

Interim Guidance on Management of COVID-19 Cases in Childcare Settings

Key Points (updated April 1, 2021)

- CDC has released [new interim quarantine guidance for vaccinated persons](#):
 - Individuals who are fully vaccinated (i.e., are ≥ 2 weeks following receipt of the second dose in a two-dose COVID-19 vaccine series or ≥ 2 weeks following receipt of 1 dose of a single-dose COVID-19 vaccine) are not required to quarantine if identified as a close contact. The “COVID Testing Guide” figure on page 7 has been updated to align.
 - As applies to [Chicago’s Emergency Travel Order](#), vaccinated persons (returning travelers who live or work in Chicago, or visitors to Chicago) who have travelled domestically are not required to quarantine if they are: asymptomatic; and
 - Fully vaccinated (i.e., are ≥ 2 weeks following receipt of the second dose in a two-dose COVID-19 vaccine series or ≥ 2 weeks following receipt of 1 dose of a single-dose COVID-19 vaccine).
 - It is recommended that you bring a copy of your COVID-19 vaccination records while traveling.
- **CDC and CDPH [continue to endorse](#) quarantine for 14 days** for close contacts of COVID-19 cases in schools broadly given high rates of asymptomatic transmission among children and variable student/staff screening programs across the city.
 - Individuals who have had lab-confirmed COVID-19 in the past 90 days or those fully vaccinated (and 14 days out from the last dose) are not required to quarantine if identified as a close contact.
 - As of March 17, quarantine guidance on seropositive individuals has changed (<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html>). Unvaccinated persons who have tested antibody positive within 3 months before or immediately following an exposure to someone with suspected or confirmed COVID-19 and who have remained asymptomatic since the current COVID-19 exposure do not need to quarantine, provided there is limited or no contact with persons at high risk for severe COVID-19 illness, including older adults and persons with certain medical conditions and the individuals monitor themselves for symptoms of COVID-19 during the 14 days after exposure.
 - Based on CDC’s December 2, 2020 [updated quarantine options](#), CDPH will allow shortened quarantine periods of 10 days for adults if all of the following are true:
 - The facility is maintaining 6-foot distancing in the classroom.
 - A negative RT-PCR (antigen not acceptable) is obtained between days 7-9 and documentation is provided to the school.
 - If 6-foot distancing and masking are ensured at all times upon return.
 - Note: this option is not allowed for sports return.

- A 7-day quarantine (with testing) option was offered by CDC for adults but childcare facilities should recognize that this comes with a residual risk of transmission and CDPH does not currently recommend this option.
- The COVID-19 viral testing landscape for is evolving rapidly. CDC recently released new guidance around [follow-up testing for antigen results](#) described below. Clinicians should choose an appropriate test based on their clinical suspicion of COVID-19. See CDPH COVID-19 Childcare Program Testing Guide on page 7 for additional details.
- Child care providers should refer to [CDC's Guidance for Operation Child Care Programs during COVID-19](#) to protect students, staff and communities
- Messaging to families and staff around safe COVID-19 practices and community mitigation practices outside of school to protect school cohorts and education as an essential service are critical for your school community. This includes reinforcing safe travel recommendations for unvaccinated individuals and students.

COVID-19 Reporting to DCFS and CDPH

Under [Public Health Order No. 2020-2](#), childcare programs must report to CDPH clusters of 2 or more cases of COVID-19 occurring within 14 calendar days of each other within 24 hours of identifying the cluster.

Each case of COVID-19 in any type of childcare program must prompt a contact to your DCFS licensing office. Cases may be reported to CDPH through the confidential CDPH COVID-19 Online Case Report Form: <https://redcap.link/chicovidreport> (select the second option: Community congregate setting).

In order to complete the form, you will need the following information:

- Total number of classrooms at your facility/program
- Total number of classrooms impacted
- Total number of students at your facility/program
- Total number of staff at your facility/program
- Total number of students thought to be exposed
- Total number of staff thought to be exposed
- The positive individual's reported or observed symptom onset date
- The positive individual's last date at the facility/location
- The positive individual's test date
- Additional optional information includes the testing provider (if known).

If your program has 2 or more cases (apart from household members) that involve 2 or more different classrooms, make a note in your [Online Case Report Form](#) to receive additional CDPH support and guidance. This may prompt more intensive case investigation.

Childcare Program Contact Tracing

Given your access to staff and student records, the need for prompt notification to close contacts, and the relationship you have with your staff and families, your program is best positioned to conduct initial contact tracing and notification of close contacts within your facility/program. CDPH will conduct contact tracing to identify close contacts outside of the facility/program.

Contact Tracing First Steps

- Above all, ensure the identity of the positive individual is protected.
- Interview the staff member or child's parent/guardian by telephone as soon as you receive a verbal or written report that they tested positive. Questions to ask include:
 - Were they were diagnosed through a test?
 - If so, what type (nose swab, mouth/oral swab, or blood test).
 - If they had only an antibody (blood test) and they have not had any symptoms, no further action is required.
 - What was the test date?
 - What was the last day they were in the facility/at your location? (Please confirm by looking at attendance files.)
 - If symptoms, please ask the first day of their symptoms.
 - If NO symptoms, confirm the test date again.
- Complete the CDPH Online COVID-19 Case Report Form: <https://redcap.link/chicovidreport> (select the second option: Cluster of 2 or more cases OR single case in a congregate setting).

Determining Who is a Close Contact

- By definition, close contacts are individuals with whom the positive case was within 6 feet for a total of 15 minutes or more cumulatively over a 24-hour period starting **2 days prior to their first day of symptoms (or for asymptomatic individuals, their test date) through their last day at the facility/your location (or ten days after their onset of symptoms/test date)**.
- During Phase 3 or 4 of the COVID-19 response, all children and staff within the positive individual's classroom should be considered close contacts.
 - **In order to protect childcare operations, rotation of staff between classrooms should be limited to reduce number of exposed children and staff should a staff member become infected.**
- Assess whether there were any other staff members not assigned to the classroom or children in other classrooms with whom the positive individual had close contact (e.g., children or siblings of positive individuals). If the positive individual is a staff member, this assessment should include an interview of that staff member.
- CDC has released [new interim quarantine guidance for vaccinated persons](#):
 - Individuals who are fully vaccinated (i.e., are ≥ 2 weeks following receipt of the second dose in a two-dose COVID-19 vaccine series or ≥ 2 weeks following receipt of 1 dose of a single-dose COVID-19 vaccine) are not required to quarantine if identified as a close contact. The "COVID Testing Guide" figure on page 7 has been updated to align.

Isolation/Quarantine Recommendations

Definitions:

- **Isolation** is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected. These individuals can have symptoms or no symptoms (asymptomatic). People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).
- **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they

are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others and monitor their health.

- **Symptoms:** People with COVID-19 have had a wide range of reported symptoms – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to SARS-CoV-2. Symptoms can include:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Nausea or vomiting
 - Diarrhea
 - This list does not include all possible symptoms and children with SARS-CoV-2 infection may experience any, all, or none of these symptoms.
- **Fully Vaccinated** individuals are ≥2 weeks following receipt of the second dose in a two-dose COVID-19 vaccine series or ≥2 weeks following receipt of 1 dose of a single-dose COVID-19 vaccine.

For student or staff with a positive test:

- Ensure the positive individual is aware that they should isolate, meaning stay home and away from others until it has been at least 10 days since their symptoms first appeared (or for asymptomatic individuals, from their test date) and at least 24 hours with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer.

For student or staff with symptoms suggestive of COVID-19:

- CDPH strongly recommends testing for all staff and students with [any symptom suggestive of COVID-19](#). If a student or staff member has symptoms of COVID-19, they should be referred to their healthcare provider for testing and isolated while awaiting the test result. See Chicago testing guide on page 7.
 - A positive result on any viral test [antigen, rapid antigen, molecular (Nucleic Acid Amplification Test (NAAT) such as an RT-PCR)] should be considered positive for public health purposes.
 - In the current phase of the response, clinicians should be offering testing broadly to children attending childcare facilities if notified that the child was exposed or has any symptoms suggestive of COVID-19.
 - The diagnostic viral testing landscape for COVID-19 is evolving rapidly. Clinicians should choose an appropriate test based on their clinical suspicion of COVID-19 and childcare administrators should defer to clinical discretion for the type of test chosen and need for repeat testing.
 - Factors to consider include the sensitivity and turnaround time of the test, the clinical presentation, time since symptom onset, risk of exposure to COVID-19, underlying risk factors for severe COVID-19 and the risk of onward transmission.
 - **During the current surge, a low threshold for testing is recommend.**

- If high clinical suspicion exists due to clinical appearance or other risk factors as described above, and an antigen or other rapid test is negative, healthcare providers may consider obtaining a PCR within 2 days of the previous negative test.
 - The individual should remain in isolation while awaiting the results of a confirmatory PCR test.
- If a student or staff member tests negative, ensure it has been 24-hours with no fever (without fever-reducing medication) and with improved symptoms before allowing them to return to school.
- If a student or staff member has symptoms of COVID-19, and it is determined by a medical provider that the individual likely does NOT have a COVID-19 infection, the student or staff member still needs to be tested and may only return to school if the following are met:
 - **Documentation of a negative test for COVID-19; AND**
 - **It has been 24-hours with no fever (without fever-reducing medication);**
 - Only if the two above criteria are met would a note from a medical provider documenting an alternate diagnosis be acceptable if the student or staff member continues to be symptomatic for another reason besides COVID-19 infection (e.g., seasonal allergies, other viral illness).
- If a symptomatic student or staff member does not get tested for COVID-19, CDPH does not recommend relying on a medical provider's note alone without a negative COVID-19 test result to allow a symptomatic student or staff to return to school. COVID-19 cannot be ruled out by symptom history or clinical exam alone. Only the right test done at the right time can rule out COVID-19.
 - Childcare administrators should contact CDPH at coronavirus@chicago.gov if they are seeking to isolate a child without a test result.
 - Childcare programs should quarantine household members of a symptomatic student or staff member who also attend the facility pending the results of testing.
- If the individual with systemic signs and symptoms of COVID-19 has received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1), exclude from school if there is a fever of 100.4F or greater, or if symptoms persist for more than 2 days. Refer for clinical evaluation if symptoms do not improve within 2 days.
 - If the individual received COVID-19 vaccination in the prior 3 days, they may continue to work if afebrile and mild symptoms occur within the first 48 hours.
 - If symptoms do not improve and persist for more than 2 days, their healthcare provider may decide to test for COVID-19 based on clinical assessment.
 - If symptoms are unlikely to be from COVID-19 vaccination (e.g., cough, shortness of breath, rhinorrhea, loss of taste/smell), they should be referred to their healthcare provider for testing and isolated while awaiting the test result.
- If the individual is fully vaccinated and develops symptoms of COVID-19, they should be referred to their healthcare provider for evaluation.
- For additional *Procedures for Students, Teachers, and Support Staff who Become Sick at School*, refer to [IDPH Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs for Addressing COVID-19](#).

For student or staff with an identified close contact exposure:

- On December 2, 2020, CDC provided shortened quarantine options to reduce the burden of being out of work/school and to promote adherence to quarantine restrictions and contact tracing

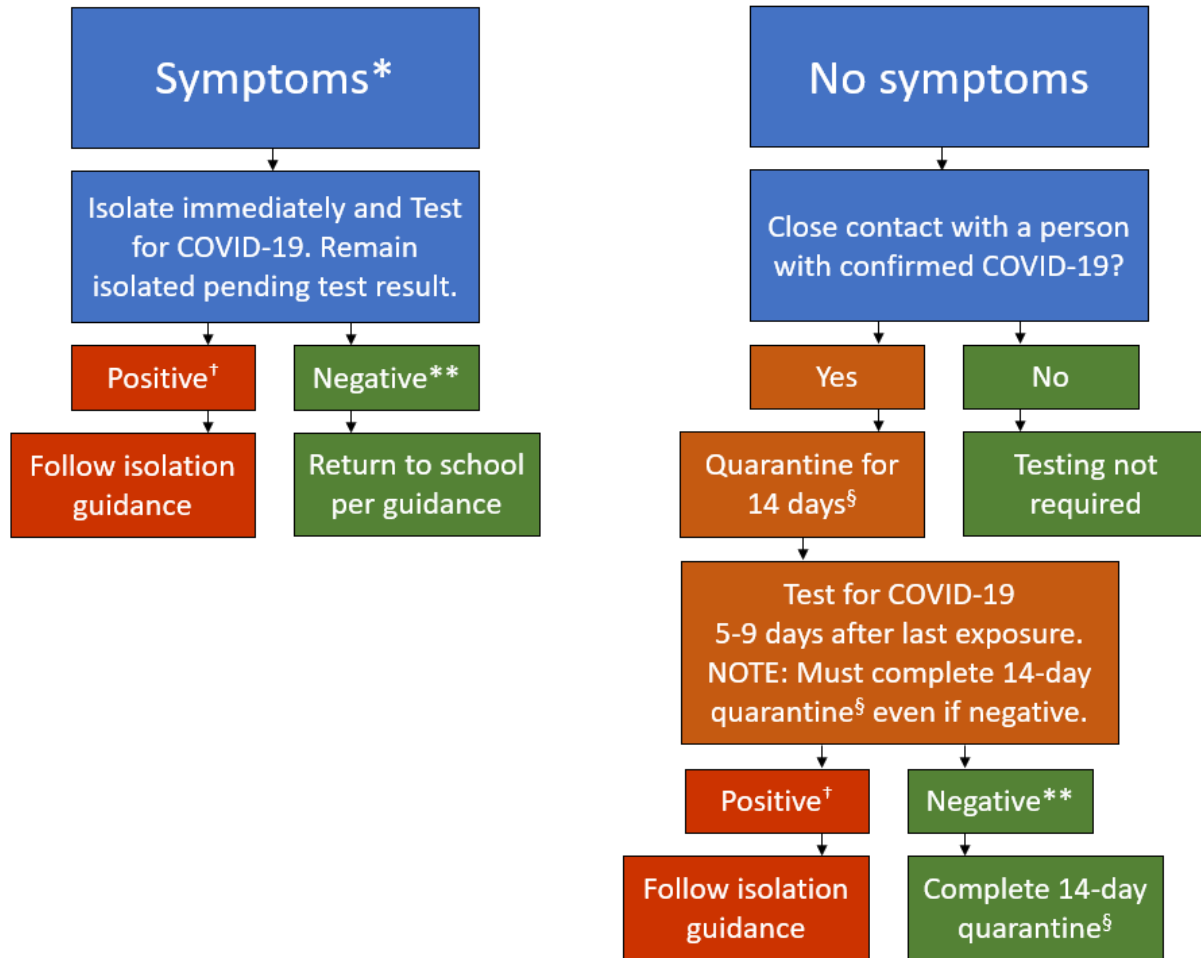
efforts. Childcare programs should recognize that this comes with a residual risk of transmission which is not advisable in the childcare setting.

- The [CDC continues to endorse](#) that any student or staff with close contact to a person diagnosed with COVID-19 be quarantined, meaning excluded from childcare, for **14 days from the last day of exposure to a positive case** and monitored for symptoms. If close contacts develop symptoms, they should be evaluated and tested for COVID-19.
 - CDC has offered an option where quarantine can be discontinued after 10 days for adults (from last close contact) if an individual remains asymptomatic, but CDPH believes that more data is needed surrounding the residual risk in asymptomatic children and, given our high local burden of cases, currently cautions against the use of this option.
 - Additionally, CDC offers, but CDPH does **NOT RECOMMEND**, that quarantine can be discontinued after 7 days.
 - CDPH has concerns about the ability to effectively and consistently operationalize this testing option, particularly in light of the high risk of asymptomatic infection in children and the current high local burden of cases.
- It continues to be recommended that all students or staff with close contact to a person diagnosed with COVID-19 **get tested 5-9 days** after last exposure.
- Siblings/household members of exposed asymptomatic children do not require quarantine or testing unless they themselves were also exposed.
- Close contacts **do not have to quarantine** if they are asymptomatic and either:
 - They have had lab-confirmed COVID-19 in the past 90 days.
 - They are fully vaccinated; the vaccination series was completed more than 2 weeks ago.
- While masking of staff and students and other precautions are critical to prevent spread of COVID-19 within your facility/program, these factors will not change the recommendation for quarantine of close contacts.

For students or staff who have recently traveled:

- As applies to [Chicago's Emergency Travel Order](#), vaccinated persons (returning travelers who live or work in Chicago, or visitors to Chicago) who have travelled domestically are not required to quarantine if they are: asymptomatic; and
 - Fully vaccinated (i.e., are ≥ 2 weeks following receipt of the second dose in a two-dose COVID-19 vaccine series or ≥ 2 weeks following receipt of 1 dose of a single-dose COVID-19 vaccine).
 - It is recommended that you bring a copy of your COVID-19 vaccination records while traveling.
- Children under the age of 18 are not exempt from the travel order and must follow pre-arrival testing/quarantine requirements.
 - Unvaccinated children travelling with fully vaccinated people are not exempt from the travel order and must follow pre-arrival testing/quarantine requirements.
- Messaging to families and staff around safe COVID-19 practices and community mitigation practices outside of school to protect school cohorts and education as an essential service are critical for your school community. This includes reinforcing safe travel recommendations for unvaccinated individuals and students.

COVID-19 Testing Guide for Students and Employees of Childcare Programs Located in Chicago



* Any symptom suggestive of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>.

† A positive result on any viral test (antigen, rapid molecular or PCR) should be considered positive for public health purposes.

** The diagnostic viral testing landscape for COVID-19 is evolving rapidly. Clinicians should choose an appropriate test based on their clinical suspicion of COVID-19. Factors to consider include the sensitivity and turnaround time of the test, the clinical presentation, time since symptom onset, risk of exposure to COVID-19, underlying risk factors for severe COVID-19 and the risk of onward transmission. For example, if high clinical suspicion exists due to clinical appearance or risk factor (e.g., contact with a confirmed case), and an antigen or other rapid test is negative, healthcare providers may consider obtaining a PCR test. Clinicians may reference CDC's new testing guidance contains an Antigen Test Algorithm posted at: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>.

§ Childcare programs should ensure that symptom monitoring and testing if symptoms develop continue. Test again only if symptoms develop during the remaining 14-day quarantine period. Individuals who are fully vaccinated (i.e., are ≥2 weeks following receipt of the second dose in a two-dose COVID-19 vaccine series or ≥2 weeks following receipt of 1 dose of a single-dose COVID-19 vaccine) are not required to quarantine if identified as a close contact

Notifications

- Notify the identified close contacts that they were exposed to someone with COVID-19 at your facility/program. It is recommended that you notify exposed staff and the families of exposed children in person or via telephone to confirm receipt of this information. A sample close contact notification template is included at the end of this document and downloadable (both in English and Spanish) at www.chicagohan.org/covid-19 for those you may be unable to reach by other means or if you choose to send an additional written notification.
 - Instruct them to quarantine at home for 14 days from the last day of contact with the person who self-reported (do not reveal the identity of the positive case).
 - Close contacts should monitor their symptoms and contact their medical provider if they develop symptoms of COVID-19.
- Notify all staff and families within the facility, regardless of whether they are close contacts or not, should be notified of the positive case. You may use the general notification letter template at the end of this document and downloadable (both in English and in Spanish) at www.chicagohan.org/covid-19 as a guide.

Cleaning

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility. Follow [CDC cleaning and disinfection recommendations](#). **Unless otherwise recommended by CDPH, automatic full-facility/program closure is not required with a single case of COVID-19 as long as close contacts have been notified of quarantine recommendations.** Refer to [IDPH Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs for Addressing COVID-19](#) for additional instructions on environmental cleaning and disinfection.

What Childcare Programs Can Expect After Reporting a Case

1. After receiving a report, CDPH will review the report and will contact you only if it determines further follow-up is needed.
 - a. Refer to the instructions in the confirmation email on contacting CDPH if you have any questions regarding your report.
2. CDPH will call the positive staff member or family of the child once the positive lab result is received from a healthcare provider and conduct household and community contact tracing outside of your facility/program.
3. You should notify CDPH if additional positive cases are identified in your facility/program by filling out the CDPH COVID-19 confidential [online case report form \(select the second option: Community congregate setting\)](#).
4. Refer to the following resources for further information:
 - a. www.chicago.gov/coronavirus
 - b. www.chicago.gov/reopening
 - c. [CDC Guidance for Childcare Facilities](#)
 - d. [DCFS Restore Illinois Licensed Day Care guidance](#)
 - e. [IDPH Guidance for Pre-K-12 Schools and Day Care Programs for Addressing COVID-19](#)
 - f. [ISBE/IDPH FAQs \(8/12/20\)](#)
 - g. [IDPH Guidance for Child's Face Covering Medical Tolerance](#)

- h. [IDPH COVID-19 Interim Exclusion Guidance \(10/27/20\)](#) with exclusion decision tree (note that CDPH does not recommend accepting a medical note without COVID-19 testing for return-to-daycare).

Notification Templates

CLOSE CONTACT COMMUNICATION

Subject: Exposure to COVID-19 Case at _(PROGRAM)_

Dear _ (Individual's Name) _,

We are writing to update you on a recent development regarding the Coronavirus Disease 2019 (COVID-19). We have learned that a _(PROGRAM)_ community member has been diagnosed with COVID-19. You or your child were identified as a close contact of this individual.

You/your child should monitor your health starting now through _ (DATE of 14 days after last exposure to positive case) _. Symptoms of COVID-19 include fever (temperature greater than 100.4 degrees Fahrenheit), chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

You/your child should not go to work or school and should avoid public places during this time.

If you/your child develop [symptoms of COVID-19](#), please contact your medical provider to discuss evaluation and testing. Any individuals who are sick with or exhibiting symptoms of COVID-19 must stay home and away from others for at least 10 days since their symptoms first appeared and at least 24 hours with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer. See the Chicago Department of Public Health's [guidance on what to do if you are sick](#). If your symptoms are severe, such as difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or difficulty waking up, or bluish lips or face, please seek the closest emergency department or call 9-1-1 immediately.

If you/your child do not have symptoms, it is recommended to be tested 5 to 9 days after your exposure to a positive case, which was _DATE_. Close contacts of positive cases are encouraged to call their healthcare provider to arrange for testing. If other testing options are needed, refer to the [City of Chicago's coronavirus testing website](#). Remember that even if you test negative, you must still complete the full 14-day quarantine. If you test positive, you must stay home for at least 10 days after your test date.

For any additional COVID-19 questions or support, please visit www.chicago.gov/coronavirus for the most reliable information. If you do not find the information you need on the website, email coronavirus@chicago.gov.

The health and wellness of our staff and students are the highest priority of _(PROGRAM)_. We continue to follow Chicago Department of Public Health and CDC guidelines as we ensure proper protocols and preventative measures are in place for the health and safety of our staff and patrons. Please contact us at _ (PROGRAM CONTACT INFORMATION) _ if you have any questions.

Sincerely,

SIGNATURE

(PROGRAM LEADERSHIP NAME)

GENERAL COMMUNICATION

Subject: Confirmed COVID-19 Case at _(PROGRAM)_

Dear Staff and Families,

We are writing to update you on a recent development regarding the Coronavirus Disease 2019 (COVID-19). We have learned that a _(PROGRAM)_ community member has been diagnosed with COVID-19.

[The individual was last at the facility on (DATE) - only to be included if it can be done without obviously identifying the individual. If needed, give a broad date like "the week of ____."] To ensure the health and safety of our families and staff, following CDC guidance, _(PROGRAM)_ [will ensure/has conducted] a thorough cleaning and disinfection of our facility.

Students and staff who have been identified as having been in close contact with this individual [will be/have been] notified via a separate communication. As a reminder, close contact is defined as being within 6 feet of an infected person for a total of 15 minutes or more. Those who had brief, casual contact with an infected individual are not considered at great risk of transmission and, for most people, the illness is generally mild and can be safely managed at home. As always, everyone should monitor their health and stay at home if they develop symptoms. Anyone who develops severe symptoms should seek medical care immediately.

We continue to follow Chicago Department of Public Health and CDC guidelines as we ensure proper protocols and preventative measures are in place for the health and safety of our staff and patrons.

Public Health Guidance

Symptoms of COVID-19 include fever (temperature greater than 100.4 degrees Fahrenheit), chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. If you or your child develop symptoms of COVID-19, please contact your medical provider to discuss evaluation and testing.

For severe symptoms, such as difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or difficulty waking up, or bluish lips or face, please seek the closest emergency department or call 9-1-1 immediately.

Any individuals who are sick with or exhibiting symptoms of COVID-19 must stay home and away from others for at least 10 days since their symptoms first appeared and at least 24 hours with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer.

For any additional COVID-19 questions or support, please visit www.chicago.gov/coronavirus for the most reliable information. If you do not find the information you need on the website, email coronavirus@chicago.gov. The health and wellness of our staff and students are the highest priority of _(PROGRAM)_. Please contact us at _ (PROGRAM CONTACT INFORMATION) _ if you have any questions.

Sincerely,

SIGNATURE
(PROGRAM LEADERSHIP NAME)