CHILD CARE FREQUENTLY ASKED QUESTIONS

COVID-19

Q: Why is there a 10-day isolation period for a positive case of COVID-19 but a 14-day isolation for those in close contact?

A: Incubation Period is the time between when you contract a virus and when your symptoms start.

▪ The incubation period for COVID-19 is between 2 to 14 days after exposure, hence 14 days of quarantine from date of last exposure.
▪ More than 97 percent of people who contract SARS-CoV-2 show symptoms within 11.5 days of exposure.
▪ The average incubation period seems to be around 5 days.
▪ For many people, COVID-19 symptoms start as mild symptoms and gradually get worse over a few days.

Infectious Period is the timeframe an infected person can transmit a pathogen to a susceptible host.

▪ The incubation period for COVID-19 starts 48 prior hours prior to symptoms (or test date for asymptomatic clients) and continues until client meets release of isolation criteria.
▪ Average timeframe for mild illness is about 10 days, hence the minimum of 10 days isolation from date of onset of symptoms.
▪ Average timeframe for severe illness is 2 or more weeks

Q: How will I know if a staff or child tests positive?

A: The Department of Health (DOH) contacts the positive case and will do contact tracing surrounding any exposure events.

Q: How long after a person tests positive will I be notified if I am considered a close contact?

A: The Department of Health (DOH) aims to contact the positive case and close contacts within 24 to 48 hours of gaining the lab result.

Q: Who should I contact if I am notified by someone other than a Department of Health representative about a positive case of COVID-19 or a close contact situation in my program?

A: Please contact the Department of Health Call Center at: 605.773.3048 Monday-Friday. This number is specific to questions regarding childcare, schools and higher education facilities.

Q: When does the 10 days of isolation start with a positive test result of COVID-19?

A: For someone who is symptomatic, isolation begins the day the individual began showing symptoms. For someone who is asymptomatic (not showing symptoms), isolation begins the date the individual was tested, provided they do not begin exhibiting symptoms.

Q: Are COVID-19 cases on the rise?

A: COVID-19 cases have been steady in SD and can vary greatly depending on one’s region, cases are viewable by county at: https://doh.sd.gov/news/Coronavirus.aspx.
Q: As a family day care provider, if a child tests positive for COVID-19, do I need to close for 10 days?

A: If a child in your day care tests positive, you would likely be considered a close contact and should quarantine for 14 days since date of exposure. Other children in the day care will also be considered close contacts and should quarantine for 14 days. The DOH will notify all close contacts. If you determine that you are considered an essential employee and remain asymptomatic, you could remain open, utilize a face covering and implement mitigation strategies. For more guidance on essential workforce see: https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce

- If you remain open as a critical infrastructure business, to disinfect your home, it is recommended you:
  - Close off areas used by the person who is sick.
  - Open outside doors and windows to increase air circulation in the area.
  - Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
  - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared toys and electronic equipment like tablets, touch screens, keyboards, remote controls.
  - Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  - Once area has been appropriately disinfected, it can be opened for use.
  - If more than 7 days since the person who is sick visited or has been in the home, additional cleaning and disinfection is not necessary.

Q: Does the required time of isolation change if staff and children are wearing face coverings?

A: No. Isolation will be a period of at least 10 days. The Department of Health will release individuals from isolation when the following criteria are met.

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Q: Do people need to be symptom free to return to the program for work or care?

A: The following criteria must be met before an individual is released from isolation.

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

If you or your employer determine that you are an essential employee and you remain asymptomatic, you could remain open, utilize a face covering and implement mitigation strategies. For more guidance on essential workforce see: https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce
• If you remain open as a critical infrastructure business, to disinfect your home or facility, it is recommended you:
  o **Close off areas** used by the person who is sick.
  o **Open outside doors and windows** to increase air circulation in the area.
  o **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
  o **Clean and disinfect all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared toys and electronic equipment like tablets, touch screens, keyboards, remote controls.
  o **Vacuum the space if needed**. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  o Once area has been **appropriately disinfected**, it can be opened for use.
  o If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

Q: If there are children that are attending school as well as a childcare program, should those kids be kept separate from other children that attend the childcare program daily?

A: Having children designated to different groups does help to reduce the number of contacts created in the event a positive case occurs and considered an effective mitigation strategy. However, unless there have been individuals that have been part of an exposure event, than it is not necessary to keep in separate areas.

Q: Should I be doing temperature checks daily for children and staff?

A: The CDC now recommends moving from daily screening to symptom monitoring, including symptom checking at home before children or staff come to school.

Q: Is it recommended to restrict parental access from the classrooms?

A: Limiting access to certain rooms could be considered a risk mitigation strategy, if there are cases in your area.

Q: If a child in care is quarantined due to a close contact for 14 days, should all siblings of this child also not be allowed at the program?

A: If a child is quarantined because of exposure to a positive case other than a household member, the other children or siblings in the family would not need to quarantine. If the child who is considered a close contact begins experiencing symptoms and tests positive, the siblings would likely be considered close contacts and begin quarantine for 14 days since date of last exposure. If there is continued exposure, the quarantine period would be extended based on latest exposures.

Q: If children are a low risk population why is it still necessary to quarantine if they are in close contact with someone who tests positive for COVID-19?

A: Quarantine is necessary to prevent the spread of COVID-19. If the child becomes infectious during their quarantine period and they are quarantining appropriately, this will limit exposures to others (low and high risk). Individuals who are considered low risk can spread the virus to those who may be considered high risk.
Q: During the close contact quarantine period, if you test negative for COVID-19 can you stop isolating and return to the program?

A: No, unfortunately a person is susceptible to become symptomatic or test positive anytime during the 14-day period. For example, if you test negative after 3 days of isolation, it is still possible to become sick from the virus and test positive during the 14-day period.

Q: If staff are in close contact, can they continue to work if they wear face coverings?

A: Only if the staff are asymptomatic and the program administration determines the staff to be critical to the operation of the business. For more guidance on essential workforce see: https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce

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  - Once area has been appropriately disinfected, it can be opened for use.
  - If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

Q: As a family day care provider if my own child’s school closes, do I need to close my day care too?

A: The decision for a daycare to close does not need to be tied to the closing of a child’s school.

Q: What is the recommended temperature to send a child with a fever home and for how many hours/days should they be out of care?

A: Fever is defined as 100.4 F, unless there is additional COVID-19 exposure concerns, a child may return to care according to standard policy (ex. 24 hours). For additional information go to: https://doh.sd.gov/news/Coronavirus.aspx.

Q: How many children can I provide care for once schools start operation in the fall 2020?

A: Once school is back in session in each community, the previous notification that provided an allowance for additional number of children in care is no longer in effect. The number of children in care should not exceed a family day care provider’s registration capacity or a childcare center’s license capacity.