rhode Island are required to get tested. If you don't get tested in order to shorten quarantine, you must complete a 14-day quarantine.

# Confirming a Positive Asymptomatic Antigen Test



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# Testing Protocol

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- If a child with no symptoms and no known exposure tests positive on an antigen test, such as BinaxNOW, a confirmatory laboratory-processed PCR is recommended.
- The child care program should:
  - Inform the child's parent/guardian of the positive BinaxNOW result.
  - Recommend that the child get a laboratory-processed PCR test on the same day.
  - Instruct the child to isolate at home until they receive a laboratory-processed PCR negative test result.
  - NOT start contact tracing at this point because:
    - The PCR test results will be back within 24 hours; and
    - It's better for kids to be in child care, so it's not recommend to over-quarantine.
    - Household contacts do not need to quarantine pending the PCR result if asymptomatic.

# Results of the PCR Test

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If the **PCR** result is negative:

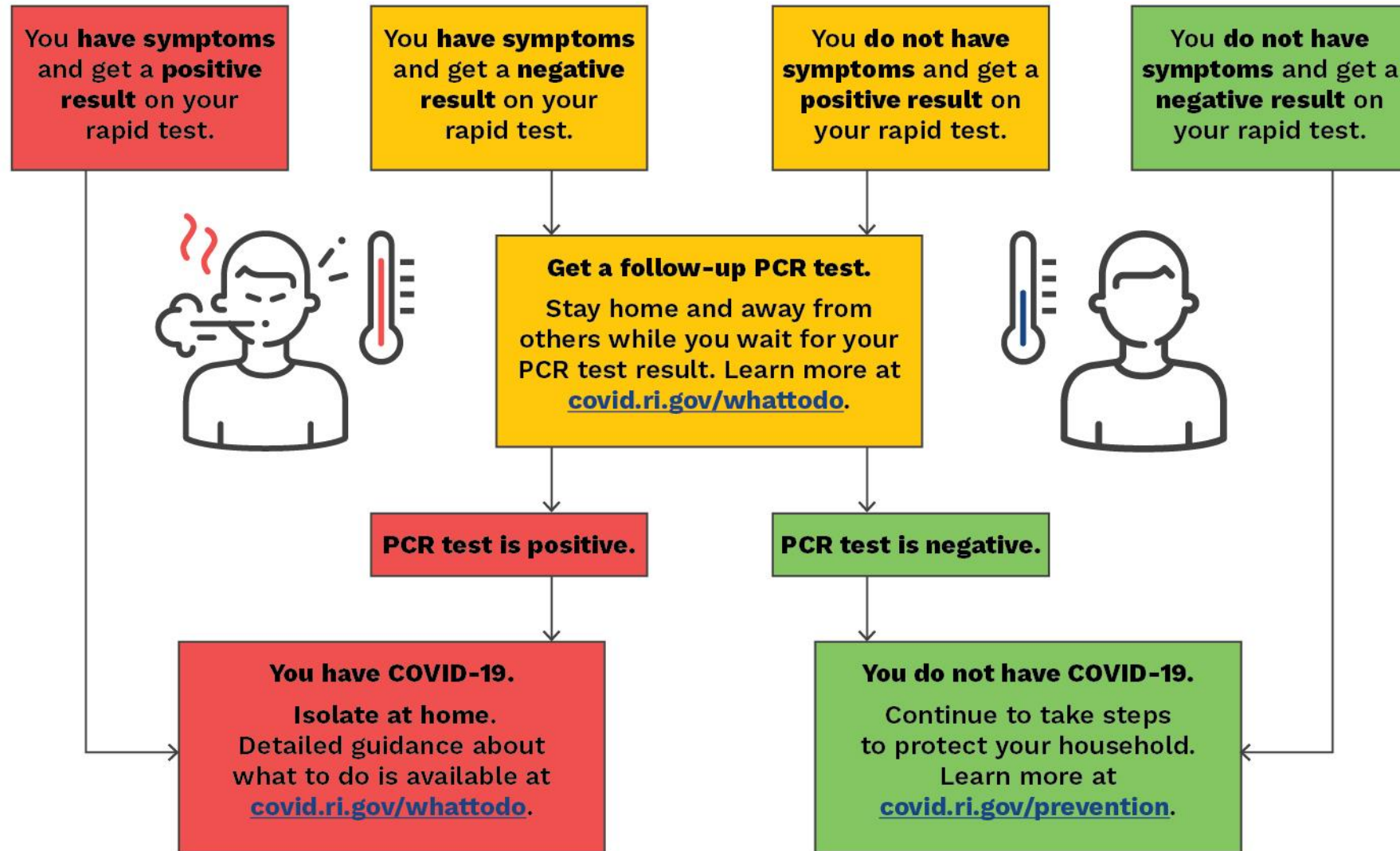
- The asymptomatic person is not considered to be infected with COVID-19;
  - The individual will not be considered to have 90 days of immunity to COVID-19.
- Individual may return to school and all other activities; and
- Contact tracing and quarantining close contacts are not necessary.

If the **PCR** test is positive OR if no PCR results are received by RIDOH within 72 hours of the antigen test, then:

- The individual has COVID-19 and should isolate at home per RIDOH instructions; and
- Contact tracing is necessary and close contacts need to quarantine.

**Note:** A laboratory-processed PCR test is recommended for close contacts that are asymptomatic.

# COVID-19 Confirmatory Testing Protocol



# Infectious and Isolation Periods

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# What Is the Infectious Period for COVID-19?

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- **Symptomatic Cases are infectious:**
  - Two (2) days prior to symptom onset until 10 days after symptom onset.
- **Asymptomatic Cases are infectious:**
  - Two (2) days prior to testing (the date the swabbing was conducted) until 10 days after the date of testing.
  - In some cases where the case's exposure to COVID-19 is known, RIDOH may consider the infectious period to be more than two days prior to the test date.



# Isolation

- **Isolation** is for the ill or infected:

- Separate individuals who are infected with COVID-19 from others. Stay home and isolate from household members as much as possible.

## Isolation for a symptomatic individual:

- At least 10 days since symptoms first appeared (20 days if severely immunocompromised); and
- At least 24 hours with no fever without fever-reducing medication; and
- Other symptoms of COVID-19 are improving.

## Isolation for an asymptomatic individual:

- 10 days from the date the individual was tested (20 days if severely immunocompromised).
- If symptoms develop during isolation, follow guidance for isolation for symptomatic individuals.

# Quarantine



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# How Is a Close Contact Defined?

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## Close Contact

- Individual who has been within six feet of a person with COVID-19 (with or without a face covering) for 15 minutes over a 24-hour period during the infectious period,
  - i.e., Three, five-minute interactions during the day.
- Individual who has had unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period,
  - i.e., Infected person coughed directly into someone's face.

# RIDOH Quarantine for Close Contacts

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**Quarantine** is for unvaccinated individuals who were identified as a close contact to a case (some infected with COVID-19).

- Quarantine keeps someone who may have been exposed to the virus away from others.
- These individuals must stay home and monitor for symptoms.
- Last date of exposure is considered “Day 0” for quarantine.
- [Find an online calculator to determine options for the end of quarantine.](#)

# RIDOH Quarantine Guidance for Close Contacts

## The least disruptive quarantine option is

- 7 days from the last day they were in contact with the infected individual if they get a negative test result (PCR or antigen test) on day 5 or later. Continue to watch for symptoms through day 14.

## Other quarantine options are

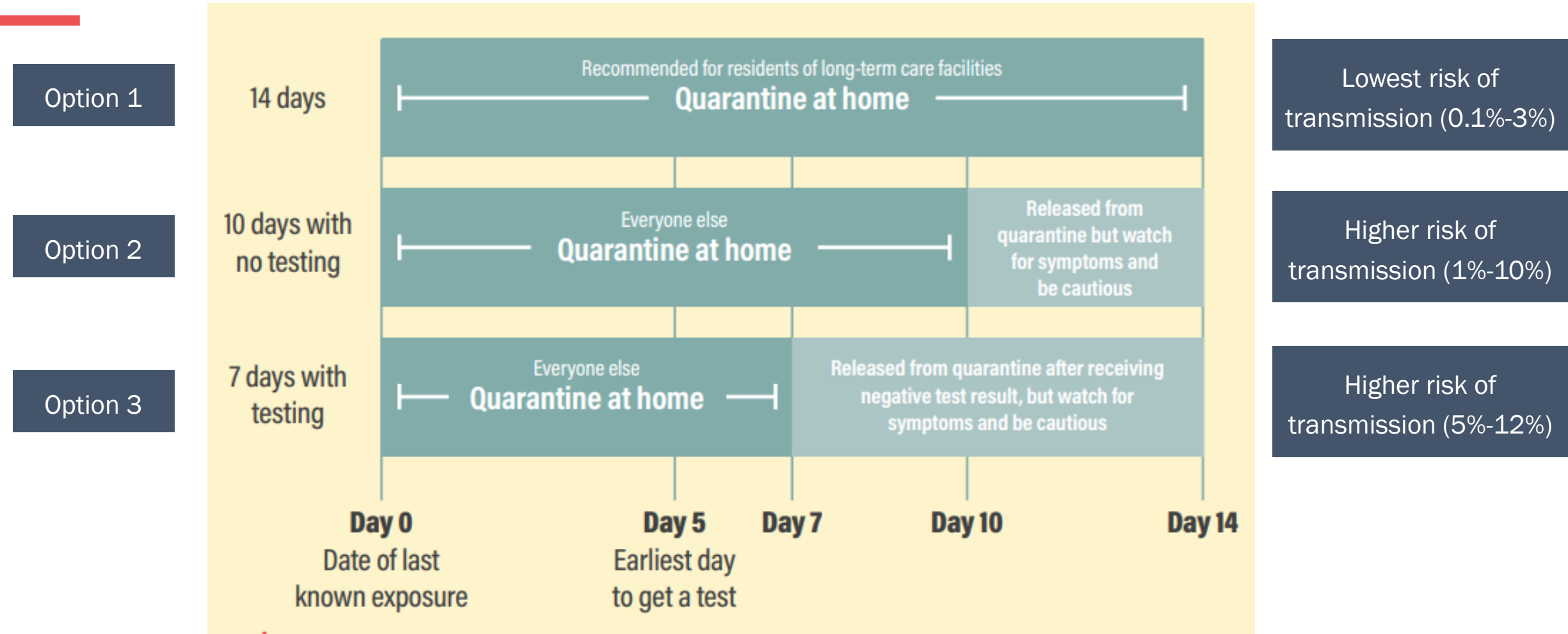
- 10 days from the last day they were in contact with the infected individual. Continue to watch for symptoms through day 14; or
- 14 days from the last day they were in contact with the infected individual. This is the safest protocol.

RIDOH **does not** dictate which options child care providers should choose to implement.

RIDOH **does** encourage providers to inform their families which option they have chosen to implement.

RIDOH may recommend a longer quarantine period in the event of a cluster.

# Illustration of Quarantine Guidance



# New FAQs: Quarantine for Outdoor Contacts in Child Care

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The latest [Executive Order](#) states that pre K-12 students and staff members are exempt from quarantine if the exposure occurred during outdoor recess. Does this apply to child care as well?

- At this time, the exemption does not apply to child care settings.
- As described on Page 12, guidance differs between K-12 and child care settings due to the nature of each setting. Masking is not required for children in child care and maintaining distance is not as feasible.
  - **Reminder:** Stable pods are still to be maintained outdoors just like they are indoors.

# FAQs: Close Contacts in Child Care

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**If we are notified of a positive case during the school day, do we need to send the unvaccinated close contacts home immediately?**

- It is always preferable to send close contacts home as soon as possible. However, if it is not feasible to send someone home immediately, a close contact can remain in child care, follow the normal dismissal process, and begin their quarantine when they get home.

**Do close contacts of individuals that are quarantined also need to quarantine?**

- No. Anyone who is a secondary contact, and was not exposed to the positive case, does not need to quarantine.



# FAQs: Can Child Care Programs Direct People to Quarantine?

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- **No.** Only RIDOH has the authority to officially quarantine and release people from quarantine. Please contact RIDOH with any questions regarding an individual's quarantine period.
- While RIDOH completes the investigation, child care providers have the authority to close potentially impacted classroom(s) while awaiting RIDOH guidance.

\* **Note:** Although fully vaccinated individuals do not need to quarantine, they do need to be included on direct contact lists if exposed so the RIDOH Contact Tracing Team can provide guidance specific to vaccinated individuals.

# Travel and Quarantine



# Travel Quarantine

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- **Travel Quarantine:** If you're traveling to Rhode Island from a location within the United States (US) or US territories, you're not currently required to quarantine or get tested after arrival whether or not you're vaccinated.
- However, to reduce the spread of COVID-19, RIDOH recommends all travelers follow quarantine and testing guidance from the CDC.
  - For more information on these recommendations please visit [Travel Information for Residents and Visitors | RI COVID-19 Information Portal](#).
- Child care providers may choose to have a policy requiring quarantine after travel as the best public health practice for their children and staff.

# CDC Recommendations After Domestic Travel

## Fully vaccinated

- People who are fully vaccinated with an FDA-authorized vaccine or a vaccine authorized for emergency use by the World Health Organization (WHO) can travel safely within the United States.
- You do NOT need to get tested or self quarantine if you are fully vaccinated or have recovered from COVID-19 in the past 90 days.
- You should still follow all other travel recommendations from the CDC.

## Unvaccinated

- People who are not fully vaccinated should get tested three to five days after travel **AND** stay home and self quarantine for a full seven days after travel.
  - Even if you get a negative test result, stay home and self quarantine for the full seven days.
  - If your test result is positive, isolate yourself to protect others from getting infected.
- If you don't get tested, stay home and self quarantine for 10 days after travel.
- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.

# CDC Recommendations after International Travel

## Fully vaccinated

- People who are fully vaccinated should get tested three to five days after travel; and
- Self monitor for COVID-19 symptoms and isolate and get tested if you develop symptoms.

## Unvaccinated

- People who are not fully vaccinated should get tested with a [viral test](#) three to five days after travel **AND** stay home and self quarantine for a full seven days after travel.
  - Even if you get a negative test result, stay home and self quarantine for the full seven days.
  - If your test result is positive, [isolate](#) yourself to protect others from getting infected.
- If you don't get tested, stay home and self quarantine for 10 days after travel.
- Avoid being around people who are at [increased risk for severe illness](#) for 14 days, whether you get tested or not.
- Self monitor for COVID-19 symptoms, isolate, and get tested if you develop symptoms.

# Quarantine and Isolation Within the Household



# Isolation Within the Household

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A person in isolation is considered separated from others while in isolation within the household if:

- The isolated person remains in the household but stays in their own bedroom at all times and uses their own bathroom without sharing any common areas with others in the household.
  - If you're not able to use a separate bathroom, special care should be taken to disinfect the shared bathroom in between uses.
- The isolated person remains in the household but on a completely separate floor or living area at all times.
- Either the isolated person or the other household members temporarily move out of the household while the case is in isolation.

# Quarantine for Unvaccinated Household Members Who Cannot Separate from a Person in Isolation Within the Household

Unvaccinated household contacts need to quarantine while the individual with COVID-19 (infected person) is infectious (at least 10 days after symptom onset) and then start their quarantine.

- The last day of isolation for the person with COVID-19 is Day 0 for household members.

Household members have three options for quarantine starting on Day 0:

- **Option 1:** Seven days with a negative test result on day 5 or later (total of 17 days in quarantine—released on day 18);
- **Option 2:** 10 days (total of 20 days in quarantine—released on day 21); or
- **Option 3:** 14 days (total of 24 days in quarantine—released on day 25).



# Quarantine for Unvaccinated Household Members Who Can Separate from a Person in Isolation Within the Household

- If the individual with COVID-19 can avoid close contact with household members and keep a physical distance of six feet all the time, unvaccinated household members would only need to quarantine from the date of last exposure to the infected household member (Day 0).
- Day 0 is the last day that unvaccinated household members and the infected household member shared a living space, spent time in the same rooms, or were in close contact (within six feet for at least 15 minutes during 24 hours).
- Household members have three options for quarantine starting on Day 0:
  - **Option 1:** Seven days with a negative test result on day 5 or later (released on day 8);
  - **Option 2:** 10 days (released on day 11); or
  - **Option 3:** 14 days (released on day 15).

# Guidance for Individuals Positive for COVID-19 in the Last 90 Days

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# If a Person Had COVID-19 Infection in the Last 90 Days

- A person with a COVID-19 infection is thought to have a 90-day immunity to the virus.
- 90-day calculation
  - If **symptomatic** (had COVID-19 with symptoms), then start the 90-day count from the date of symptom onset (Day 0); or
  - If **asymptomatic** (had COVID-19 without symptoms), then start the 90-day count from the date of specimen collection (Day 0).
- A person with a positive COVID-19 test result in the last 90 days **does not need** to
  - Quarantine if identified as a close contact (even if the close contact is a household member of the infected individual); or
  - Quarantine after domestic or international travel.

# Symptomatic Within 90 Days of Testing Positive for COVID-19

- For persons who develop **new symptoms consistent with COVID-19** within 90 days after COVID-19 infection, get a medical evaluation by a professional healthcare provider who can:
  - Evaluate for other possible diagnoses; and
  - Evaluate for possible exposure to COVID-19 in the past 14 days (e.g., travel, large gatherings, or events, household or other close contacts with suspected or confirmed COVID-19, occupational risk/healthcare workers, public safety, and recent workplace cases).
- If no other plausible diagnosis by a healthcare provider, the recommendations may include treating it as a new COVID-19 infection, isolating the symptomatic person, and quarantining close contacts.

# Quarantine Exemption After Infection with COVID-19

After a COVID-19 infection, a person has presumed immunity for 90 days after infection.	
Quarantine for close contacts	Exempt. Not required if close contact is asymptomatic; and Always monitor for symptoms for 14 days after exposure.
Quarantine for domestic or international travel	Exempt/Not required if close contact is asymptomatic; and Always monitor for symptoms for 14 days after exposure.
Asymptomatic testing	Not recommended within 90 days of infection. Exempt from work, school, or other asymptomatic surveillance testing.
Eligible populations	Applies to all people.

# Child Care Response Protocols



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Return to Child Care

# Protocol - Symptomatic Individual

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to child care criteria
<b>Staff or child has symptom(s) of COVID-19</b>	<p>Symptomatic individual is isolated and sent home.</p> <p>No closure recommended for exposed classroom(s).</p> <p>No quarantine recommended for close contacts.</p>	<p>Advise symptomatic individual to seek medical advice and test if recommended by healthcare provider.*</p> <p>Some patients with COVID-19 have presented with only one mild symptom or atypical symptoms and patients or providers may prefer to test even when probable case definition is not met.</p> <p><i>*RIDOH may recommend testing for others in certain situations.</i></p>	<p>Attestation that documents one of the following (parent/guardian attests for a minor):</p> <ol style="list-style-type: none"><li>1. If not tested, individual has isolated for 10 days from symptom onset, has been fever free for 24 hours and symptoms improved (back to usual health);</li><li>2. Tested negative for COVID-19, has been fever free for 24 hours and symptoms improved (back to usual health);</li><li>3. Tested positive for COVID-19 and has since met RIDOH guidelines for ending isolation.</li></ol>

# Reporting Highly Probable Cases

- You should report a **highly probable case** (a person who meets the symptom criteria on Page 15) who also meets one or more of the following criteria:
  - The person has loss of taste or smell.
  - The person has had contact with a person who tested positive for COVID-19 in the last 14 days.\*
  - The person is in the same stable group as a person who tested positive.
- The person should get tested and isolate at home until COVID-19 test results have been received. Household members must quarantine pending test results.
- RIDOH may advise quarantine for child care contacts for these special probable cases while awaiting test results. **Close contacts who have no symptoms are not highly probable cases. These do not need to be reported.**
- To report a highly probable case, you can send a secure message to [RIDOH.COVIDChildCare@health.ri.gov](mailto:RIDOH.COVIDChildCare@health.ri.gov).



# Protocol – Positive Case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to child care criteria
Staff or student tests positive.	<p>Person testing positive is isolated per CDC/RIDOH guidelines.</p> <p>Close contacts are quarantined per CDC/RIDOH guidelines.</p>	<p>Close contacts in quarantine should self-monitor for symptoms for 14 days and seek medical advice as needed. RIDOH recommends all close contacts get tested immediately and, if negative, again on day 5 to 7 of quarantine. Close contacts who have tested positive in the past 90 days are not required to quarantine.</p>	<p>Individuals who test positive must meet the CDC/RIDOH guidelines for ending isolation: <b>RIDOH recommends the <u>symptom-based strategy</u> for ending isolation. Isolate until</b></p> <ul style="list-style-type: none"><li>• Fever free for 24 hours without use of fever-reducing medications; <u>and</u></li><li>• Symptoms have improved; <u>and</u></li><li>• 10 days since symptoms first appeared (20 days if severely immunocompromised).</li></ul> <p><b>OR Time-based approach if asymptomatic when tested positive. Isolate until</b></p> <ul style="list-style-type: none"><li>• 10 days since date of specimen collection (20 days if severely immunocompromised).</li></ul> <p>A negative test is <u>not required</u> to return; use the symptom-based strategy above.</p>

# Protocol - Close Contact of a Case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Requirement to return
<p><b>Staff or student is a close contact of a confirmed case.</b></p> <p>Close contacts who have tested positive in the past 90 days <u>do not have to quarantine</u>.</p> <p>Close contacts who are fully vaccinated <u>do not have to quarantine</u> but must get tested five to seven days after exposure.</p>	<p>A close contact is quarantined per the CDC/RIDOH guidelines (See Page 49).</p> <p>See Page 67 for guidance on when a close contact may be exempt from quarantine.</p>	<p>Close contacts in quarantine should self-monitor for symptoms for 14 days and seek medical advice as needed.</p> <p>All unvaccinated close contacts must get tested immediately and if negative, again on day 5 to 7 of quarantine.</p>	<p>Child or staff member must meet the CDC/RIDOH guidelines for ending quarantine before returning to child care:</p> <ul style="list-style-type: none"> <li>• Remain asymptomatic;</li> <li>• Complete one of the quarantine options <ul style="list-style-type: none"> <li>• 14 days;</li> <li>• 10 days; or</li> <li>• 7 days with a negative test (antigen or PCR) on day 5 or later.</li> </ul> </li> <li>• If choosing a 10-day or seven-day quarantine, continue to monitor for symptoms for 14 days from last exposure.</li> </ul>

# Child Care Protocol Summary

	Meets symptom criteria	Positive test result with rapid or PCR test	Negative test result with a PCR test
Isolation and quarantine guidance	Isolate. Get medical advice. Test – PCR recommended	Isolate for 10+ days. Symptom-based strategy <ul style="list-style-type: none"> <li>• Fever free for 24 hours without use of fever-reducing medications; and</li> <li>• Symptoms have improved; and</li> <li>• 10 days since symptoms first appeared.</li> </ul>	<ul style="list-style-type: none"> <li>• Fever free 24 hours without use of fever-reducing medications; and</li> <li>• Symptoms improved (back to usual health).</li> </ul>
Return to child care	Attestation form is signed stating that the criteria for return to child care have been met. A parent/guardian should sign for a minor.	Attestation form is signed stating that the criteria for return to child care have been met. A parent/guardian should sign for a minor.	Attestation form is signed stating that the criteria for return to child care have been met. A parent/guardian should sign for a minor.
Close contacts	No action.	Quarantine from last date of exposure.  See page 68 for guidance on when a close contact may be exempt from quarantine.	No action.

# **Additional Resources for Administrators, Teachers, Parents/Guardians and Children**

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# Daily Checklist for Administrators/Supervisors, Staff, & Parents/Guardians



## Administrators/Supervisors of child care

- ☐ Ensure that you are wearing **face coverings that cover the nose and mouth** and maintaining **at least six (6) feet** from all employees/visitors.
- ☐ Ensure that **self-attestation form** for symptom screening is posted in a visible area.
- ☐ Conduct **verbal screening** of children and staff for symptoms upon drop off. Temperature checks are recommended, but not required.
- ☐ Ensure that children/staff remain in their consistent groups, and each group is **physically distancing** (each consistent group should be separated with a wall, divider or partition) from others.
- ☐ Ensure all play areas/rooms have been **thoroughly cleaned** in adherence to CDC guidelines.
- ☐ Monitor children/staff for symptoms.
- ☐ Ensure **hand hygiene** (hand washing, hand sanitizer available).
- ☐ When not in the childcare setting, follow State recommendations on physical distancing, wearing face coverings, and limiting attendance at social gatherings or large gatherings.



## Staff

- ☐ Ensure that you are wearing **face coverings that cover the nose and mouth** and maintaining **at least six (6) feet** from all employees/visitors.
- ☐ Conduct **verbal screening** of children for symptoms upon drop off.
- ☐ Ensure that children/staff remain in your consistent group, and you are **physically distancing** (each consistent group should be separated with a wall, divider or partition) from other groups.
- ☐ Monitor children/staff within your consistent group for symptoms.
- ☐ Ensure **hand hygiene** (hand washing, hand sanitizer available).
- ☐ When not in the child care setting, follow State recommendations on physical distancing, wearing face coverings, and limiting attendance at social gatherings or large gatherings.



## Parents/Guardians

- ☐ Screen child for symptoms using self-attestation form or app prior to leaving home:
  - ☐ If child fails screening, communicate with child care immediately, keep child home and seek medical advice.
  - ☐ If child passes screening, take child to child care but continue to monitor for symptoms.
- ☐ Ensure that you are wearing **face coverings that cover the nose and mouth** and maintain **at least six (6) feet** from all employees/ other parents or guardians upon drop off.
- ☐ Ensure that you comply with **enhanced drop-off and pick-up protocols** established by the child care provider and in adherence with DHS COVID-19 Child Care Licensing Regulations.
- ☐ Ensure **hand hygiene** (hand washing, hand sanitizer available).
- ☐ When not in the child care setting, follow state recommendations on physical distancing, wearing face coverings, and limiting attendance at social gatherings or large gatherings.

# Resources for Educating Teachers, Parents/Guardians, and Children

Resource	Source	Overview of contents	Link to access
Talking with children about Coronavirus Disease 2019	CDC	Recommendations to help adults have conversations with children about COVID-19	<a href="https://cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html">cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html</a>
Key Messages and Actions for COVID-19 Prevention and Control in Schools, March 2020	UNICEF, WHO	Guidance for operations of education facilities including educational checklists for school administrators, teachers/staff, parents/guardians and students/children	<a href="https://who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4">who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4</a>
Toolkit for Parents and Teachers	Department of Health Promotion Science, University of Arizona	Teaching resources/information sheets for parents, teachers, administrators and CDC Health Promotion Materials	<a href="https://publichealth.arizona.edu/news/2020/covid-19-communication-toolkit-parents-and-teachers">publichealth.arizona.edu/news/2020/covid-19-communication-toolkit-parents-and-teachers</a>
Communicating with Children During the COVID-19 Outbreak	Michigan Department of Health and Human Services	Guidelines and resources catered to families to promote healthy and comforting conversations between children and parents/guardians	<a href="https://michigan.gov/documents/coronavirus/Talking_with_kids_about_COVID_FINAL_685791_7.pdf">michigan.gov/documents/coronavirus/Talking_with_kids_about_COVID_FINAL_685791_7.pdf</a>
Child care guidance during COVID-19 Outbreak	CDC	Guidance for child care programs that remain open	

# RIDOH and DHS Resources

Resource	Source	Overview of contents	Link to access
RIDOH COVID-19 Information	Rhode Island Department of Health	General information on COVID-19 in RI	<a href="https://health.ri.gov/covid/">health.ri.gov/covid/</a>
RIDOH COVID-19 Data	Rhode Island Department of Health	Numbers and trends of COVID-19 in RI	<a href="https://ri-department-of-health-covid-19-case-data-rihealth.hub.arcgis.com/">https://ri-department-of-health-covid-19-case-data-rihealth.hub.arcgis.com/</a>
COVID-19 testing in Rhode Island	Rhode Island Department of Health	Who should get tested for COVID-19 and locations for testing throughout RI	<a href="https://health.ri.gov/covid/testing/">health.ri.gov/covid/testing/</a>
DHS COVID-19 Information	Rhode Island Department of Human Services	Professional Development: Re-Opening Child Care//Reapertura de Cuidado Infantil	<a href="https://dhs.ri.gov/programs-and-services/child-care/child-care-providers">dhs.ri.gov/programs-and-services/child-care/child-care-providers</a>
RIDOH COVID-19 Information for Parents, Schools, and child care	State of Rhode Island	Resources and links to materials for parents of children in school or child care	<a href="https://covid.ri.gov/public/parents-schools-and-child-care">covid.ri.gov/public/parents-schools-and-child-care</a>

# Questions? Contact Us!

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- **Email** the COVID-19 Child Care Team at [RIDOH.COVIDChildcare@health.ri.gov](mailto:RIDOH.COVIDChildcare@health.ri.gov):
  - Please leave a call-back number in your email.
  - The inbox is monitored during business hours only. If you send a message after business hours, your message will be received the next business day.
- **Call** the COVID-19 info line at **401-222-8022**.