



Ss. Constantine & Helen Preschool

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Covid-19 Response & Preparedness Plan

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Introduction

Our Commitment to Health, Safety, and Children's Learning & Development

Ss. Constantine and Helen Preschool is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Maryland State Department of Education and Maryland Department of Health, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind.

To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. The following plan outlines the practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

This tool is based on the following guidance issued by the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH):

- [Maryland Together: Maryland's Recovery Plan for Child Care](#)
- [K-12 School and Child Care COVID-19 Guidance](#)
- [Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency](#)
- [CDC Guidance for Operating Early Care and Education/Childcare Programs](#)

Ratios & Group Sizes

Group size and ratio regulations have returned to pre-COVID status. At SSCH we maintain the following ratios and group sizes:

Age Group	Staff-to-Child Ratio	Maximum Group Size
2 and 3 year-olds *	1 to 10	max. of 8 or 14
Preschool (4-5 year-olds)	1 to 10	max of 13

* **Other group size and ratio policies:** A second staff member will be added to the 2 and 3's class on days when four or more twos are in attendance.

Classroom Cohorts

To reduce opportunities for viral spread, we will be implementing "classroom cohorts", where the same group of children and staff remain together every day, with as little mixing between groups as possible. To support this practice, we will make the following temporary changes:

- Staggering times for drop off and pick up
- Limiting the mixing of groups by staggering times for outdoor play and other activities
- Limiting or eliminate shared use of toys and educational materials between classrooms. Shared materials will be disinfected between each classroom use.
- Limiting the celebration of birthdays and other holidays to within each classroom
- Separating Ms. Vickie's music class into three sessions
- Adjusting staffing patterns to have each staff member exposed to as few groups as possible, while still ensuring there is adequate coverage
- Designating restrooms by cohort and disinfecting once per day
- Disinfecting high-touch surfaces, school equipment, and restrooms between used by staff

Supporting Social/Physical Distancing

Realistic Expectations Around Physical Distancing with Young Children

Adult-child interactions



- Providing physical care and comfort is a natural and essential part of working with young children.
- Teachers are **not required** to physically distance from children and should not withhold physical comfort to crying, sad, and/or anxious children.
- However, teachers may consider finding appropriate ways to minimize physical contact (e.g., saying hello/goodbye with “air high-fives” instead of hugs).

Child-child interactions



- Children are naturally interested in being near and interacting with each other.
- While staff can structure the environment/activities to encourage physical distancing, offer reminders and redirection, and avoid actively suggesting opportunities for contact (e.g., not suggesting a child hug a friend or games like Ring-a-Round-the-Rosie), it is **not expected** that children will be able to maintain physical distancing all the time.

Adult-adult interactions



- Adults should maintain physical distancing with other adults inside and outside the classroom as much as possible.

We will use the following strategies to encourage physical/social distancing in our learning environments:

- Rearranging furniture to section off play spaces and maintain 3-foot separation, when possible
- Limiting the number of children in one space at a time (e.g., using Velcro strips, or a pocket chart to show how many children may be in an area at one time)
- Having duplicates of toys/materials and/or setting up multiple areas for high-interest activities (e.g., multiple block areas or art stations)
- Helping preschool children define their personal space using yarn, masking tape, mats, carpet squares, sheets of cardboard, hula hoops, etc.
- Using markers (e.g., tape) on the floor to indicate spaces to line up
- Conducting more activities in small groups (e.g., read-alouds, introducing a topic) that might usually be done in a large-group (e.g., circle time)
- Planning activities that do not require close physical contact between individual children
- Incorporating additional outside time as much as feasible
- Encouraging children to use alternate greetings or shows of affection that limit physical contact (e.g., waving, bowing, or curtsying to each other; air hugs or high fives)
- Limiting parents, non-essential visitors, volunteers, and activities while maintaining prevention strategies
- Carefully planning field trips and special events to ensure prevention strategies are maintained

Food & Mealtimes

To limit opportunities for exposure during mealtimes, we will engage in the following recommended practices:

- Spacing children as far apart as possible (ideally 3 feet apart) by limiting the number of children sitting together and rearranging tables/seating
- Having staff and children wash hands before and immediately after children have eaten
- Using placemats for children to define their space (wiped down and sanitized with the same procedure used for cleaning tables after meals)
- Individual water bottles and lunchboxes brought from home and taken home daily for washing

Nap & Rest Time

To reduce the potential for viral spread, we will use the following recommended practices:

- Requiring bedding (sheets, pillows, blankets, sleeping bags) that can be washed
- Sending home bedding weekly for cleaning
- Labeling each child's cot to ensure they are used by the same child each day
- Sanitizing cots daily by spraying thoroughly and allowing them to air dry
- Ensuring that children's mats are spaced out as much as possible, ideally 6 feet apart
- When possible, placing children head-to-toe (i.e., one child with their head at the top of the mat, the next child over with their head at the bottom of the mat)

Items Brought from Home

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items from home as much as possible. However, we recognize that placing limits on children's comfort items may increase stress for children and staff as they may be especially needed during this time of transition.

We ask that families and staff follow these guidelines with regard to children's comfort items:

- To avoid these items coming into contact with other children, efforts will be made to store these items in a cubby or bin and be used at naptime or as needed.
- If possible, comfort items should remain at the child care facility to avoid cross-contamination.
- Items will be sent home weekly for washing.

Toys and Materials in the Learning Environment

Availability of Toys & Classroom Materials	
<p>Books</p> 	<p>Recommended. Not considered high-risk for transmission and do not need additional cleaning or disinfection.</p>
<p>Nonporous toys (e.g., plastic, metal, rubber)</p> 	<p>Recommended. Washable, nonporous (made of material stains can't sink into) toys and materials can easily be cleaned and disinfected.</p>
<p>Cloth toys, stuffed animals, pillows, etc.</p> 	<p>Not recommended unless they are used by one child at a time and can be laundered before another child's use.</p>
<p>Sensory materials</p> 	<p>Not recommended unless each child can have their own materials (e.g., individual small tub of tactile materials; each child's play dough kept in separate, labeled container or bag).</p>
<p>Wooden toys/ materials</p> 	<p>Not recommended, but if used should be appropriately cleaned at least daily.</p>

Availability and Use

- Providing duplicates of toys and multiple sets of materials to limit the number of children touching the same objects
- Giving each child their own set of toys and materials (e.g., bin of toys they select for choice time which is disinfected after use, their own set of art supplies)
- Providing individual sensory materials & art supplies labeled with each child's name
- Temporarily removing toys and materials from the classroom which cannot be easily cleaned or sanitized between use
- Rotating the toys that are out at any particular time so that they can be adequately cleaned and sanitized

Cleaning and Sanitizing

- Washing and sanitizing toys and other materials before being used by another classroom cohort
- Cleaning toys frequently, especially items that have been in a child's mouth or if a child coughs or sneezes on them
- Setting aside toys that need to be cleaned (e.g., out of children's reach in a container marked for "soiled toys" or "yucky bucket")

- Cleaning toys with soapy water, rinsing them, sanitizing them with a CDC-recommended disinfectant, rinsing again, and air-drying

Cleaning and Disinfecting

Cleaning & Disinfecting Different Surfaces	
<p>High-touch surfaces</p>  <p>e.g., sinks, toilets, light switches, door knobs, counter/tabletops, chairs</p>	<p>Clean with soap and water if dirty and sanitize with recommended disinfectants multiple times per day depending on use.</p>
<p>Soft surfaces</p>  <p>e.g., carpeted floors, rugs, upholstered furniture</p>	<p>Soap and water, laundry, or disinfectant as appropriate; vacuum as usual.</p>
<p>Electronics</p>  <p>e.g., tablets, touch screens, keyboards</p>	<p>Use of a wipeable cover and/or cleaning between uses with alcohol-based wipes or spray according to manufacturer's instruction.</p>
<p>Laundry</p> 	<p>Use of warmest possible appropriate setting, dry completely; use of gloves followed by hand washing when handling dirty laundry.</p>
<p>Playground equipment</p> 	<p><u>Do not</u> spray disinfectant on outdoor playgrounds as it is not an efficient use of supplies and has not been proven to reduce COVID-risk; normal routine cleaning is sufficient.</p>
<p>Outdoor wooden surfaces & groundcovers</p>  <p>e.g., benches, tables, mulch, sand</p>	<p>Cleaning and disinfection is not recommended.</p>

We will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

- Use of a **schedule** for regular cleaning and disinfecting tasks (see schedule below)
- Frequent cleaning/disinfecting of **high-touch surfaces** (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs)
- **Indoor and outdoor toys** (e.g., tricycles, balls) are cleaned and sanitized between use by different classroom cohorts.
- Regular cleaning of **electronics** (e.g., keyboards/tablets)
- Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, and trash pick-up, followed by hand washing
- Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection
- Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol

- Keeping cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** to prevent inhalation of toxic fumes

Cleaning and Disinfecting the Facility if Someone is Sick

If someone has been in the building who has a confirmed or probable case of COVID-19 (see Quarantine and Temporary Classroom/Program Closures section), we will follow [CDC guidance](#):

- Close off areas used by person who is sick
- Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
- Open windows to increase air circulation in the area
- Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices)
- Vacuum the space if needed
- Follow guidance listed above regarding types of surfaces and disinfectants

SSCH Preschool Cleaning Schedule

Areas	Before Each Use	After Each Use	Daily End of day	Weekly	Monthly	Comments
Classrooms						
Tables	Clean Disinfect	Clean Disinfect				
Chairs			Clean Disinfect			
Door & Cabinet Handles, light switches			Clean Disinfect			
Carpet			Vacuum			
Classroom Floors			Clean Disinfect			Sweep or vacuum, then damp mop with a floor cleaner/ disinfectant
Refrigerator					Clean	
Handwashing Station			Clean Disinfect			
Bathrooms						
Handwashing sinks & Faucets			Clean Disinfect			
Toilets			Clean Disinfect			
Bathroom Doors & Floors			Clean Disinfect			Damp mop with a floor cleaner/ disinfectant
Potty Chairs		Clean Disinfect				
Drinking Fountains			Clean Disinfect			
Nap Time						
Cots		Clean Disinfect				
Naptime Bedding				Clean		Sent home for cleaning
Toys & Educational Materials						
Non-Porous Toys & Materials			Clean Disinfect			Daily or before use by another cohort
Hats			Clean			After each use if head lice present
Dress Up Clothes				Clean		Launder
Play Activity Centers				Clean Disinfect		
Tablets		Clean Disinfect				

Healthy Hygiene Practices

Required by MSDE and CDC

We will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:

- A written hand washing procedure approved by the OCC shall be posted at each sink used for washing hands.
- Each classroom will have its own handwashing station.
- Hand hygiene is especially important after toileting, before eating, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
- Staff and children will wash hands often with soap and water for at least 20 seconds.
- We will not use alcohol-free wipes on children's hands as this is not recommended.
- Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.
- Wearing gloves does not replace appropriate hand hygiene.

Face Coverings

Recommended by MDSE and CDC

SSCH follows CDC and MSDE, MSDH, and CDC recommendations for requiring face coverings indoors for all individuals age 2 years and older, including students/children, teachers, staff, and visitors, *regardless of vaccination status*. However, masking will not be required for children when outside, napping, eating, or during indoor recess.

Any concerns about whether an adult or child should wear a face covering should be brought to **Emily Soeffing, Director**.

Use, Removal, and Storage of Face Coverings

We will use the following recommended practices with regard to face coverings:

- Children's face coverings should be removed **by the child** for meals, snacks, naptime, high-intensity activities (e.g., running), outdoor play (if physical distancing can be maintained), or when it needs to be replaced (e.g., becomes wet or soiled).
- Staff and children should remove face coverings by touching only the straps.
- Staff and children should wash their hands if they touch their face covering or face; before and after removing a face covering; and before replacing a face covering.
- Cloth face coverings should be worn properly (i.e., cover the nose and mouth).
- Face coverings should never be reused unless stored properly between uses and should not be shared among children and/or staff.

Family Responsibilities for Face Coverings

- Parents should provide cloth face coverings (or surgical face masks) for their own child/children.

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- Face coverings should be free of choking hazards (e.g., stickers, buttons) and be clearly marked with the child's name and which side of the covering should be worn facing outwards.
- Parents should provide a sufficient supply of clean/unused face coverings for their child each day to allow replacing the covering as needed.
- If a child does not have an adequate supply of face coverings on a particular day, we will inform the family that additional face coverings are needed, but the child may remain in care that day. SSCH Preschool will provide disposable masks when needed.
- Parents should take home their child(ren)'s face coverings to launder them each day.

The [American Academy of Pediatrics](#) provides tips for helping children be more comfortable wearing cloth face coverings and provides more information to inform your decision about when it is appropriate for children ages 2 to 5 to wear cloth face coverings.

Drop-Off and Pick-Up Procedures

We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.

- Implementing staggered drop-off and pick-up times to limit contact among parents and between class cohorts (**see schedule below**)
- Conducting check-in/out procedures (including Covid screening, temperature checks, and attendance log) outside in a CAR LINE
- Sanitizing pens and thermometer between each use
- Having staff walk children in and out of the building
- Having children immediately clean hands at the entrance to our building using a hand hygiene station
- Limiting families in the building

	Drop-Off	Pick-Up Full Day	Pick-Up Half Day	Pick-Up Lunch Bunch
2 & 3s Class	8:50 – 9:00	2:50 – 3:00	11:30	12:30
4s Class	9:00 – 9:10	3:00 – 3:10	11:30	12:30

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, we will ask staff and families to report if staff/children have:

- Had any symptoms of COVID-19 (fever of 100.4 degrees or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell).
- Been diagnosed with COVID-19, tested for COVID-19 due to symptoms and are awaiting a result, or have been instructed to isolate or quarantine by a health care provider or health department
- Had close contact (been within 6 feet for more than 15 minutes total in a 24-hour period) with anyone with a confirmed or probable case of COVID-19 within the last 14 days.

The procedures we will use to screen *students* for symptoms and exposure and conducting daily temperature checks include:

- Meeting students at their car to screen and conduct temperature check
- Students and families remain in their car in the pick-up line and staff maintains physical distancing
- Staff, children, and parents wearing a cloth face covering
- Staff will record screening information in a Daily Health Screening Log
- Staff escorts child from car into the school building
- Child washes hands at school entrance using a hand hygiene station
- Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).
- Disinfecting non-disposable thermometers after each use

The procedures we will use to screen *staff* for symptoms and exposure and conducting daily temperature checks include:

- Meeting staff at school entrance to screen and conduct temperature check
- Staff wearing cloth face coverings
- Recording screening information in a Daily Health Screening Log
- Having staff wash hands before entering the school building
- Disinfecting thermometer and pens between use

If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact: **Emily Soeffing, Director**

Responding to COVID-19 Symptoms On-Site

Responding to COVID-19 Symptoms On-Site

If a child or staff member develops any COVID-19-like symptoms during care, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest,

new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops symptoms during care hours:

- Parents will be contacted for prompt pick-up.
- The child will be isolated from other children and as many staff as possible (the child will not be left alone).
- The child will wait with the following designated staff member(s): **Emily Soeffing (Director)**
- The child and designated staff will wait in the following safe, isolated location: **Preschool Office**

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If no other caregiver is immediately available to be with children, the staff member will limit close interactions with children until they can be relieved by another staff member.
- Children may need to be picked up if no other caregiver is available.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location: **Preschool Office**

When Children & Staff Should Stay Home and When They Can Return

Recommended by MDH & MSDE

When Children and Staff Should Stay Home

A child or staff member will not be allowed in the child care program if they:

- Have been diagnosed with COVID-19.
- Have had any of the following new symptoms: fever of 100.4 degrees or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell.
- Were tested for COVID-19 due to symptoms and are waiting for test results.
- Have been instructed by a health care provider or the health department to isolate or quarantine.
- Have been in close contact (i.e., within 6 feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days.

When Children and Staff May Return to the Program

When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, alternate diagnoses). To help inform our decision-making process, we will use the following resources:

- Consultation with MD Health Department and OCC Licensing Specialist
- MDH Decision Aid Flow Chart (*See addendum of this document.*)

Quarantine and Temporary Classroom/Program Closures

Recommended by MDH & MSDE

Reporting Exposure

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents are encouraged to keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure.

If a child, staff member, family member, or visitor to our program shows symptoms of a COVID-19-like illness or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine the extent and duration of the closure and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

Decisions about closure and reopening are made on a case-by-case basis by our local health department and licensing specialist. The decision aid at the end of this document shows the criteria for reporting potential exposure, the process for determining the extent and length of closures, and other actions that should be taken.

Our local health department can be contacted at: 410-222-7095

Travel Policy

Out-of-state travel

Since travel out-of-state is a possibility for our preschool families, the SSHCH School Board has determined a Covid travel policy for our school, following CDC recommendations for the unvaccinated. This policy applies to all states, with the exception of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, DC.

Please inform the Director of SSCH Preschool before leaving, so that the school may keep track of any potential exposure. Upon returning from out-of-state, there are two options to take before returning to school:

1. **Covid Test** - Have your child take a Covid test (PCR) and quarantine until the results come back negative. The Covid test must be taken no earlier than 3-5 days after the date of return.
2. **Quarantine** - If you choose not to have your child take a Covid test, then your child must quarantine for 10 days before returning to school.

Supporting Families, Staff, and Children

Communicating with Staff and Families

We will actively communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially

discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.

The staff responsible for handling questions and outreach for staff and families is: **Emily Soeffing, Director**

Training Staff

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, and our new policies and procedures as outlined in this plan.

Supporting Children's Social-Emotional and Special Health Needs

Staff and families will partner together to support the physical and emotional needs of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the “disappearance” of their child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation, and we will work together to support all caregivers. We will also continue to support children with special health needs and will collaborate with their families and other service providers to ensure their needs are met.

Supporting Staff Members' Social-Emotional Needs

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead. As essential workers in the COVID-19 pandemic, we understand our staff may have worries about their own physical or psychological health, and the potential risk to their family members at home. Because young children internalize the stress of the adults who care for them, we know it is vitally important to provide supports and services to ensure the emotional well-being of our staff.

SSCH COVID-19 Response & Preparedness Plan

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 ¹	Recommendations for the person with symptoms who is NOT FULLY VACCINATED	Recommendations for <u>close contacts</u> of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine. May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Household members ³ should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).

³These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.

SSCH COVID-19 Response & Preparedness Plan

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

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Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated ¹	Recommendations for the person with symptoms who is FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. Person should have written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).