COVID-19 Recommended Protocols and Guidelines
for EEC Licensed Child Care Programs

January 2022

Department of Early Education and Care

Introduction

Letter to Child Care Programs & Educators

The Department of Early Education and Care (EEC) recognizes the challenges in operating a robust, high-quality early care and education program during a global pandemic. These *Protocols and Guidelines* are aimed to support educators, program administrators and families navigate the local decision making necessary when a child or staff member gets sick. While reviewing these *Protocols and Guideline*, please keep in mind the following:

- The Department of Early Education and Care (EEC) and the Department of Public Health (DPH) continue to review these protocols, and asses necessary implementation supports in response to the evolving COVID-19 pandemic. Updates to the *Protocols and Guidelines* will be communicated by email to all EEC stakeholders with edits/additions/redactions, as needed.

- EEC recommends that you follow these protocols and guidelines to respond to cases within your programs. If additional guidance is necessary, please work with your local boards of health (LBOH) or DPH for additional health-related guidance. Individuals are encouraged to reach out to their health care provider for any additional health-related guidance. LBOH or DPH may dictate protocols beyond what is outlined in these slides based upon the clinical judgment of their epidemiologists and transmission risk.

- EEC strongly discourages programs from adopting more stringent exclusionary policies than those provided by DPH/CDC. The program's policies must be reflected in the program's policies/handbook and adhere to EEC Regulations. Programs should work with families to provide updated information on program policies for isolation, quarantine, and any other strategies for the program to remain healthy, safe and operational.

- These *Protocols and Guidelines* reference the use of COVID-19 rapid antigen tests for children and staff/educators. Currently, EEC is working to procure and distribute rapid antigen tests for distribution to child care programs. Programs or families who independently obtain these tests are encouraged to use these protocols when administering the rapid antigen tests at their programs. EEC cannot advise on tests or COVID-19 cases. All questions regarding implementation of testing or test results should be directed to qualified public health professionals.

Purpose of the Recommended Protocols and Guidelines

- These *Protocols and Guidelines* provide recommended guidance on how to respond if a child or staff member is exhibiting a symptom of COVID-19 or tests positive for COVID-19. EEC encourages child care programs to include these *Protocols and Guidelines*, specifically those around COVID-19 symptoms, into their existing child care illness policies.

- The goal of these *Protocols and Guidelines* are to support child care programs in implementing best practices for public health response to prevent COVID-19 transmission. EEC partnered with DESE and DPH to design recommended protocols that are aligned and consistent with guidance to K-12 schools. Please recognize that there may be necessary differences due to the individual circumstances of each setting. That said, these protocols are aimed to reflect the CDC guidance for both schools and child care programs.

- The information shared in this document assumes that child care programs and parents/guardians are complying with current DPH guidelines, EEC 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.

Provider Inquiries & COVID-19 Reporting Requirements

Child care program administrators and educators are encouraged to contact their Local Boards of Health if they need support in managing COVID-19 exposures within their program. Please be advised: EEC licensors are not public health experts and cannot provide advice regarding COVID-19 cases and/or suspected transmission.

Programs are recommended to search for their Local Board of Health online via a reliable search engine such as Google.

Depending upon the nature (purpose) of a provider's inquiry, EEC offers the following resources for support and navigation:

Agency	Purpose of Inquiry	Email	Phone
Department of Early Education & Care	EEC regulatory questions, support with reopening & navigation of services	Office.Commissioners@mass.gov	Contact your licensor or regional licensing office for support: Locations	Mass.gov
Department of Public Health	Assistance with infectious disease response (including COVID-19.)	Childcare.Covid19@mass.gov	Epidemiologist Line: 617-983-6800 (this line is operational 24/7)

As a reminder, EEC-affiliated programs are required to submit an Incident Report in LEAD on all COVID-related incidents that impact program operations. EEC's Policy for COVID-19 Reporting can be accessed here.

Glossary

Term	Definition
Asymptomatic	Refers to a person who does not have any symptoms
CDC	Centers for Disease Control & Prevention
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 **OR** has had unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period. Please see slide 38 for exclusions to the "close contact" definition.
Community transmission	Or community spread, is when public health professionals cannot specify an origin for an infection, such as tracing it to specific travel or contact with a specific individual.
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, in accordance with CDC guidelines, is assigned to a discrete group and each group is advised to physically distance themselves from other consistent groups. Childcare centers may have multiple consistent/stable groups, while family childcare 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
DPH	Massachusetts Department of Public Health
EEC	The Department of Early Education and Care
Infectious Disease	A disease (such as influenza, COVID-19, malaria, meningitis, rabies or tetanus) caused by the entrance into the body of pathogenic agents or microorganisms (such as bacteria, viruses, protozoans, or fungi) which grow and multiply there.

Glossary, continued

Term	Definition
LBOH	Massachusetts Local Boards of Health
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. A person isolates when they have been infected with the virus, even if they don't have symptoms.
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 . A person quarantines when they might have been exposed to the virus and may not have been infected.
DPH	Massachusetts Department of Public Health
Screening	Monitoring individuals for symptoms of infectious disease, including but not limited to, COVID-19
Symptomatic individual	Individual who is showing the symptoms or signs of COVID-19 according to <u>CDC guidelines</u>

Expectations & Utilization of the Recommended Protocols and Guidelines

These *Recommended Protocols and Guidelines* are designed to serve as a resource for child care providers, educators, and families to outline the most current guidelines and best practice recommendations to help prevent the spread of infectious diseases, including but not limited to COVID-19.

Clarification on terminology:

– **Requirements**: policies or behaviors that **must** be followed; Requirements may be a federal law, a State Regulation, a Governor's Executive Order or a Commissioner of Public Health Order.

– **Recommendations:** policies or behaviors that **are recommended**; Recommendations are based on best practice, science, data, experience, and resources.

EEC Regulations and Policies are requirements. The Recommended Protocols and Guidelines outlined throughout this document should serve as recommendations, unless otherwise noted. Important to note: as private entities, child care programs may have individual policies that differ from what is recommended in this document, unless otherwise noted. EEC discourages programs from adopting guidance that keeps children out of care for periods longer than what is recommended in these protocols and endorsed by DPH/CDC guidance.

Mitigation Strategies to Prevent Forward Transmission of COVID-19

The Commonwealth of Massachusetts ended its State of Emergency on June 15, 2021. Therefore, on May 29, EEC retired both the *Minimum Requirements for Health and Safety* and the *COVID-19 Child Care Playbook* and eliminated all COVID-specific requirements for child care.

The Response Protocols represented in this document supplement the *Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs* published by EEC in May 2021. These are EEC resources and recommendations, not requirements.

A summary of EEC's Suggested Strategies are listed below. Providers/educators are strongly encouraged to re-review the Suggested Strategies in its entirety to inform program policies and protocols with regards to infection control.

- Monitor for symptoms and stay home when sick or if exposed to a COVID-19 positive individual
- Have a clear, consistent visitor policy
- Increase ventilation and circulation of fresh air
- Promote physical distancing and smaller groups when indoors
- Promote frequent hand hygiene

EEC Mask Policy, Effective 9/2/21- Present

Effective September 7, 2021, all individuals (adults and children five years of age and older) are required to wear masks in EEC licensed and approved programs. Mask wearing is strongly recommended for children ages two-five and is at the discretion of the parent/family. View EEC's policy on Mask Usage in EEC Child Care Programs here.

By federal public health order, all children over the age of two and staff are required to wear masks on child care transportation at this time. This order does not apply to those with a disability who cannot wear a mask or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 er seq.)

The CDC offers guidance for mask usage here. It is not recommended that children of any age wear masks outdoors.

Additional CDC guidance for mask wearing, including visuals, can be accessed here.

Quick Tips for Mask Wearing

DO choose masks that

Have two or more layers of washable, breathable fabric

Completely cover your nose and mouth

Fit snugly against the sides of your face and don't have gaps

Have a nose wire to prevent air from leaking out of the top of the mask

EEC PPE Distribution

PPE distribution is available to support in-person operations for child care programs. EEC licensed and approved programs are eligible to receive monthly PPE orders delivered to their sites and should request these supplies on their LEAD portal.

Note: FEMA has committed to reimbursing all states for PPE costs through April 2022.

The categories of PPE distributed monthly by EEC's vendor; West Med include:

➢ Gloves

➢ Bleach

➢ Disinfectant wipes (400 wipes)

➢ Adult Masks

➢ Child Masks

Stable Groups and Cohorting

EEC Recommendation: To prevent transmission of COVID-19 and limit the number of close contacts identified as a result of a positive COVID-19 case, EEC recommends that programs create distinct groups of children (cohorts) that stay together throughout the entire day and minimize contact with other groups as much as possible. This will reduce the risk of classroom closures due to quarantine protocols.

Within child care programs, this can be accomplished by creating discrete "stable groups" and assigning groups of children with specific educator(s) and minimize co-mingling.

The CDC defines "cohorting" as keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as with young children, and in communities with moderate-to-high transmission levels.

Cohorting is one of the most effective strategies in preventing transmission of COVID-19 and other infectious diseases. Limiting the number of individuals (children and educators) who come into contact with one another throughout the day will result in less individuals who need to be quarantined in case of a positive case.

Cohorting/Stable Group Methodology, Example

Scenario 1: classroom is 1 large cohort
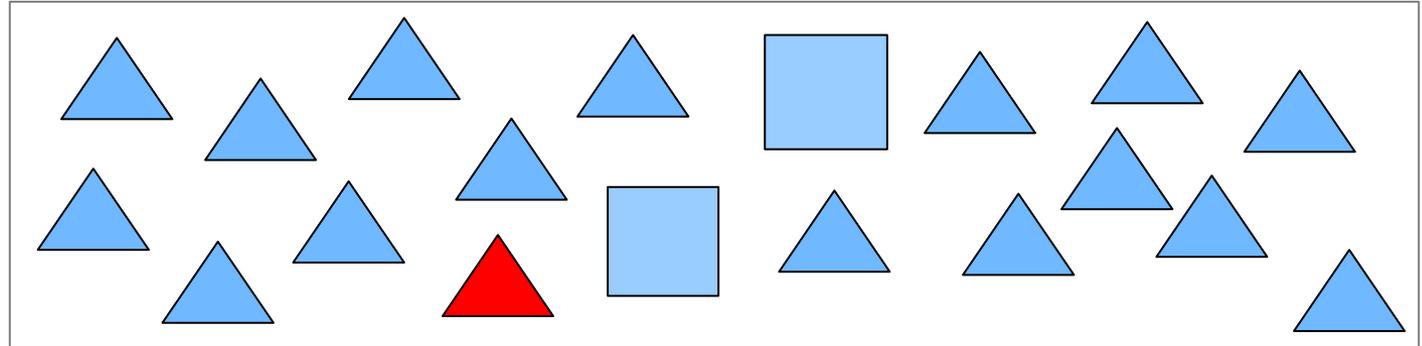
Scenario 2: 2 discrete cohorts within a classroom
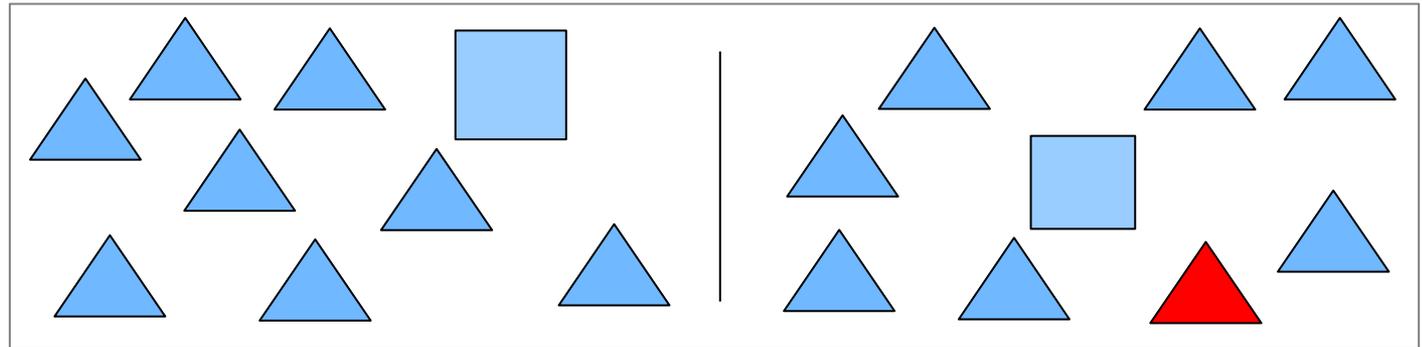
Both scenarios represent one classroom with 16 children.
In the first scenario, this one positive case would result in 15 other children and 2 staff/educators being named as close contacts. If unvaccinated, all individuals would be placed on quarantine.
In the second scenario, the program cohorted children into two stable groups, assigning each to their own specific educator. The one positive case only results in 1 educator and 7 other children being quarantined.

▢ = staff   🔺 = COVID positive child   🔺 = COVID negative child

Symptom Management

Commonwealth Guidance for COVID-19 Symptom Management in Education Settings

EEC **strongly** encourages child care programs to leverage [DESE's Protocols](#) as a guide/foundation when updating their own illness policies and protocols for COVID-19 recovery. While there are distinct differences within the child care settings, consistency at the community-level will promote alignment for families with children who attend both child care and public school.

The **bolded COVID-19 symptoms** below (when they occur alone) should require immediate exclusion from care. The non-bolded symptoms should be managed on a case-by-case basis by the provider and family depending upon the severity, combination of symptoms and child illness policies of the program. Please reference slide 17 for recommended protocols on when the symptomatic individual (staff or child) should be allowed to return to the child care setting.

- **Fever (100.0 degrees Fahrenheit or higher,) child, or shaking chills**
- **Difficulty breathing or shortness of breath**
- **New loss of taste or smell**
- **Muscle aches or body aches**
- Cough (not due to other known cause, such as chronic chough)
- Sore throat, *when in combinations with other symptoms*
- Nausea, vomiting, or diarrhea *when in combination with other symptoms*
- Headache *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

EEC staff cannot provide public health guidance on COVID symptoms.   All questions should be referred to public health or medical professionals.

Quarantine & Isolation for COVID-19

If individual is Symptomatic

- Send the staff member home/excuse the child from the classroom and have them wait in the designated isolation room
    - While symptomatic children wait in the isolation room, ensure they are provided with a mask if they are age 2 or older
- Call the parent or guardian and arrange for the child to go home or administer a rapid test if proper parental consent is obtained
- Inform the staff to get tested and/or the parent to get their child tested with a COVID-19 test (antigen or PCR)
    - Families can also contact their child's healthcare provider for further evaluation
    - If programs or families have access to an at-home, rapid antigen COVID-19 test, testing can be administered by the program and/or family
- Clean, disinfect, and ventilate areas that the ill staff/child occupied
- If tested negative, the staff member/child can stay in childcare if symptoms are mild or return to child care once they have been fever free for 24 hours and symptoms improved, no closure recommended for exposed classroom(s), no quarantine recommended for close contacts.

If an Individual Tests Positive for COVID-19 (Isolate)

- Individual should stay home for 5 days
- After 5 days
    - If they can mask: can go back to care on day 6 (test recommended, but not required)
    - If the individual cannot mask:
        - If individual can test on day 5 or later:
            - When test negative and asymptomatic or symptoms are subsiding: can go back to care the day after negative test, returning to care no later than day 11
            - When test positive, continue isolating until negative test and asymptomatic or symptoms subside through day 10, returning to care no later than day 11
        - If individual cannot test: stay home for a total of 10 days, returning to care on day 11

If an Individual Was Exposed to Someone with COVID-19 (Quarantine)

- Individual should stay home for 5 days
- After 5 days
    - If they can mask: can go back to care on day 6 (test recommended, but not required)
    - If the individual cannot mask:
        - If individual can test on day 5, 6 and 7:
            - When test negative on those three consecutive days and asymptomatic or symptoms are subsiding: can go back to care day 6 provided they continue to test negative before care on day 6 and day 7.
            - When test positive, follow isolation guidance above
        - If individual cannot test: stay home for total of ten days, returning to care on day 11

COVID-19 Vaccination

COVID-19 Vaccine Quick Tips

- The COVID-19 vaccine is safe, highly effective against serious illness, hospitalization and death.

- Because you can become infected and spread the virus to others, once vaccinated please continue to practice good hygiene, wear your mask while indoors in a childcare setting, and get tested if you develop a symptom.

- On November 2, 2021, the Pfizer COVID-19 vaccine was authorized by CDC for children ages five to seventeen. The vaccine is safe, free and effective. You can access additional information about the COVID-19 vaccine for children here.

- For children ages five to eleven, a COVID-19 vaccination consent form is required. Families can access a consent form here.

- Please visit the Massachusetts Department of Public Health website for other Frequently Asked Questions about the Vaccine COVID-19 vaccine frequently asked questions | Mass.gov

- The Commonwealth recommends all educators, staff and eligible children receive a COVID-19 vaccine and booster.

How many doses will be needed for children under 12 years old?

- The Pfizer COVID-19 vaccine for children 5 through 11 years of age is administered in two (2) doses three (3) weeks apart. It is a lower dose (10 micrograms) than vaccines used for individuals 12 years of age and older (30 micrograms.)

Can my child get the flu shot and the COVID vaccination at the same time?

- Yes, your child may get a COVID-19 vaccine and other vaccines at the same visit. Please use this resource to learn more: Getting a COVID-19 Vaccine for Yourself or Your Child | CDC

- Always check with your health care provider for advice specific to the healthy needs of your child.

COVID-19 Vaccine and Immunity– Frequently Asked Questions

When does a person have immunity after vaccination?

- It takes 14 days after the final recommended COVID-19 vaccination dose (two doses of Moderna or Pfizer or one of Johnson and Johnson) 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.

- The CDC and DPH strongly encourage all individuals eligible for the COVID-19 vaccine to receive a booster at least six (6) months after completing your primary COVID-19 vaccination series.

Quarantine Exemption for Fully Vaccinated Persons

Vaccinated persons with an exposure to someone with COVID-19 are <u>not</u> required to quarantine if they meet <u>all of the following</u> criteria:

1. Are **<u>fully vaccinated</u>**, which means it's been more than 14 days since they received two doses of the Moderna or Pfizer or one dose of the Johnson and Johnson COVID-19 vaccine; and

2. Have **<u>remained asymptomatic</u>** since the most recent exposure to COVID-19.

CDC strongly encourages fully vaccinated people to still get tested three to five days after close contact with an infected individual and monitor symptoms. CDC guidance for fully vaccinated persons can be accessed here.

COVID-19 Testing

COVID-19 Testing-- Frequently Asked Questions

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

- No, a <u>symptomatic</u> person should <u>not</u> return until they receive the test results, rapid or PCR.

If I am <u>in quarantine</u> and I get tested, do I need to remain in quarantine while I wait for results?

- Yes. If you are unvaccinated and have been a close contact of someone with COVID-19 and you get tested, you should remain in quarantine while awaiting test results, rapid or PCR. If negative, you will still need to complete a five-day minimum quarantine.

Does a person who tested positive need a negative test to return to child care?

- <u>No</u>. A negative test is not required to return to care. Please refer to page 17 for recommendations on using testing after a positive COVID-19 test.

Will EEC provide free, COVID-19 rapid antigen tests to child care programs?

- At this time, EEC does not currently have a bulk supply of COVID-19 rapid antigen tests to distribute to child care programs. EEC is actively working to identify a procurement vehicle to support robust options for child care programs to access and utilize COVID-19 rapid antigen tests in the future. EEC cannot advise on testing or test utilization. All questions should be referred to public health or medical professionals.

COVID-19 Testing Access & Availability

Testing for COVID-19 is widely available in Massachusetts and critically important to preventing spread of the virus. The Commonwealth of Massachusetts offers free COVID-19 testing for residents. A complete directory of these sites can be accessed here.

In addition, EEC is offering no-cost COVID-19 drive-through testing for the child care community at eight dedicated mobile COVID-19 testing sites available to EEC families (enrolled children and household members) and educators/staff. The testing sites, operated by Visit Healthcare, will provide no-cost PCR tests using a simple lower nose swab. Test results will be sent through a secure online portal in 48 hours or less.

Additional test sites and expanded hours for those existing sites are currently in development.

At this time, EEC does not have access to a bulk supply of COVID-19 rapid antigen tests for child care programs. EEC is actively working to identify resources to support robust options for child care programs to access and utilize COVID-19 rapid antigen tests in the future.

As an additional COVID-19 mitigation layer, EEC has partnered with Neighborhood Villages to offer _asymptomatic, surveillance pool testing_ for EEC-licensed programs across the Commonwealth.

Through this program, early education programs across the state can now test all staff, educators and children (2 years and older) weekly. This is a no-cost pool testing program available to both center-based and family child care providers.

Visit here for more information on the EEC/Neighborhood Villages' Pool Testing Program.

- o EEC will coordinate with Neighborhood Villages to distribute free antigen tests to those enrolled in Neighborhood Villages COVID-19 Testing Program to support programs to stay open and keep children in care. Sign-up up here to get access and stay informed!
- o Programs that want to purchase their own antigen tests from manufacturers now have access from to the Statewide Contract. This includes Child Care Programs, Family Child Care Systems, and EEC-contracted organizations. Please note that there may be minimum ordering requirements for some contracts. Programs are also encouraged to work with their municipality to access any local test distribution.

Infectious & Isolation Periods

What Is the Infectious Period for COVID-19?

- **Symptomatic Cases <u>are infectious</u>:**

  - Two (2) days prior to symptom onset until 10 days after symptom onset.

- **Asymptomatic Cases <u>are infectious</u>:**

  - 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, LBOH/DPH may consider the infectious period to be more than two days prior to the test date.

Isolation

Isolation is for the <u>i</u>ll or <u>i</u>nfected:

– CDC recommends separating individuals who are infected with COVID-19 from others. Positive cases must stay home and isolate from household members as much as possible.

Isolation for a <u>symptomatic</u> individual*:

- At least 5 days since symptoms first appeared; <u>and</u>
- At least 24 hours with no fever without fever-reducing medication; <u>and</u>
- Other symptoms of COVID-19 are improving.

Isolation for an <u>asymptomatic</u> individual*:

- 5 days from the date of individual was tested.
- If symptoms develop during isolation, follow guidance for isolation for symptomatic individuals.

Individuals who meet the CDC's definition of a close contact and are unvaccinated and asymptomatic are asked to <u>quarantine, not isolate.</u> Slides 30-33 detail CDC recommendations for quarantine.

The CDC updated its recommended isolation and quarantine guidance for the general population on 12/28/21. DPH guidance on the Commonwealth's adoption of the CDC's updated recommended isolation and quarantine for the general population can be accessed here.

*Individuals unable or unwilling to mask should follow the isolation protocol on slide 17.

Quarantine Period

How Does the CDC Define "Close Contact?"

Close Contact

- 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,

  - E.g., 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,

  - E.g., Infected person coughed directly into someone's face.

Quarantine is for <u>unvaccinated</u> 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.

The CDC updated its recommended isolation and quarantine guidance for the general population on 12/28/21. DPH guidance on the Commonwealth's adoption of the CDC's updated recommended isolation and quarantine for the general population can be accessed here.

* Important to note: only a public health department or agency (such as a local board of health or DPH) can require quarantine of an individual. Child care programs may exclude an individual from care, but the directive to quarantine must come from the LBOH/DPH.

When are Close Contacts Exempt from Testing & Quarantine Response Protocols?

The following close contacts are exempt from testing and quarantine response protocols. This guidance is in direct alignment with DESE & DPH Protocols:

- <u>Asymptomatic, fully vaccinated close contacts:</u> Individuals who are asymptomatic and fully vaccinated are exempt from testing and quarantine response protocols.
- <u>Classroom close contacts*:</u> An individual who is exposed to a COVID-19 positive individual in the classroom while both individuals were masked, so long as the individuals were spaced at least 3 feet apart, is exempt from testing and quarantine response protocols.
- <u>Bus close contacts:</u> Individuals on buses must be masked according to federal requirements. As such, individuals who are masked on buses when windows are open are exempt from testing and quarantine response protocols.
- <u>Close contacts who have had COVID-19 within the past 90 days:</u> An individual who has been previously diagnosed with COVID-19 and then becomes a close contact of someone with COVID-19 is exempt from testing and quarantine response protocols if:
  - The exposure occurred within 90 days of the onset of their own illness AND
  - The exposed individual is recovered and remains without COVID-19 symptoms.

The CDC still advises these types of close contacts to monitor for symptoms and test if they become symptomatic, regardless of their ability to meet the exclusion criteria.

*EEC recognizes that this type of close contact will likely only apply to school-age programs who enforce seating charts and 3 feet of distance between children. EEC does not advise implementing these distancing requirements within early education and care settings due to the learning and developmental needs of young children.

Quarantine– Frequently Asked Questions

If I get tested during quarantine and I'm <u>negative</u>, when does my quarantine end?

- You can end quarantine after day 5 (release on day 6) and continue to monitor for symptoms through day 10 while adhering to strict mask wearing. Those individuals unable or unwilling to mask should follow the protocols on slide 17 for quarantine.

If I get tested during quarantine and I test <u>positive</u> for COVID-19, how long do I need to stay home?

- If an individual on quarantine tests positive for COVID-19, they must isolate for 5 days from symptom onset or 5 days from the date of the specimen collection if the person is asymptomatic. Those individuals unable or unwilling to mask should follow the protocol on slide 17 for isolation.

An unvaccinated child/staff member was exposed to a person with COVID-19. They are now on quarantine. Do the classmates/students of the child/staff member need to quarantine as well?

- Only unvaccinated **close contacts** (within six feet for at least 15 minutes cumulative within 24 hours) of a person with COVID-19 need to quarantine. If the child/staff member was in close contact with a person with COVID-19, then the child/staff member needs to quarantine.
- Anyone who was in contact with the exposed child/staff member, but not with the actual person with COVID-19, does <u>not</u> need to quarantine.

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	cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html
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	who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4
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	publichealth.arizona.edu/news/2020/covid-19-communication-toolkit-parents-and-teachers
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	michigan.gov/documents/coronavirus/Talking_with_kids_about_COVID_FINAL_685791_7.pdf
Child care guidance during COVID-19 Outbreak	CDC	Guidance for child care programs that remain open	cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html