Outbreak Response Protocols: Child Care

Guidance for COVID-19 Outbreak response in child care settings

Version 2.5: July 6, 2022
<table>
<thead>
<tr>
<th>Summary of Changes to the Playbook</th>
<th>Page 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of the Playbook</td>
<td>Page 4</td>
</tr>
<tr>
<td>Outbreak Management</td>
<td>Page 5</td>
</tr>
<tr>
<td>COVID-19 Best Practice</td>
<td>Page 8</td>
</tr>
<tr>
<td>COVID-19 Fundamentals</td>
<td>Page 12</td>
</tr>
<tr>
<td>COVID-19 Vaccination and Testing</td>
<td>Page 15</td>
</tr>
<tr>
<td>Infectious and Isolation Periods for COVID-19</td>
<td>Page 21</td>
</tr>
<tr>
<td>Quarantine</td>
<td>Page 25</td>
</tr>
<tr>
<td>Monitor to Stay</td>
<td>Page 29</td>
</tr>
<tr>
<td>Test to Stay</td>
<td>Page 31</td>
</tr>
<tr>
<td>Isolation and Quarantine Guidance for Household Members</td>
<td>Page 36</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>Page 40</td>
</tr>
</tbody>
</table>
Summary of Changes to the Playbook

Version 2.5 (July 6, 2022)

New

- Vaccine information for children ages 6 months – 4 years (Slide 17)

Updated

- Testing in your community and testing at home (Slides 18-19)
- Quarantine approaches for close contacts (who aren’t exempt)
- State support for testing supplies (Slide 40)
Use 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 practices, science, data, experience, and resources.

• Child care providers may have policies that are more strict than State requirements and RIDOH recommendations.

• In the event of an outbreak, in addition to this resource, **RIDOH and DHS Child Care Licensing Unit will support you throughout the process.**
Outbreak Management
Reporting Cases to the Child Care Team

In order to help us follow up quicker, when you’re reporting a positive case, please send the following information to RIDOH.covidchildcare@health.ri.gov in a [send secure] email or report by phone to 401-222-8022.

• Name and Date of Birth (DOB) of the positive case;
• Testing date and test type (rapid, PCR, self-test);
• Symptom onset date, if symptomatic, or note “asymptomatic”;
• Positive case’s last date on site;
• Name(s) of classroom impacted;
• Number of students/staff exposed;
• If you require more urgent follow up, please note in your email and leave the best phone number to reach you.
Responding to Children and Staff with Symptoms

COVID-19 symptom protocols should be included in existing child care illness policies. Child care programs maintain the ability to choose the best COVID-19 symptom policy for their community.

RIDOH recommends that students and staff who come to child care with symptoms or develop symptoms while in care should:

• Be asked to wear a well-fitting mask while in the building (if age 2 and older); and

• Get tested for COVID-19 at child care or sent home and encourage to get tested.
  • If the test result is positive, isolate* and send children and staff home; or
  • If the test result is negative, use clinical judgment to decide how to respond to the symptoms in line with illness policies (e.g., children and staff who have fevers or are vomiting should be sent home).

*Child care programs should establish a flexible space which can be used for isolation when needed.
COVID-19 Best Practice: Prevention Strategies by COVID-19 Community Levels
COVID-19 is now a preventable, treatable disease. This changes how we understand the risk for our communities.

- CDC COVID-19 Community Levels are a risk assessment tool which helps communities understand their level of risk based on the latest data.

- Levels can be low, medium, or high.

- Levels determined by looking at
  - Hospital beds being used;
  - Hospital admissions; and
  - Total number of new COVID-19 cases in an area.
**RIDOH recommends child care programs consider the following strategies when COVID-19 Community Level is:**

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Promote staying up to date with COVID-19 vaccine;</td>
<td>• Promote staying up to date with COVID-19 vaccine;</td>
<td>• Promote staying up to date with COVID-19 vaccine;</td>
</tr>
<tr>
<td>• Optimize ventilation;</td>
<td>• Optimize ventilation;</td>
<td>• Optimize ventilation;</td>
</tr>
<tr>
<td>• Ensure sick policies include isolation and quarantine protocols, and</td>
<td>• Maintain isolation and quarantine protocols, and</td>
<td>• Implement isolation and quarantine protocols, and</td>
</tr>
<tr>
<td>• Offer Monitor to Stay; and</td>
<td>• Offer Monitor to Stay; and</td>
<td>• Offer Test to Stay, and</td>
</tr>
<tr>
<td>• Provide/plan to ensure access to testing including:</td>
<td>• Provide/plan to ensure access to testing including:</td>
<td>• Provide/plan to ensure access to testing including:</td>
</tr>
<tr>
<td>• Symptomatic testing;</td>
<td>• Symptomatic testing;</td>
<td>• Symptomatic testing;</td>
</tr>
<tr>
<td>• Testing contacts exposed at child care; and</td>
<td>• Testing contacts exposed at child care; and</td>
<td>• Testing contacts exposed at child care; and</td>
</tr>
<tr>
<td>• Capacity to offer screening testing when at medium or high levels.</td>
<td>• Screening testing for high-risk activities such as extracurriculars, returning from breaks, and those serving children who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromised or complex medical conditions.</td>
<td>• Screening testing for high-risk activities such as extracurriculars, returning from breaks, and those serving children who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromised or complex medical conditions.</td>
</tr>
</tbody>
</table>

Providers should ensure strategies to promote **hand hygiene**, **symptom monitoring**, and **staying home when sick** are included in policies and protocols to effectively manage all infectious diseases. Providers should take extra steps to protect people who are **immunocompromised**.
COVID-19 spreads mainly through close contact with someone who is infected. People who are infected but don’t show symptoms can also spread the virus to others.

The best ways to prevent illness and death are to get vaccinated and avoid being exposed to the virus.

Find up-to-date information at covid.ri.gov.
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

[cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html]
COVID-19 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.

- If a child or staff has new onset of COVID-19 symptoms that require staying home or dismissal from child care, they should stay home and get tested.

- If the antigen or PCR test result is negative and symptoms are consistent with diagnosed allergies, asthma, or other chronic health conditions, then the individual may return to child care after being fever-free for 24 hours without the use of fever-reducing medicine.

- If the individual has a new additional COVID-19 symptom or worsening symptom(s) then they should be sent home, get medical advice, and get tested if required by the child care.

[Diagram showing overlapping symptoms of COVID-19 and seasonal allergies]

COVID-19 Vaccination and Testing
COVID-19 Vaccine Quick Tips

COVID-19 vaccines, including boosters, are recommended for everyone age 5 and older. For some groups of people, second boosters are also authorized and recommended.

• Everyone should stay up to date with their COVID-19 vaccines. This means getting all recommended COVID-19 vaccines, including a booster dose when eligible:
  • Find COVID-19 vaccine recommendations by age in this chart.
  • Find COVID-19 vaccine recommendations for people who have weakened immune systems in this chart.
• Please visit RIDOH’s website for other COVID-19 Vaccine Frequently Asked Questions.
COVID Vaccines Authorized for Children 6 Months and Older

As of July 1, COVID-19 vaccinations are integrating into traditional channels, including primary care health-settings (pediatricians, federally qualified health centers, etc.). For more information, visit C19VaccineRI.org.

- Find important information about COVID-19 vaccine for children 6 months to 4 years old in this one-pager.
- Most healthcare providers including federally qualified health centers offer COVID-19 vaccinations to children 6 mos. to 18 years as of June 2022.
  - Most pharmacies will vaccinate children as young as 3.
  - CVS Minute Clinics will vaccinate children as young as 18 mos.
  - People who want to get vaccinated or boosted should call their healthcare providers or use other options available at C19VaccineRI.org, such as retail pharmacies, and Vaccines.gov.
How to Get Tested for COVID-19 in Your Community

There are many ways to get tested for COVID-19 in Rhode Island. Find the location most convenient for you at covid.ri.gov/testing.

Child care participants are encouraged to get tested as needed through

• Testing at their child care program;

• Health Care Provider, Primary Care Provider, and Pediatrician;

• Respiratory Clinics or Urgent Care Centers;

• Retail Pharmacies (e.g., CVS, Walgreens, etc.);

• There are places in Rhode Island that offer free testing for people who don’t have insurance. Federal programs, like the Increased Community Access to Testing (ICATT) Program or the Test to Treat Program offer free testing for everyone.
How to Test for COVID-19 at Home

• Self-tests are available at local pharmacies, online retailers, and from the federal government.
  • Everyone can order free test kits online monthly by visiting covid.gov.tests

• The US Food and Drug Administration (FDA) has not approved/authorized over-the-counter rapid antigen test for use in children younger than age 2. However, off-label use of antigen self-test kits may be used for children younger than age 2 for post-exposure, surveillance, and symptomatic testing. Parents or guardians can administer self-tests themselves per the manufacturer instructions and check in with their pediatricians for more information.

• Find more information about what to do when using a self-test at home at portal.ri.gov/s/self-test.

• Videos on how to accurately and safely perform a self-test swab kit is available here.

• Positive self-test results should be reported to RIDOH at portal.ri.gov/covidtestresults.
How Can I Access Test Results?

- 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.

- What you need to access your test results:
  - Name;
  - Date of Birth; and
  - Date of Testing Appointment.

  - *Note: You need to include a valid cell phone number or email address when you schedule the appointment in order to access results in the portal.*

- **COVID-19 Test Result Portal User Guide** is available if you need assistance.

- If you were tested at a medical office, retail pharmacy, your workplace, or in school, contact the location where you were tested for a copy of your result if you cannot access your results through the portal.
Infectious and Isolation Periods
What Is the Infectious Period for COVID-19?

- **Symptomatic Cases are infectious:**
  - Two (2) days prior to symptom onset until up to 10 days after symptom onset.

- **Asymptomatic Cases are infectious:**
  - Two (2) days prior to testing (the date the swabbing was conducted) until up to 10 days after the date of testing.
Isolation Guidance

• Isolation is for the ill or infected. Individuals who test positive for COVID-19 must isolate for at least 5 full days (ending on day 6) if they are asymptomatic or until they’ve been fever-free for 24 hours without fever-reducing medication and their symptoms have improved.

  • Continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through 10) to minimize the risk of infecting others. Face masks should not be worn by children if they are under 2 years old.

    • If unable to mask around others, you should isolate for a full 10 days.

• If you develop symptoms after testing positive, your 5-day isolation period should start over. Day 0 is your first day of symptoms.

• Find more information in RIDOH's isolation and quarantine by population guidance. Please refer to this letter that provides detailed isolation guidance which can be shared with child care staff and families: linked here.
Isolation Guidance - Immunocompromised

People who are severely ill with COVID-19, including those who were hospitalized and people with compromised immune systems might need to isolate at home longer.

- CDC recommends an isolation period of at least 10, and up to 20 days, for people who were severely ill with COVID-19 and for people with weakened immune systems.
  - Consult with your healthcare provider about when you can resume being around other people.
- People who are immunocompromised should talk to their healthcare. Take extra precautions such as wearing a mask in crowded public areas.
  - Consider Evusheld: [Evusheld Patients, Parents, and Caregivers FS 06292022 (fda.gov)]
  - Stay up to date with vaccines
How Is a Close Contact Defined?

A Close Contact is an

- 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 Guidance

Children and child care staff that are close contacts and are not **up to date with their vaccines** should follow the **updated CDC guidance for quarantine**. CDC and RIDOH recommend that people quarantine for at least 5 days from the last exposure and

- Wear a high-quality, well-fitting mask for 5 more days (days 6-10). For those who are unable to mask, the safest option remains a 10-day quarantine.

- If possible, they should get tested on day 5.

- Child care providers maintain the ability to implement a stricter quarantine policy. This should be reflected in the child care program’s sick policy.

- **Travel:** While there is no law requiring quarantine after travel, RIDOH strongly recommends that schools following CDC guidance on travel quarantine as the best public health practice. Find more information in RIDOH’s travel information portal.

**Individuals that are up to date with their vaccines or that tested positive for COVID-19 in the last 90 days are exempt from quarantine.**
### Child Care Quarantine Approaches for Close Contacts (Who Aren’t Exempt)

Programs have the flexibility to decide what strategies work best for their communities based on the [COVID-19 Community Level](#). Programs may pivot to different strategies as conditions change.

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High or if a program identifies an outbreak*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and staff who aren’t symptomatic, can attend child care and follow the <strong>Monitor to Stay</strong> protocol:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screen for symptoms for 5 days after date of exposure;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If possible, wear high-quality, well-fitting masks (if age 2 and older) for <strong>10 days</strong>; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Get tested on day 5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ This approach has greater risk of transmission but is easier to implement. The safest option remains a 10-day quarantine.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Children and staff who aren’t symptomatic can attend school and follow the **Test to Stay** protocol: |
| • Test negative, providers can choose to implement testing either: |
| • On days 2 and 5 after exposure; or |
| • Daily for 5 days after exposure; and |
| • Wear high-quality, well-fitting masks for **10 days**. |
| ➢ This approach has lower risk of transmission but requires more staff and testing resources. The safest option remains a 10-day quarantine. |

Individuals should continue to self-monitor for symptoms and wear well-fitting masks for an additional 5 days following the MTS or TTS protocol (days 6-10).
Monitor to Stay (MTS)

Modified Quarantine Approach
During Periods of Medium or Low Risk
Overview of Monitor to Stay

RIDOH recommends child care programs use the Monitor to Stay (MTS) modified quarantine approaches when the COVID-19 risk level is **medium** or **low**.

Staff and children who don’t have symptoms and aren’t exempt from quarantine may participate in MTS if identified as a close contact when the risk level is **low** or **medium**. They should

- Screen for all symptoms of COVID-19 daily, attest that they don’t have symptoms (using the child care’s screening protocol), and wear high quality, well-fitting masks for 10 days;
- Quarantine at home when they’re not in child care; and
- Get tested on day 5.
- If someone in MTS develops COVID-19 **symptoms**, they should **isolate** at home and get tested for COVID-19.

*The safest option remains a 10-day quarantine.*
Test to Stay (TTS)

Modified Quarantine Approach During Periods of High Risk
Overview of Test to Stay

RIDOH recommends child care programs use Test to Stay (TTS) modified quarantine when the COVID-19 risk level is high.

- **Staff and children** who don’t have symptoms and aren’t exempt from quarantine may participate in TTS when identified as a close contact. They
  - May attend child care if they **test negative on a self-test at home each morning**;
  - Providers can choose to implement testing either on days 2 and 5 after exposure; or daily for 5 days after exposure;
  - **Quarantine at home** when they’re not at child care; and
  - **Mask for 10 days** from last exposure.
- If someone participating in TTS develops COVID-19 **symptoms**, they should **isolate** at home and get tested for COVID-19.

*The safest option remains a 10-day quarantine.*
Test to Stay – Testing Protocol

Child care programs that plan to implement TTS should incorporate the protocol into the child care program's policies as an optional program and have parents/guardians and staff sign up to participate.

Child care TTS protocol:

1. The child care program learns of a positive COVID-19 case that attended child care while infectious.

2. The program notifies staff, families, and the RIDOH COVID-19 Child Care team of the positive case and last date of exposure.

3. Children and staff who are considered close contacts, are asymptomatic, and not up to date with their vaccine should receive enough self-tests from the child care program to allow them to test at home each morning for either days 2 and 5 or for 5 days from last exposure.
4. Parents/guardians or staff should swab their child/self with the self-test each morning at home before attending child care. If the result is

• **Negative**, then parent/guardian or staff should attest to the result following the procedure decided by the provider (e.g., verbal attestation, test tracker, picture of the result, etc.); or

• **Positive**, then the staff or child must isolate at home for at least 5 days. Staff or parents/guardians must notify the child care provider of the result. **Please report positive self tests to RIDOH here.**
  - In the case that another person tests positive, TTS should be reset from the last date of exposure from the new case.

5. The child/staff may continue to attend child care with a negative test. They should be monitored throughout the day for symptoms.

6. RIDOH recommends that all people participating in TTS wear a well-fitting mask while at child care.
State Support for Testing Supplies

Rhode Island will support child care programs with free test supplies for post exposure, symptomatic testing, or TTS through the Fall of 2022 while supplies last. Providers should proactively plan for TTS at their program before the exposures happen.

Child care programs should prepare for implementing TTS by

1. Reviewing all relevant Test to Stay guidance in the Child Care Playbook;

2. Communicating with families about TTS and promoting consent forms. Programs may
   • Send a letter to families.
   • Gather consent forms for participation. These should be on file before implementation to ensure that families understand that they must test their children and report the results each day of the quarantine period.

3. Request tests via the portal here

4. Rhode Island Association for the Education of Young Children (RIAEYC) will be in contact about getting the tests out to programs. Please call 401-739-6100 for support.
Quarantine and Isolation Within the Household
Isolation Within the Household

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 Household Contacts

<table>
<thead>
<tr>
<th>Quarantine for household contacts who CANNOT separate</th>
<th>Quarantine for household contacts who CAN separate</th>
</tr>
</thead>
</table>
| • Household members who **aren't exempt** must quarantine while the infected individual is in isolation, **then** start their own 5-day quarantine.  
  • Last day of isolation for the case is the last day or exposure (Day 0) for the household members.  
  • End of isolation is 5 days after symptom onset or swab date if asymptomatic, **AND**  
  • Fever-free for 24 hours without fever-reducing medication, **AND** symptoms are resolving.  
  • If on day 5, the symptom criteria are not met, the case should continue to isolate.  
  • If possible, get tested on day 5; and  
  • Continue to wear a high-quality, well-fitting mask for 5 additional days. | • Household members who **aren't exempt** should start their 5-day quarantine from the date of last exposure to the infected household member (called Day 0).  
  • Day 0 is the last day the household member and the infected household member shared living space;  
  • Spent time together in the same rooms; and  
  • Were closer than six feet for more than 15 minutes or more during a 24-hour period. |
FAQ: What is the Guidance for Siblings to Return to Child Care if One Sibling is Positive?

- Siblings should quarantine for at least 10 full days (ending day 11).
  - This includes at least 5 full days during the isolation period for the person with COVID-19 and 5 full days of quarantine after the last date of exposure.
  - For example, if a child age 2 tested positive for COVID-19 and has a sibling age 3 and both attend the same child care
    - The child with COVID-19 could return to child care after isolating at least 5 full days (ending day 6); and
    - The child who was exposed at home could return to child care after at least 10 full days of quarantine (ending on day 11).
Additional Resources for Administrators, Teachers, Parents/Guardians, and Children
Dear Parents and Guardians of [name of program],

On [date], our program was notified that a person in the [name of classroom] classroom tested positive for COVID-19. We worked closely with staff to determine who had close contact with the person. A close contact is defined as a person who was within 6 feet of an infected person (with or without a mask) for at least 15 minutes.

Your child was in close contact with the person who tested positive. The last day of exposure was [date].

- According to our sick policy, children and staff that were exposed to someone with COVID-19 must [insert COVID-19 sick policy- quarantine for 5 days, opt in for Test to Stay, Monitor to Stay, etc.] (*insert specifics to policy decision (i.e., must mask, must test on day 5, must pass symptom screening, etc.).

We reserve the right to implement quarantine policies that are stricter than the RIDOH recommendations. These policies are communicated in our program’s sick policy.

Your child should be tested on [insert test date], which is day 5 from last exposure. Options for testing can be found at covid.ri.gov/testing or on page 18 & 19 of the Playbook.

Per RIDOH recommendations, anyone with symptoms of COVID-19 should stay home, notify the childcare program of their symptoms, contact their healthcare provider, and get tested for COVID-19. Symptoms of COVID-19 include cough, fever and chills, muscle and body aches, headache runny nose, sore throat, nausea or vomiting, diarrhea, fatigue, and recent loss of taste or smell. For information about COVID-19, visit: https://health.ri.gov/covid/.

Sincerely,

[name of program]
# RIDOH and DHS Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Source</th>
<th>Overview of contents</th>
<th>Link to access</th>
</tr>
</thead>
</table>
| Child care guidance from the CDC | CDC | Operational guidance for child care programs | [Operational Guidance from CDC](https://www.cdc.gov/)
| 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 | [covid.ri.gov/public/parents-schools-and-child-care](covid.ri.gov/public/parents-schools-and-child-care)
| Behavioral Health Emergency Plan for Youth & Families | State of Rhode Island | Resources to support families in the event of a behavioral health emergency | [Link to Behavioral Health Crisis Plan](https://covid.ri.gov/public/behavioral-health-emergency-plan-for-youth-families/)

---

**Source:** Overview of contents

**Link to access:**

[Operational Guidance from CDC](https://www.cdc.gov/)


[dhs.ri.gov/programs-and-services/child-care/child-care-providers](dhs.ri.gov/programs-and-services/child-care/child-care-providers)

[covid.ri.gov/public/parents-schools-and-child-care](covid.ri.gov/public/parents-schools-and-child-care)

[Link to Behavioral Health Crisis Plan](https://covid.ri.gov/public/behavioral-health-emergency-plan-for-youth-families/)
Questions? Contact Us!

- **Email** the COVID-19 Child Care Team at RIDOH.COVIDChildcare@health.ri.gov:
  - Please leave a call-back number in your email.
  - The inbox is monitored during business hours only (Monday – Friday 8:30 a.m. – 4:30 p.m.) 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.