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**Protocols for Symptoms, Close Contacts, and COVID-19 Cases:
 Child Care or Youth Setting outside of K-12 School**

*This document is provided for technical assistance purposes and not intended to modify or supersede [CDPH Isolation and Quarantine Guidance](#) or the [CDPH Guidance for Childcare Providers and Programs](#). In the event that a discrepancy exists between this document and current CDPH guidance; follow current CDPH guidance or the strictest requirements. Child Care Providers should continue to follow COVID-19 requirements and guidance in all applicable [California Department of Social Services \(CDSS\) Community Care Licensing Guidance](#). **This does not include guidance for employees; for staff follow [Cal/OSHA FAQ's regulations](#).***

CHILDREN WITH:	RECOMMENDED ACTION: SYMPTOMS OF ILLNESS	COMMUNICATION/ NOTIFICATION
1. Any of the COVID-19 symptoms , regardless of the vaccination status of the individual or previous infection; OR any new symptoms. (Including “just a cold”). Symptoms are listed below on page 4 or accessible through above hyperlink.	<ul style="list-style-type: none"> • Children who are ill should not attend child care programs or Youth Settings outside of K-12 School. A child with symptoms of illness must be excluded from these settings or isolated while in the care setting. • A medical evaluation and/or COVID-19 test strongly encouraged. • Children with any new symptoms are not to return in-person until the criteria below has been met: <ul style="list-style-type: none"> i. At least 5 days have passed since symptom onset; AND At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND Other symptoms have improved; OR ii. If tests negative; feels better; AND At least 24 hours have passed since resolution of fever without the use of fever-reducing medications, may return to child care setting prior to day 5; OR iii. A healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma); OR iv. A healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus). 	Notify CDSS CCL, staff and families.

CHILDREN WITH:	RECOMMENDED ACTION:	COMMUNICATION/ NOTIFICATION
<p>2. Confirmed COVID-19 case (regardless of vaccination status, previous infection or lack of symptoms).</p> <ul style="list-style-type: none"> • If No symptoms, day 0 = date first positive • If symptoms, day 0 = date first symptom • If symptoms develop after testing positive, 5 - day isolation period should start over. Day 0 = first day of symptoms. 	<p>ISOLATION</p> <ul style="list-style-type: none"> • Isolate case and exclude from all child care or Youth Settings outside of K-12 School settings until return criteria has been met: <ul style="list-style-type: none"> i. Stay home (PDF) for at least 5 days. ii. Children 2 years of age and older with COVID-19 infection may discontinue isolation <u>after day 5</u> if symptoms are not present or are resolving. <ul style="list-style-type: none"> ○ Testing* is recommended on day 5. iii. Children under 2 years of age with COVID-19 infection may discontinue isolation <u>after day 5</u> if symptoms are not present or are resolving: <ul style="list-style-type: none"> ○ Testing* may be considered on day 5 but is not necessary before discontinuation of isolation. <p><i>*Antigen tests preferred.</i></p> <p>ALL SCENARIOS ABOVE:</p> <ul style="list-style-type: none"> • If fever is present, isolation should be continued until fever resolves. • If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until <u>after day 10</u>. • Wear a well-fitting mask around others for a total of 10 days, especially indoors. Exceptions are children under 2 or children who are not able to wear a mask. • Initiate disinfection and cleaning of primary spaces where case spent significant time. 	<ul style="list-style-type: none"> • Notify CDSS CCL, staff and families of close contacts¹ • Notify staff, and families immediately of any confirmed case of COVID-19. Providers must inform families as required pursuant to Title 22 CCR Sections 101212(f) and 102416.2(g). • Child care centers must report epidemic outbreaks and individual COVID-19 cases or deaths to CCL through their local Regional Office (PDF) as required pursuant to Title 22 CCR section 101212(d). • Family child care homes must report epidemic outbreaks and individual COVID-19 cases or deaths to CCL through their local Regional Office (PDF) pursuant to Title 22 CCR section 102416.2(c)(3) • If 3 (or more) cases within a 14-day period, report a potential outbreak to Santa Barbara County Public Health Department Disease Control through the COVID-19 Outbreak Reporting Form, and/or phone Disease Control (805) 681-5280

CHILDREN WHO ARE EXPOSED AND:	RECOMMENDED ACTION:	COMMUNICATION/ NOTIFICATION
<p>3. UNVACCINATED or partially vaccinated and have an exposure ¹ to a person with a confirmed case of COVID-19 in the childcare or youth setting, community or a household.</p> <p>Day 0 = last date of exposure</p>	<p>QUARANTINE</p> <ul style="list-style-type: none"> • Child Care Facility can use either option: <ul style="list-style-type: none"> i. Quarantine at home and return after day 5, if symptoms are not present; recommend testing for ages 2 years or older on day 5 from exposure (Antigen test preferred²). ii. Child attends child care every day if asymptomatic and no fever, AND COVID-19 testing² recommended for ages 2 years or older on day 5. • Exposed children should be monitored for <u>COVID-19 symptoms</u> through day 10 after exposure and tested if symptoms develop. • If testing positive, follow isolation recommendations above. • If symptoms develop, test and stay home <p>ALL SCENARIOS ABOVE:</p> <ul style="list-style-type: none"> • Wear a well-fitting mask around others for a total of 10 days, especially indoors. Exceptions are children under 2 or children who are not able to wear a mask. 	
CHILDREN WHO ARE EXPOSED AND:	RECOMMENDED ACTION:	COMMUNICATION/ NOTIFICATION
<p>4. FULLY VACCINATED ³ have an exposure¹ to a person with a confirmed case of COVID-19 in the childcare or youth setting, community or a household.</p> <p>Includes persons previously infected with SARS-Cov-2, in the past 90 days.</p>	<ul style="list-style-type: none"> i. Refrain from quarantine following a known exposure if asymptomatic AND recommend testing on day 5 from exposure (antigen test preferred²); NO COVID-19 testing if previous COVID-19 infection in past 90 days; AND ii. Wear a well-fitting mask around others for 10 days, especially in indoor settings; Exceptions are children under 2 or children who are not able to wear a mask. iii. If tests positive, follow isolation recommendations above; OR iv. Monitor symptoms through day 10; If symptoms develop, follow symptoms recommendations above. 	

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¹ A COVID-19 exposure is defined as being within 6 feet of an infectious person for at least 15 minutes in a 24-hour period. In child care settings when it may be difficult to identify individual contacts, all those in a shared indoor airspace for at least 15 minutes with an infectious person may be considered exposed. An infected person can spread SARS-CoV-2 starting 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date). In some child care settings, it may be difficult to determine whether individuals have met this criterion

and an entire cohort, classroom, or other group may need to be considered exposed, particularly if children have spent time together indoors (without masking and social distancing).

² Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status. An **antigen test** is preferred for testing out of isolation and quarantine. At-Home antigen tests are acceptable for this purpose. A confirmatory PCR test is not necessary following a positive antigen test. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection. Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell).

Testing is one layer in a multi-layered approach to COVID-19 prevention. For more information about testing, including where to get access to free testing, please see:

- [Updated COVID-19 Testing Guidance](#).
- [Covidtests.gov](#) for free at-home tests. Every home in the U.S. is eligible to order free at-home COVID-19 tests, through the U.S. Department of Health and Human Services and the U.S. Postal Service. The tests are free. Orders will usually ship in 7-12 days.
- Low or no-cost COVID-19 tests are available to everyone in the U.S., including the uninsured, at health centers and select pharmacies nationwide. Additional testing sites may be available in your area. Contact your health care provider or your state or [local public health department](#) for more information.
- [Find a testing site online](#), call (833) 422-4255 or 211, or visit [covid19.ca.gov](#) to learn more about testing options in California.

³ **Fully vaccinated** means a person has received their [primary series](#) of COVID-19 vaccines **OR** were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days .

Considerations for Travel

- Follow [CDPH Guidance](#)
- All travelers who test positive or develop [symptoms of COVID-19](#) should [isolate](#) and follow [public health recommendations](#).

Symptoms of Coronavirus

This list does not include all possible COVID-19 symptoms. CDC and CDPH will continue to update this list.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea