

COVID-19 Guidance for Child Care Centers

The Fairfax County Health Department (FCHD) developed this guidance document for managing COVID-19 cases and outbreaks in childcare programs, including in-home daycares and before/after school programs. The guidance is reflective of current public health recommendations from the Centers for Disease Control and Prevention (CDC), Virginia Department of Health (VDH), and FCHD. Programs are encouraged to adopt as many of these public health recommendations as possible, but the development and implementation of policies and practices are up to the discretion of the program administrators in most scenarios. Health department authority may be applied in significant outbreak situations.

What metrics are used to determine COVID levels in our community?

The CDC developed metrics for [COVID-19 community levels](#) that are based on recent hospitalizations, hospital capacity, and the number of cases in the community. These levels, organized as Low, Medium, and High, describe the prevention steps that individuals and organizations should take based on those community levels. This guidance applies to the general population including childcare programs. The chart below shows current CDC guidance on what precautions individuals should take when communities are in different levels.

Low	Medium	High
<ul style="list-style-type: none">Stay up to date with COVID-19 vaccinesGet tested if you have symptoms	<ul style="list-style-type: none">If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautionsStay up to date with COVID-19 vaccinesGet tested if you have symptoms	<ul style="list-style-type: none">Wear a mask indoors in publicStay up to date with COVID-19 vaccinesGet tested if you have symptomsAdditional precautions may be needed for people at high risk for severe illness

Source: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Please note that with the current CDC metrics for community levels, universal masking for indoor spaces is recommended when community levels are high. Individuals who are considered high-risk for severe illness may consider wearing a mask at medium COVID levels.

My facility has a COVID-19 case. What happens next?

The Fairfax County Health Department no longer investigates sporadic, individual cases of COVID-19 in childcare facilities, but instead focuses on potential outbreak situations (three or more COVID-19 cases in a single group). When individual cases are identified in staff or children in your program, exclude that individual based on the isolation guidance detailed below. If three or more cases are identified in that class or group, please report the potential outbreak to the Health Department [here](#) (more information below).



We have a potential outbreak in our facility. What do we do?

An outbreak of COVID-19 is defined as three or more epi-linked cases (cases with known exposure or close contact to one another) that occur within 14 days of another case in a single group, such as a classroom or after-school activity. The [Virginia Regulations for Disease Reporting and Control](#) requires outbreaks to be reported directly and immediately to the local health department. If you identify three or more COVID-19 cases in a class or group at your facility, please report it to the Health Department's Containment Branch through the following REDCap Reporting Survey: <https://redcap.link/outbreak.notification>. Containment will review the submission and determine whether or not the situation meets outbreak criteria, as well as provide guidance on next steps. Please note: three sporadic cases in your facility with no known link to each other does not constitute an outbreak.

What isolation or quarantine guidance should we follow for COVID cases and contacts in our facility?

Please refer to the table below for the current guidance on [isolation and quarantine](#) for the general population:

<p>If you test positive for COVID-19 and/or have symptoms of COVID-19 (everyone, regardless of vaccination status)</p>	<p>Day 1 to 5:</p> <ul style="list-style-type: none"> Stay home and away from others. Isolate yourself from others in your household who are not sick.¹ <p>Day 6 to 10:</p> <ul style="list-style-type: none"> You may leave your house if you have no symptoms, or your symptoms are resolving and you wear a well-fitted mask around others through Day 10. If you are unable or unwilling to wear a mask, you may return to the facility if you test negative on or after Day 6.
<p>If you are a close contact to someone with COVID-19, and you meet one of the following criteria:</p> <ul style="list-style-type: none"> Are 6 months or older and have received all recommended vaccine doses, including a booster Have completed the primary series of Pfizer or Moderna vaccine within the last 5 months Have completed the primary series of J&J vaccine within the last 2 months Tested positive for COVID-19 within last 6 months confirmed by a positive viral test 	<p>Day 1 to 10:</p> <ul style="list-style-type: none"> You do not need to quarantine. You may return to work and normal activities. If you develop symptoms, get tested and stay home. If you test positive for COVID-19 during this 10-day period, follow the isolation guidance above.
<p>If you were exposed to someone with COVID-19, but:</p> <ul style="list-style-type: none"> Have not received a COVID booster and completed the primary series of Pfizer or Moderna more than 5 months ago and are 6 months old or older Have not received a COVID booster and completed the primary series of J&J more than 2 months ago Are unvaccinated or partially vaccinated 	<p>Day 1 to 10:</p> <ul style="list-style-type: none"> You do not need to quarantine. You may return to work and normal activities. If you develop symptoms, get a test and stay home. If you test positive for COVID-19 during this 10-day period, follow the isolation guidance above. Consider wearing a mask around others indoors Get tested as soon as possible after the exposure is identified and again between Days 3-5 after exposure

When can a student or staff member return from isolation?

A COVID case may return to your facility after five full days have passed from their symptom onset date or their positive test if they did not have symptoms. Their symptoms must be improving, not worsening, before they may return to the facility. If the case continues to have a fever or if other symptoms have not improved after five days of isolation, the case should wait to end isolation until fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved. To return to the facility on Day 6, the case **must comply with wearing a mask at all times around others** (within 6 feet of others indoors and outdoors). If the case is unable or unwilling to wear a mask, they can return to the facility **if they test negative** on or after Day 6—otherwise they must remain home until the end of Day 10. Students and staff may remove their masks to eat, nap, or play as long as they are at least 6 feet from others. If they are unable to do so, they must continue to isolate at home until the end of Day 10. Masks should not be put on children under the age of 2.

Below is what a 5-day isolation would look like (e.g., individuals who are able to wear a mask around others):

Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
Symptoms start (or positive COVID test if asymptomatic)	Isolation at home					May leave house if symptoms are resolving and no fever. Must wear well-fitted mask around others at all times. If unable to comply with masking, case must isolate until the end of Day 10.					May resume normal activities in facility, including following standard policies for mask wearing.

Below is what a 10-day isolation would look like (e.g., individuals unable to wear a mask around others and have not tested negative):

Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
Symptoms start (or positive COVID test if asymptomatic)	Isolation at home										May resume normal activities in facility, including following standard policies for mask wearing.

Should our facility exclude individuals who may have been exposed to COVID?

The Virginia Department of Health (VDH) recently made changes to quarantine recommendations for close contacts of cases. Close contacts and individuals who have tested positive in the last 6 months are no longer recommended to quarantine and do not need to pause attendance as long as they don't have COVID-19 symptoms. VDH does recommend (but does not require) that close contacts who are not up-to-date on their COVID-19 vaccine wear a well-fitted mask on days 1-10 and monitor themselves for symptoms. Testing is also recommended as soon as the exposure is identified and again between Days 3-5 after exposure. With the discontinuation of quarantine exclusion for exposures, FCHD urges facilities to **emphasize the screening and exclusion of ill staff and children**.

When should staff and children wear masks in our facility?

When a community is in high COVID levels, individuals should wear masks indoors regardless of vaccination status. Masks indoors are optional when community levels are low or medium, though [individuals considered higher risk](#) (e.g., immunocompromised, pregnant) should consider wearing them as an additional precaution. Children under the age of 2 should not wear a mask as it is considered unsafe to do so.

Mask wearing is a critical piece of isolation, as individuals may remain infectious during Days 6-10. If someone is a COVID case and is unable to wear a mask around others at all times, they can return to the facility if they test negative on or after Day 6—otherwise they should stay home until Day 10 of their isolation. Taking off a mask during meal, nap, or play times and not maintaining social distance from others does not comply with the mask wearing rule; if staff or students are unable to do this (e.g., students or staff cannot space themselves at least 6 feet from others when removing their mask to eat), they should not return to the facility until after their full 10-day isolation period. Close contacts who are not up-to-date on their COVID-19 vaccine may wear masks during days 1-10 after exposure.

What type of mask(s) should students or staff wear in our facility?

While FCHD cannot recommend specific types of masks for individuals who work in or attend your facility, we recommend reviewing guidance from [CDC](#) and [VDH](#) on considerations for well-fitting masks. Masks should be multi-layered, cover both the nose and mouth, and fit snugly around the nose, the sides of the face, and under the chin. One important factor for children is that they correctly wear the mask over both their nose and their mouth, and do not remove it when close to other students or staff. Face masks should not be worn by children under 2 years of age. Please also note that mask-wearing is most effective when combined with other layered prevention strategies, such as social distancing.

What if someone is a close contact to a COVID case at home (continuous exposure)?

Quarantine is no longer recommended for close contacts and these individuals may return to work and normal activities. When there is continuous exposure in the home, the close contact may wear a mask during the period of time when continuous exposure occurs and for the 10 days following the last date of exposure to a household case (this would be day 6 of the case's isolation period). We do recommend frequent testing in situations where continuous transmission is expected.

What is the difference between being “fully vaccinated” or “up-to-date” on vaccinations?

CDC recommends that individuals stay “[up-to-date](#)” by receiving any additional or booster doses of COVID vaccination for which they are eligible, according to CDC's recommendations, to ensure they have optimal protection from COVID-19. The technical definition for “fully vaccinated” – two doses of an mRNA vaccine or one dose of the J&J vaccine – has not changed. Individuals are considered fully vaccinated once they have received their primary series.

What if we have a sick student or staff member who is not tested for COVID?

Anyone who is sick should not come into the facility while symptomatic. If the sick person was exposed to someone with COVID, they must stay home and get tested. If there was no known COVID exposure, the sick person should seek testing or alternative diagnosis through a medical provider. At-home self-tests are considered a valid testing option for determining if the illness is due to COVID-19. If unable to get tested or an alternative diagnosis, the sick person should follow isolation guidance until they meet the criteria to return to the facility.

Should we require a clearance letter before a case can return to our facility?

The Health Department encourages facilities to follow the guidance outlined above to determine when a case can return to the facility. As long as individuals are not symptomatic (or symptoms are resolving) and have completed the required timeframe for their isolation, they should be permitted to resume normal activities in the facility.

Should students who recently traveled quarantine before returning to our facility?

While CDC [encourages](#) individuals who are not up-to-date with COVID vaccinations to self-quarantine for 5 days after international travel, this is a recommendation and facilities may choose to adopt this as part of their COVID policy.

What can we do to limit the spread of COVID-19 in our facility?

- Promote [vaccinations](#) for those eligible in your facility.
- Screen students and staff for [COVID-like symptoms](#). COVID symptoms are wide ranging and can appear like allergies or other conditions. Communicate with your community the importance of being vigilant for symptoms and not coming to the facility when ill.
- If students develop symptoms while in the facility, identify an area of your facility where the student can isolate away from others until a parent or guardian can pick them up (e.g., a sick room or empty office). Symptomatic students should be immediately removed from the classroom to limit potential transmission to other students.
- Notify families when there is a COVID exposure in their child's group/classroom.
- Encourage consistent well-fitted mask wearing among those in your facility who are able to do so when the COVID community level is high, or in settings where there is an outbreak.
- Cohort your classes as much as possible. Limit interactions of students and staff between classes to minimize the risk of transmission across different areas of the facility.
- Clean high-touch surfaces with an [EPA registered disinfectant](#) considered effective against COVID-19.

Who should we contact with additional questions?

For questions regarding COVID-19 or other infectious diseases, please contact the Fairfax County Health Department's Acute Communicable and Emerging Diseases team at (703) 246-2433 or HDCD@fairfaxcounty.gov.

¹ For cases who require hands-on care from a caregiver (e.g., children requiring care from a parent or guardian), we recommend one individual to serve as the caregiver for the COVID-positive case. Ideally, that individual should be vaccinated and have received a vaccine booster, if eligible. The caregiver should always wear a mask when providing care to the case and follow proper handwashing protocol following care.

Additional Resources

- [VDH K-12 Schools and Child Care Programs](#)
- [VDH What to do if you were exposed to COVID-19 \(for teachers and staff\)?](#)
- [FCHD: Isolation and Quarantine Guidelines](#)
- [CDC: COVID-19 Guidance for Operating Early Care and Education/Child Care Programs \(updated 5/27/22\)](#)
- [VDH: Child Care and Camps](#)
- [VDH: Child Care Testing](#)
- [FCHD: COVID-19 Handouts and Other Resources](#)