

DSECC 2022 COVID Mitigation Measures Update

From the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

Key Takeaways

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among all eligible individuals can help Early Care and Education (ECE) programs protect staff and children in their care, as well as their families.
- Most ECE programs serve children in an age group that is not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in ECE programs.
- CDC recommends universal indoor masking in ECE programs for those ages 2 years and older*, regardless of vaccination status.
- New CDC guidance states that isolation and quarantine periods can be reduced to five days for people who can consistently wear well-fitting masks, as long as they remain symptom free, or fever has ended and symptoms have improved. For details, see CDC's page on [Quarantine and Isolation](#).
- Layered COVID-19 prevention strategies remain critical to protect people, including children and staff, who are not [up to date](#) or not eligible for COVID-19 vaccines, especially in areas of moderate-to-high community transmission levels.
- ECE providers should implement these strategies to the extent possible in consultation with regulatory agencies and state and local public health departments. However, when making decisions about implementing prevention strategies, ECE programs should consider the educational needs and social and emotional well-being of children and the importance of children's access to learning and care.
- Localities should also monitor local policies and regulations to guide decisions on the use of multiple prevention strategies.

OCDEL Announcement C-22-11 <https://www.pakeys.org/wp-content/uploads/2021/12/Announcement-C-21-11-Addition-of-COVID-19-to-List-of-Reportable-Communicable-Diseases-FINAL.pdf>

Clarifications

- Children need a note from a doctor to return to care if they have a positive COVID test.
- If children display two or more COVID symptoms, they should visit their doctor
- No home tests are acceptable for any person with symptoms

What this means for us:

- We will continue to recommend vaccination of all eligible persons and provide additional PTO to any staff member who would like time off to become vaccinated before the end of the school year.
- We encourage all families to have their eligible children vaccinated following the child's doctor's advice.
- We will continue to mask
 - All **children** age 2 and older will wear cloth or disposable masks. It is recommended that the mask be breathable, fit snugly and cover nose and chin. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
 - Exceptions can be made for individuals with diagnosed disabilities that prevent masking (below from CDC weblink from top of this page)
 - *The following is a possible exception to the universal masking recommendation for everyone ages 2 and over in ECE settings:
 - A person who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of reasonable accommodation external icon with workers who are not up to date on COVID-19 vaccination who are unable to wear or have difficulty wearing certain types of masks because of a disability.
 - To facilitate learning and social and emotional development, consider having staff wear a clear mask or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips. Generally, vinyl and non-breathable materials are not recommended for masks. However, for ease of lip-reading, this is an exception to that general guidance.
- We will continue to require 10 day isolation for positive cases in **children** who are in our program. The rationale is that children cannot consistently wear a well-fitting mask. We will require children to have a doctor's note to return after a positive COVID test.
- **Staff** members who test positive and are symptom free, may return to work after 5 days of isolation if they consistently wear a well-fitting N95, KN95 or KF94 mask while at work.
 - Any staff member who cannot correctly wear a well-fitting mask will be required to quarantine for 10 days. ADA exceptions do not apply to this masking requirement as it presents a clear danger to our enrolled children who cannot be vaccinated, however staff can be given work from home options such as training, planning time and paid release time if applicable.

- If they are observed removing their mask while inside a childcare space or if the mask is not fitted properly, they will be required to leave and complete their 10 day isolation.
- Any **child or adult** with 2 or more symptoms of COVID will be excluded from care or work until they are cleared by a medical provider to return (Doctor's note or negative test result).
- Quarantine time for exposure to positive COVID-19 cases will remain at 10 days for **children** as they are unable to wear a well-fitting mask the whole time they are in care and around other people
 - While the option to return early with a negative test is NOT recommended by the CDC for childcare facilities, we will continue to offer the option to families to have their child return on or after day 5 if the symptom free child tests negative using any approved COVID-19 tests.
 - PCR test provided by a medical facility: Provide the office with documentation of results that include the child's name, the date of the test and the negative result
 - Antigen test provided by a medical facility: Provide the office with documentation of results that include the child's name, the date of the test and the negative result
 - At home test: Provide proof of the negative test and packaging with the child's name and the date taken written on the package.
- Quarantine time for exposure to a positive COVID-19 case will be reduced to 5 days for **staff** who correctly wear a well fitting N95, KN95 or KF94.
 - Any staff member who cannot correctly wear a well-fitting mask will be required to quarantine for 10 days. ADA exceptions do not apply to this masking requirement as it presents a clear danger to our enrolled children who cannot be vaccinated, however staff can be given work from home options such as training, planning time and paid release time if applicable.
 - Any staff member who is observed not correctly wearing a well-fitting mask will be asked to leave and required to complete their 10 day quarantine time.
- Staff will maintain cleaning routines that include regular disinfecting practices between groups of children and between days of the week.
- We will continue to keep age levels separate including staff not crossing over to different areas to the extent possible while maintaining minimum staff to child ratios and keeping rooms open.
 - If staff crossover is required to cover a call out, we will use the lowest risk options first.
 - Rooms will only be closed if there is no other option due to staff shortages.