

COVID-19

# Guidance for Georgia Child Care Facilities

INTERIM GUIDANCE AS OF JANUARY 26, 2022



**Georgia Dept  
of Early Care  
and Learning**  
BRIGHT FROM THE START



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The Georgia Department of Early Care and Learning (DECAL) and the Georgia Department of Public Health (DPH) are committed to supporting early childhood learning during the COVID-19 pandemic. DECAL and DPH recognize the vital role that providers, including their teaching staff, play in the support of Georgia's children and families, especially during a public health crisis. Early education and child care programs licensed or exempt by the Georgia Department of Early Care and Learning (DECAL), including Child Care Learning Centers, Family Child Care Learning Homes, Georgia's Pre-K Programs, license exempt providers, and Child and Adult Food Programs and Summer Food Service Program Institutions and Sites, shall maintain full compliance with all DECAL directives and guidance.

The following practices align with Centers for Disease Control and Prevention (CDC) and DPH guidelines for open child care programs during the COVID-19 pandemic and should be implemented by all open and reopening child care programs until further notice to assist the program's compliance.

### **How Was This Guidance Developed?**

In order to secure the health, safety, and protection of children and their families across the state of Georgia, the Georgia Department of Public Health (DPH) worked closely with the Department of Early Care and Learning (DECAL) to develop guidance for Georgia's child care facilities. The following considerations are shared to assist child care facilities in creating an environment that will continue to slow the spread of COVID-19.

### **How Should this Guidance be Used?**

**Families** should use this guidance to understand what health practices will be in place in child care facilities. All child care facilities will be required to follow certain health practices in this guidance noted as "required." Many child care facilities may also choose to implement some or all the recommended practices.

**Child care facilities** should use this guidance to understand what health practices they must meet, and to develop detailed plans for how to implement all required health practices described in this guidance. The guidance document should be used in combination with operational guidance provided by the local public health district and the Governor's Office. DECAL, local public health district, and child care facilities should establish a working relationship and dialogue that address the unique situation and needs of each community and each child care facility. Not all recommendations will be appropriate for all ages, child care facilities, or communities.

Please note that this guidance is subject to change and will be updated as additional [scientific evidence](#) becomes available. [New variants](#) of the virus that causes COVID-19, including the Omicron (B.1.1.529) variant that make it more transmissible, are [spreading in Georgia](#). Vaccination is the primary way to protect individuals from infection with COVID-19; current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against the circulating variants. DPH will continue to monitor variants and will update guidance accordingly.

# 1. COVID-19 Prevention Strategies

Early Child Care and Education programs are an important part of the infrastructure of communities. They provide safe and supportive care environments for children that support social and emotional development, provide access to critical services, and improve life outcomes. They also employ people and enable parents, guardians, and caregivers to work.

Implementing layered prevention strategies (i.e., using multiple prevention strategies together) is **critical to protect children, teachers, and staff who are not up to date on COVID-19 vaccination**. The need for specific prevention strategies will vary based on community transmission levels, vaccination coverage, COVID-19 outbreaks or increasing trends in the facility or surrounding community, and ages of children and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

## **Promoting vaccination**

**Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.** Achieving high levels of COVID-19 vaccination among eligible teachers, staff, children and household members is one of the most critical strategies to help child care facilities safely continue full operations. Child care facilities can encourage and promote COVID-19 vaccination of all eligible families, teachers, and staff. People who are [up to date](#) on COVID-19 vaccines are well protected from severe illness, hospitalization, and death from infection with COVID-19.

- Individuals 5 years and older are **strongly recommended** to receive a primary series of COVID-19 and are considered fully vaccinated 2 weeks after receiving a primary series.
  - For persons 18 and older, a primary series consists of:
    - A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or
    - A single-dose COVID-19 vaccine (Johnson & Johnson's Janssen)
  - For children 5 years through 17 years of age, a primary series consists of 2 doses of the Pfizer-BioNTech COVID-19 vaccine.
- It is **strongly recommended** that individuals remain up to date with their vaccines, including [additional doses](#) for immunocompromised individuals and/or [booster doses](#) at regular time points.

When promoting COVID-19 vaccination, child care facilities should consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Messaging can be adjusted to the needs of families and communities.

To promote vaccination, child care facilities can:

- Partner with the local health department to serve as COVID-19 vaccination sites and/or host vaccination events.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine.
- Visit [https://dph.georgia.gov/covid-vaccine for information on COVID-19](https://dph.georgia.gov/covid-vaccine-for-information-on-covid-19) vaccination in Georgia.
- Use the CDC [COVID-19 Vaccine Toolkits](#) to educate the child care community about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns.

## **Consistent and Correct Mask Use**

When teachers, staff, children, and families consistently and correctly wear a mask, they protect others as well as themselves.

- Mask use is **strongly recommended** indoors for everyone, including children ages 2 years and older, teachers, staff, and visitors to the child care facility, regardless of vaccination status (i.e., universal masking). This is especially important indoors and in crowded settings when physical distancing cannot be maintained. Or when in close contact with other people for prolonged periods of time.
- In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, it is recommended that people who are not up to date on their vaccination wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not up to date on their vaccination.

Masks should **never** be placed on:

- Children under 2 years of age; OR
- Anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance, OR
- Anyone who cannot tolerate a mask due to developmental, medical, or behavioral health needs.

CDC and the American Academy of Pediatrics currently recommend universal masking for all children older than 2 years and all staff, regardless of vaccination status, unless medical or developmental conditions prohibit use. Based on the current trajectory of the pandemic, DPH **strongly recommends** child care facilities require masks regardless of vaccinations status. Reasons for this include:

- Although current vaccines are expected to protect against severe illness, hospitalizations, and deaths, breakthrough cases (i.e., infection in fully vaccinated people) are likely to occur with the Omicron variant.

- Having a child care population that is not yet eligible for vaccination, which currently includes all children under the age of 5.
- Transmission of variants, including Omicron, that spread more easily, even if individuals are vaccinated or do not have symptoms.
- Mask policies that are not universal will be difficult to monitor or enforce.
- Vaccination uptake is relatively low within the community. ([Georgia COVID-19 Vaccine Dashboard](#))

Child care facilities that continue to require people older than 2 years of age to wear a mask should make exceptions for the following categories of people:

- Anyone 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.).
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Child care facilities are **recommended** to:

- Consider masks for children if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Wearing a mask is most important when children cannot remain physically distanced from one another or from other groupings, such as in hallways.
- Provide masks for staff and other adults and ask them to properly launder using hot water and a high heat dryer between uses.
- Share guidance and information with staff, and families on the proper use, wearing, removal, and cleaning of masks, such as CDC's [Guide to Masks](#).
- Regardless of the facility's policies, child care facilities should be supportive of people who are up to date on COVID-19 vaccines, but choose to continue to wear a mask, as a personal choice or because they have a medical condition that may weaken their immune system. People with weakened immune systems should talk to their healthcare professional about the need for continued personal protective measures (e.g., masking, and physical distancing) after vaccination.
- To facilitate learning and social and emotional development, consider having teachers and staff wear a clear 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.
- CDC adopted an Order on January 21, 2021, which requires the wearing of masks by people on any bus within United States, including child care buses. The expectation is that passengers and the driver must wear masks on child care buses, subject to the exclusions and exemptions of the federal Order, regardless of the facility's mask policy and vaccination status. Child care facilities should note that this Order is not a requirement set by the State of Georgia, and they are encouraged to consult the Order to review provisions regarding enforcement.

Resources for choosing and wearing masks correctly:

- [CDC mask recommendations](#)
- [ASTM International Standard Specification for Barrier Face Coverings](#)
- [NIOSH Workplace Performance and Workplace Performance Plus masks](#)
- [How masks control the spread of SARS-CoV-2](#)
- [How to select, wear, and clean your mask](#)

## **Physical Distancing and Cohorting**

Child care programs where not everyone is up to date on COVID-19 vaccination should implement physical distancing, in addition to universal masking, to the extent possible but should not exclude children from child care to keep a minimum distance requirement.

CDC and DPH recognize that maintaining physical distance between children may not be feasible, therefore, cohorting is strongly recommended to facilitate contact tracing and to avoid having to close multiple classrooms or the entire facility. Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children, teachers, and staff who come in contact with each other, especially when it is difficult to maintain physical distancing, such as among young children.

Child care facilities are **strongly recommended** to:

- If possible, limit classes to include the same children each day, and the same child care providers should remain with the same group each day. These groups should not be mixed.
- Staff should avoid congregating together (especially when indoors) and should maintain at least six (6) feet of distance from other staff who do not work in the same classroom to the extent possible.
- Keep each group of children in a separate room.
- Limit the mixing of children in different groups by staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Post signage in key areas throughout the facility to remind people of appropriate protocols such as distancing between groups, wearing masks, and washing hands.
- If possible, at nap time, ensure that children's nap time mats (or cribs) are spaced out as much as possible. Consider placing children head to toe to further reduce the potential for viral spread.
- Prioritize outdoor activities.
- Cohorting should not replace other prevention measures within each group.
- It is important that facilities ensure cohorting is done in an inclusive manner that does not perpetuate academic, racial, or other inequities.

## **Screening Testing**

Screening testing in child care facilities can help identify people with COVID-19, including those with or without symptoms, so measures can be taken to prevent further transmission. By promptly identifying and isolating cases and quarantining those who may have been exposed, screening testing can reduce closures and loss of in-person learning.

Screening testing may be most valuable in:

- Areas with substantial or high community transmission levels
- Areas with low vaccination coverage
- Child care programs where other prevention strategies are not implemented

Screening testing can be used to help evaluate and adjust prevention strategies and provide an additional layer of prevention. Child care facilities that choose to implement screening testing should offer testing at least once a week. People who are fully vaccinated do not need to participate in screening testing.

Funding for screening testing in child care facilities is available through:

- [FEMA funding for COVID-19 Testing](#)
- [Operation Expanded Testing](#)

## **Ventilation**

Improving ventilation can reduce the number of virus particles in the air. Along with other prevention strategies, including wearing a mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses or other forms of transportation if doing so does not pose a safety risk.

Child Care facilities are **recommended** to:

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans that are placed out of children’s reach, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility. Consider CDC’s recommendations on [Ventilation in Schools and Child Care Programs](#).

For additional information about actions to improve ventilation, use of ventilation equipment, maintenance, and other ventilation concerns, see:

- [CDC’s Ventilation in Schools and Child care Programs](#)

- [CDC's Ventilation in Buildings webpage](#)
- [CDC's Ventilation FAQs](#)
- [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance](#)

Funds provided through the American Rescue Plan Act Child Care Stabilization Grants and Head Start Programs funding increases can support improvements to ventilation. Please see guidance for these funds from the Administration for Children and Families [Office of Child Care](#) and [Office of Head Start](#). The American Rescue Plan Act also provides [Coronavirus State and Local Fiscal Recovery Funds](#) to state, local, and tribal governments that may also be available for some ECE programs.

## **Handwashing and Respiratory Etiquette**

Everyone should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Child care programs can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Children and staff should cover their mouth and nose with a tissue when coughing or sneezing (or use the inside of their elbow). Used tissues should be discarded in the trash, followed immediately by good handwashing.
- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds. Handwashing should occur often, especially during key times such as:
  - Before, during, and after preparing and/or eating food
  - Before and after caring for someone who is sick
  - After using the bathroom
  - After changing diapers or assisting a child who has used the bathroom
  - After blowing your nose, coughing, or sneezing
  - After touching garbage
  - After touching an item or surface that may be frequently touched by other people
  - Before touching your eyes, nose, or mouth
- Remind everyone in the facility [to wash hands frequently](#) and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.

- Post [signs and graphics](#) that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures, and be in primary languages spoken by your staff and families.
- Set up hand hygiene stations at facility entrances.
- Wearing gloves is not necessary for protection from COVID-19 in most situations. Wearing gloves is recommended when cleaning and disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is recommended.

## **Staying Home When Sick and Getting Tested**

Children, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19\*, should stay home and be referred to their healthcare provider. Staying home when ill is essential to prevent the transmission of COVID-19 and other infectious illnesses in child care facilities. Schools should educate teachers, staff, and families about when to stay home and can provide informational resources for COVID-19 testing. Child care programs should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home.

- Child care programs should encourage families to monitor their children closely for signs of illness and to keep them home when they are sick. Children or staff with a fever of 100.4 °F (38.0 °C) or greater or other signs of illness should not be admitted to the facility. In particular, families should monitor for the following:
  - Fever (temperature 100.4 °F or higher)
  - Sore throat
  - New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
  - Diarrhea, vomiting, or stomachache
  - New onset of severe headache, especially with fever
- Child care programs should provide masks for staff and children greater than 2 years of age and require they be worn if the child or staff member experience symptom onset at school while waiting to leave or be picked up.
- If a child becomes sick at school, see [Section 2](#) for Georgia-specific recommendations.
- Getting tested for COVID-19 when symptomatic is particularly important if other key prevention strategies (masking and distancing) are not in use.
- Child care programs should work with their local health department to identify COVID-19 testing locations.

\*Symptoms of COVID-19 may 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, congestion or runny

nose, nausea or vomiting, or diarrhea. It may be difficult to distinguish between COVID-19 symptoms and other common respiratory illnesses, seasonal allergies, or some chronic illnesses. Identifying new or worsening symptoms and/or testing for COVID-19 or other respiratory illnesses can help confirm a diagnosis.

## **Contact tracing, isolation, and quarantine**

Child care programs are **strongly recommended** to continue to collaborate with the local health district and DPH on contact tracing efforts and enforcement of isolation and quarantine for children, teachers, and staff. Most health districts have designated teams for child care facilities in their epidemiology department, and facilities should establish a point of contact.

See [Section 2](#) for Georgia-specific guidelines, recommendations, and requirements for contact tracing, isolation, and quarantine.

## **Cleaning and disinfection**

The virus that causes COVID-19 spreads primarily in the same way that the flu and other respiratory diseases spread, through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another. Understanding how COVID-19 spreads directs infection control recommendations to prevent illness.

Child care facilities are **required** to:

In addition to rigorous hygiene, sanitation, and disinfection, which licensing rules require child care providers adhere to, special attention must be paid to the following:

- Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children's area. Ensure the toy bin is cleaned and disinfected properly.
- Remove soft toys that cannot be easily cleaned. Soft toys that are machine-washable should be washed often, at the warmest temperature recommended on the label and dried thoroughly.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Toys used by a group of children must be washed and sanitized before they may be used by children in a different group or classroom.
- Items that need to be cleaned should be set aside in a dish pan with soapy water or in a separate container marked for soiled toys.

- Only bedding (sheets, pillows, blankets, and sleeping bags) that can be washed may be used. Each child's bedding must be kept separate and, to the extent practicable, should be stored in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child and any bedding that touches a child's skin should be cleaned weekly or before use by any other child.
- Ensure staff and children wash their hands immediately after outdoor play.
- Ensure appropriate infection prevention supplies and equipment are available which may include soap, hand sanitizer (at least 60% alcohol), paper towels, no-touch trash cans, disinfectant wipes, and tissues.

Child care facilities are **recommended** to:

- Develop, implement, and maintain a plan to ensure appropriate [cleaning and disinfecting](#) of frequently touched surfaces using [EPA-approved disinfectants against COVID-19](#) at least daily and between use as possible.
  - Ensure safe and effective use and storage by reading and following directions on the label.
  - Always wear gloves appropriate for the chemicals being used when cleaning and disinfecting.
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Develop a schedule for increased, routine cleaning and disinfection.
- Surfaces and objects that are frequently touched must be sanitized regularly, including, but not limited to, toys, games, and objects or surfaces not ordinarily cleaned daily.
- Limit the use of shared materials (supplies, equipment, toys, and games) and clean between use as possible.
- Focus cleaning efforts on plastic or metal high-touch surfaces where hands frequently make direct contact like grab bars and railings between groups of children. Cleaning of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Designate bins for clean, unused playground equipment and for equipment that needs to be cleaned. Consider color coding or labeling with simple symbols so children of all ages can help with this activity.
- Discourage sharing of items that are difficult to clean or disinfect.
- Wash linen items using the warmest appropriate water setting for the items and dry items completely. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces. In child care centers, linen used in rooms where children in care are less than 12 months old must be changed and laundered when soiled and at least daily. Otherwise, bedding that touches a child's skin should be cleaned whenever soiled or wet before use by another child and at least weekly.

- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each child their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

In general, cleaning once a day is usually sufficient to remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#)) Removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

- If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.
- Ensure that personal items such as masks and toothbrushes are used only by one child and stored safely while not in use. Ensure that children and staff wash hands after handling these personal items.
- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see CDC's [Cleaning and Disinfecting Your Facility](#).

**Note:** The use of devices such as foggers, misters, or vaporizers for disinfection in child care facilities are not recommended. These devices aerosolize chemicals, or suspend them in the air, and can stay in the air for long periods of time, especially if the area is not well ventilated. Aerosolizing any disinfectant can irritate the skin, eyes, or airways and can cause health issues for people and young children who breathe it in. These devices are not necessary and standard cleaning and disinfection is adequate.

**Normal routine cleaning for outdoor areas is sufficient, therefore more extensive disinfection is optional.**

## 2. Georgia Requirements and Recommendations

### **Isolation and Quarantine**

Confirmed COVID-19 case: child, teacher or staff member that tests positive COVID-19 using a [viral test](#).

Probable COVID-19 case: child, teacher, or staff member that develops COVID-19 symptoms after exposure to a confirmed COVID-19 case within the past 14 days.

Isolation is used to separate people with COVID-19 from those without COVID-19. People who are in isolation must exclude themselves from all activities outside the home and separate themselves from others at home.

- Isolation starts from either the first day that symptoms of COVID-19 started or if an individual never develops symptoms, the day they tested positive for COVID-19. The day of symptom onset, or the day the test is collected if asymptomatic is day 0.
- Isolation for 10 days is the safest option, but if an individual leaves isolation earlier than 10 days, they should continue to **wear a well-fitting mask around others for the remainder of the 10 days**.
  - Individuals with symptoms who are able to wear a mask may discontinue isolation when:
    - At least 5 full days (days 0–5) have passed since symptoms first appeared and
    - At least 24 hours have passed since last fever without the use of fever-reducing medications and
    - Symptoms (e.g., cough, shortness of breath) have improved.
  - Individuals without symptoms who are able to wear a mask may discontinue isolation when:
    - At least 5 full days (days 0–5) have passed since the positive test and they remain asymptomatic.
    - If they later develop symptoms, they should follow the guidance for symptomatic individuals above. Day 0 will be the day symptoms began.
  - If individuals are unable to mask (e.g., children less than 2 years of age) or cannot mask consistently and correctly, they should complete the full 10 days of isolation prior to returning to child care.
    - Isolation for 10 days (days 0–10) is the safest option for children less than 2 years of age. Children less than 2 years of age cannot wear a mask and are generally grouped with other children who are not eligible for vaccination and who also cannot wear a mask.

CDC recommends that people with moderate or severe illness and people who are immunocompromised should [isolate for at least 10 days](#).

Exposure is having contact with someone infected with the virus that causes COVID-19 in a way that increases the likelihood of getting infected with the virus.

A close contact is generally someone who was:

- Within 6 feet of someone with COVID-19 (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*);
- Living in the same household as a person with COVID-19 and being unable to maintain 6 feet separation at all times;
- Caring for a person with COVID-19;
- In direct contact with secretions from a person with COVID-19 (e.g., being coughed or sneezed on, kissing, sharing utensils, etc.) for any amount of time.

Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others. This is to prevent a person who may become sick from exposing others.

- Most close contacts that were exposed to someone with a COVID-19 and become infected will develop symptoms within 14 days. On average, people infected with the virus are contagious for up to 2 days before they develop symptoms and 8 days after symptom onset. Thus, close contacts should adhere to prevention strategies, including wearing a well-fitting mask to prevent potential spread of the virus for the full 10 days.
- Who should quarantine:
  - Individuals who are not vaccinated or who are not up to date on their COVID-19 vaccines\*.
- Who does not have to quarantine:
  - Individuals who are up to date on their COVID-19 vaccines\*.
  - Individuals with confirmed COVID-19 within the last 90 days (i.e., tested positive using a [viral test](#)).

\*Determine whether an individual is up to date by visiting <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.

- Quarantine for 10 days after the most recent date of exposure (day 0) has the lowest risk of exposing others, but if an individual leaves quarantine earlier than 10 full days, they should continue to **wear a well-fitting mask around others for the remainder of the 10 days**.
  - Individuals who are able to wear a mask and do not develop symptoms may leave quarantine after 5 full days have passed since the most recent exposure (day 0). See

DPH's [Return to Child Care Guidance After COVID-19 Illness or Exposure](#) for additional information.

- **For those who are unable to wear a mask, including children less than 2 years of age, quarantine for 10 full days has the lowest risk of exposing others.**
- To limit the burden on families, child care facilities may consider the following options, although these options may increase the risk of exposure to other children and staff. To help mitigate these risks, daily symptoms checks should be reported by the parents or caretakers or assessed by the child care facility during days 6-10 of quarantine; and comingling between children leaving quarantine early and others should be limited as much as feasible.
  - Facilities that have quarantined an entire cohort (e.g., classroom) may consider allowing children within the cohort to return after 5 full days of quarantine if the children are asymptomatic. Precautions should be taken to avoid mingling between cohorts during this time.
  - Facilities may consider allowing any child who is unable to mask to return after 5 full days if the child is asymptomatic. This may result in co-mingling of children who have been recently exposed to COVID-19 and those who have not, thus increasing risk of exposure to other children. Families should be notified that a child is attending during their quarantine period.
- During quarantine, all individuals should monitor their health and seek testing and isolate immediately if symptoms develop.
- Even if an individual remains asymptomatic, it is recommended to seek testing at least 5 days after the most recent exposure.

## **Vaccination Verification**

Child care facilities are responsible for obtaining verification of COVID-19 vaccination in teachers, and staff.

Obtaining proof of vaccination at the beginning of the school year or as soon as teachers and staff members receive their full vaccination series is **strongly recommended**. Proof of vaccination will be needed for any close contacts that are exposed in the child care setting to be exempt from quarantine. If proof of vaccination is not provided before an exposure occurs, there may be a delay of up to seven days before the contact is able to obtain their proof of vaccination from their doctor or DPH. During this delay, contacts will need to quarantine as stated in the quarantine guidance.

Child Care facilities should advise teachers/staff to obtain proof of vaccination by:

- Requesting vaccination records from their healthcare provider or local County Health Department .
- Requesting the information from DPH using this form:

<https://dph.georgia.gov/document/form/immunizationrecordrequestformfinal42020pdf/download>

- Email the completed form to [dph-immreg@dph.ga.gov](mailto:dph-immreg@dph.ga.gov)
- Additional information can be found at [DPH Immunization FAQ](#).

## **Students, teachers, and staff that become ill with signs and symptoms of infectious illness, including COVID-19**

Child care programs should develop a protocol and identify an isolation room or area to separate any child, teacher, or staff member who exhibits signs or symptoms of infectious illness. This includes, but is not limited to, illness such as COVID-19, influenza, and respiratory syncytial virus (RSV). At this time, child care programs should be especially alert to children, teachers, or staff with [COVID-19 like symptoms](#). The plan should include how to transport an ill child, teacher, or staff member home or to medical care as appropriate.

### **Follow the child's Emergency Medical Information Record.**

Immediately isolate symptomatic individuals, **regardless of COVID-19 vaccination status**, to the designated area at the child care facility, and send them home to isolate as soon as possible.

Ensure symptomatic children remain under visual supervision of a staff member. The supervising adult should wear [respiratory protection](#) (e.g., respirator or mask depending on availability) and eye protection.

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately (911 or local equivalent):

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Other symptoms that are concerning to you
- Notify the operator that you are seeking care for someone who may have COVID-19

A mask should be placed on the symptomatic person while waiting to leave the facility. If the symptomatic person does not have a mask, one should be provided by the child care facility.

- Masks should not be placed on:
  - Children under age 2
  - Anyone who has trouble breathing or is unconscious
  - Anyone who is incapacitated or otherwise unable to remove the mask without assistance

- Anyone who cannot tolerate a mask due to developmental, medical, or behavioral health needs

Advise ill individuals to contact their healthcare provider and/or get tested for COVID-19 and to not return to the child care program until they meet the criteria of the facility's illness management policy.

Close off areas used by a sick person and do not use before [cleaning and disinfection](#). Wait as long as possible (at least several hours) before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

If the ill individual tests positive for COVID-19 or reports that they were exposed to a person with COVID-19 within the past 14 days, see the next section ("The child care facility is notified of a confirmed or probable case in a child, teacher, or staff member").

If the ill individual does not get tested for COVID-19 AND does not have a known exposure to a person with COVID-19 see "Child, Teacher, or Staff with symptoms (no testing and not linked to positive case)".

### **Establish a communication plan to notify the local health district of potential cases and clusters.**

Adhere to DPH's "[Return to Child Care Guidance After COVID-19 Illness or Exposure](#)" for allowing a child, teacher, or staff member to return to child care.

## **Cases of COVID-19 in the Child Care Setting**

The child care facility is notified of a confirmed or probable case in a child, teacher, or staff member

### **IMMEDIATELY implement the following steps:**

1. The case must be excluded from child care or work for the duration of their isolation period.
2. Any household members (e.g., siblings, etc.) are automatically considered close contacts and must be excluded from child care or work for the duration of their quarantine period. Household members may be exempt from quarantine if it is determined they were not a close contact based on the case interview or if they meet the exemptions below.
3. Determine whether the case was at the child care facility while contagious. The contagious period includes 2 calendar days before the onset of symptoms (e.g., if symptom onset occurred on a Wednesday, the case would have been contagious at school both Monday and Tuesday, regardless of the time of symptom onset), or if asymptomatic, 2 calendar days before the day they were tested through the day they started isolation.
  - If no, further action is not needed after excluding the case and household members

- If yes, perform the following:
    - Identify all close contacts (step 4).
    - Plan to close and [clean and disinfect](#) any spaces the person was in while contagious.
4. Identify close contacts:
- Any individuals that were within 6 feet of the case for a cumulative total of 15 minutes<sup>1</sup> or more within a 24-hour period. For classes with infants and younger children, this may include everyone in the classroom because of the level of interaction that occurs between staff and other children.
  - If there is uncertainty about the length of exposure or proximity to the case, the individual should be considered a close contact.
  - Exemptions to quarantine:
    - Any person that is up to date with their vaccines, including [additional doses](#) for immunocompromised individuals or [booster doses](#) at regular time points.
      - See [Vaccination Verification](#)
    - Any person with a confirmed COVID-19 in the previous 90 days (i.e., tested positive using a viral test).
    - Note: The exception to the close contact definition for K-12 schools (within 3 to 6 feet while wearing a well-fitting mask consistently and correctly) typically does not apply to child care programs. If child care programs are in K-12 indoor classroom settings or structured outdoor settings where mask use can be observed, extending the exception to younger ages may be appropriate.
  - Exclude close contacts from the child care setting until they have completed all requirements in DPH's [Return to Child Care Guidance After COVID-19 Illness or Exposure](#).

Close contacts that become ill and are diagnosed with COVID-19 must be excluded for their isolation period. Refer to DPH's [Return to Child Care Guidance After COVID-19 Illness or Exposure](#).

## 5. Notifications:

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<sup>1</sup> Recommendations may vary on the length of time of exposure, but a cumulative total of 15 minutes of close exposure can be used as an operational definition. Data are insufficient to precisely define the duration or length of time for prolonged exposure. Additionally, there is little data to determine the effect of multiple short-term exposures (when the cumulative exposure equals or exceeds 15 minutes). Brief interactions are less likely to result in transmission; however, the type of interaction (e.g., did the infected person cough directly in another person's face or did the infected person engage in high-exertion exercise with others) remain important. Individuals who are unable to maintain physical distance from others throughout the day (e.g., individuals have multiple exposures to a case, and either are unable to calculate total time exposed or exposure equal or exceed 15 minutes in total) may be considered a close contact. If a person clearly meets definitions as a "close contact", that person should follow quarantine guidance prior to public health assessment. If there are questions Public Health will perform a risk assessment to determine who is considered a close contact if the duration or type of contact is in question.

- Notify families of close contacts and inform them of DPH’s [Return to Child Care Guidance After COVID-19 Illness or Exposure](#) and when their child can return to child care.
- Send notification letters to parents. **Notify public health of the case and all contacts.**

**Note: The entire facility does not need to be closed when a positive case is identified. The affected classroom and certain areas of the building may need to close temporarily while staff and children quarantine and while proper cleaning and disinfecting is taking place. However, if the child care facility is unsure of who is a close contact, it may be necessary to close for a few days while close contacts are identified.**

6. Close off areas used by a sick person and do not use before [cleaning and disinfection](#). If possible, wait 24 hours before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

### Child, Teacher or Staff with Symptoms (No Testing and Not Linked to Positive Case)

When a child, teacher, or staff member has symptoms, the child care facility should implement their existing illness management policy, which should include sending home anyone with signs or symptoms of an infectious illness. The symptomatic individual should not return to child care until they meet the criteria of the child care facility’s illness management policy (e.g., the person cannot return until symptom-free for 24 hours without fever reducing medications).

Exception: If a healthcare provider suspects COVID-19, the symptomatic individual should remain out of child care and follow the [Return to Child Care Guidance After COVID-19 Illness or Exposure](#).

Quarantining close contacts is not necessary. However, the facility should continue to monitor children, teachers, and staff for clinical signs and symptoms.

If the symptomatic individual identifies exposure to a laboratory-confirmed COVID case, the recommendations for isolation should be followed and the individual should remain out of child care until they meet the criteria in the [Return to Child Care Guidance After COVID-19 Illness or Exposure](#).

Notify your local public health district of the case.

## **Returning to Child Care**

Child care facilities are **required** to:

Enforce staff and children stay home if:

- They have tested positive for OR are showing COVID-19 symptoms, until they meet DPH’s [“Return to Child Care Guidance After COVID-19 Illness or Exposure”](#).

- They have recently had close contact with a person with COVID-19, until they meet DPH’s [“Return to Child Care Guidance After COVID-19 Illness or Exposure”](#).

Advise positive or ill individuals of [DPH’s home isolation criteria](#).

Situation:	Criteria to return to Child Care:
<p><b>Person has symptoms of COVID-19 and has been diagnosed with or tested positive for COVID-19. Note: the day of symptom onset is day 0.</b></p>	<p>Person can return to the child care facility when they can answer yes to ALL three questions:</p> <p>Has it been at least 5 full days since symptoms first appeared?</p> <p>Has it been at least 24 hours since the person had a fever (without using fever reducing medicine)?</p> <p>Has it been at least 24 hours since the person’s symptoms have improved, including cough and shortness of breath?</p> <p>Can the person wear a well-fitting mask for days 6–10 after symptom onset while in the child care facility?</p> <p>Once the criteria above are met, it is not necessary to require a negative COVID-19 test to return to child care. If the person cannot wear a mask, they can return after 10 full days.</p>
<p><b>Person has not had symptoms of COVID-19 but has been diagnosed with COVID-19 based on a positive test. Note: the day the positive test was collected is day 0.</b></p>	<p>Person can return to the child care facility once 5 full days passed since the date of their first positive test if they can wear a well-fitting mask for days 6–10. If they cannot wear a mask, they can return after 10 full days.</p> <p>However, if the person develops symptoms of COVID-19 after their positive test, they must be able to answer yes to ALL three questions listed above before returning to child care.</p>
<p><b>Person has been excluded because of COVID-19 symptoms without a known exposure to an infected person but then tests negative for COVID-19</b></p>	<p>Person can return to the child care facility once they can answer yes to both questions:</p> <p>Has it been at least 24 hours since the person had a fever without the use of fever-reducing medicines?</p> <p>Has the person felt well for at least past 24 hours?</p>
<p><b>Person has been excluded because of COVID-19 symptom(s) without a known exposure to an infected person and was not tested</b></p>	<p>Person can return to child care facility:</p> <p>24 hours since the person had a fever without the use of fever-reducing medicines AND/OR</p> <p>24 hours since symptoms resolved.</p>
<p><b>Person that is not vaccinated, has not completed a primary vaccine series, or is not up to date with additional/booster vaccines has been determined to be in close</b></p>	<p>Quarantine is recommended. However, asymptomatic individuals may return to child care after they have completed all requirements in the <a href="#">Return to Child Care Guidance After COVID-19 Illness or Exposure</a>.</p>

<b>contact with someone diagnosed with COVID-19</b>	
<b>Person that is up to date on COVID-19 vaccines has been determined to be in close contact with someone diagnosed with COVID-19</b>	Person does not need to quarantine. However, they should monitor themselves for symptoms for 10 full days and follow the isolation guidance if any symptoms develop. CDC recommends that individuals test at least 5 days following an exposure. Universal masking is recommended for all child care facilities, but individuals who are up to date on vaccines should also wear a well-fitting mask for 10 days when around other people.
<b>Person that has tested positive for COVID-19 within the previous 90 days, has recovered and remains asymptomatic but has been determined to be in close contact with someone diagnosed with COVID-19</b>	Person does not need to quarantine. However, they should monitor themselves for symptoms for 10 days. If they develop new symptoms during the 10 days, they should isolate while ill and may return to normal activities after their symptoms resolve. Universal masking is recommended for all child care facilities, but individuals within 90 days of an infection should also wear a well-fitting mask for 10 days when around other people.

## **Reporting**

Child Care facilities are **required** to

- Notify DECAL and your local public health department immediately when a positive COVID-19 case is identified in the child care facility setting. Providers should report directly to their child care consultant AND fax or e-mail the “COVID-19 Positive Reporting Form” and “COVID-19 Close Contacts” form (Appendix).
- Notify your local public health department of clusters or outbreaks of COVID-19 **IMMEDIATELY** (as required by § OCGA 31-12-2).
  - Clusters of illness are reportable to public health under notifiable disease reporting rules. This includes clusters or outbreaks of COVID-19 or other illnesses. Local epidemiologists will work with each child care facility to collect information about a cluster or outbreak, including but not limited to the number of children and staff at the child care facility, the number which are sick, and the number which are laboratory-confirmed. Local public health contacts are available here: <https://dph.georgia.gov/media/66666/download>.
  - A COVID-19 outbreak in a child care facility setting will be defined as: two or more laboratory-confirmed COVID-19 cases among children or staff with illness onsets within a 14-day period, who are epidemiologically linked (e.g., have a common exposure or have been in contact with each other), do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

- Notify DECAL of all COVID-19 cases occurring in children or staff.
  - Develop a procedure to report outbreaks to public health and DECAL.
  - The procedure for reporting clusters or outbreaks will vary by individual child care facility and district.

### 3. Additional Considerations

#### **Holding, Washing, or Feeding Children**

It is important to comfort crying, sad, or anxious infants and toddlers, and they often need to be held. To the extent possible when holding, washing, or feeding young children, staff should protect themselves by:

- Washing hands frequently.
- Washing hands and anywhere that have come into contact with a child's body fluids.
- Avoiding touching eyes, nose, or mouth while holding, washing, or feeding a child.
- Washing hands before and after handling infant bottles prepared at home or in the facility.

#### **Diapering Children**

- When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin, and wear gloves. Follow [safe diaper-changing procedures](#).
- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
- After diapering, take off gloves and wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free disinfectant on the [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#) as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
- If reusable cloth diapers are used, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents or guardians or laundry service.

#### **Transport Vehicles**

If transport vehicles (for example, buses or vans) are used by the child care program, child care facilities are **required** to:

- Ensure that drivers of transport vehicles follow all DECAL regulations and DPH's health and safety policies indicated for other staff (e.g., hand hygiene, masks).
- Clean and disinfect child care facility buses or other transport vehicles regularly, see [guidance for bus transit operators](#).
- Establish a plan for responding to children who are ill, or otherwise meet exclusion criteria, prior to boarding the vehicle.
- Ensure that children who become ill at the child care facility have an alternative to group transportation for returning home. The program should immediately contact family members or contact persons to pick up the child.
- Ensure that if a driver becomes ill during the day that they follow DECAL and DPH's policies and the ["Return to Child Care facility Guidance After COVID-19 Illness or Exposure"](#) Before returning to work.

## **Children with Disabilities or Other Healthcare Needs**

Provide accommodations, modifications, and assistance for children and staff with disabilities or special healthcare needs when implementing COVID-19 safety protocols:

- Work with families to better understand the individual needs of children with disabilities.
- Remain accessible for children with disabilities:
  - Help provide access for [direct service providers](#) (DSPs) (e.g., paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others). If DSPs who are not fully vaccinated provide services at more than one location, ask whether any of their other service locations have had COVID-19 cases.
  - Ensure access to services for students with disabilities when developing cohorts.
- Adjust strategies as needed
  - Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities (for example, visual or hearing impairments) or for those with sensory or cognitive issues.
  - For people who are not fully vaccinated and only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate children and/or staff (e.g., while standing in line or during drop off and pick up).
  - Consider having staff who are not fully vaccinated wear a clear 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.
  - Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all children adjust to transitions or changes in routines.

Please see [Guidance for Direct Service Providers](#) for resources for DSPs serving children with disabilities or other health care needs during COVID-19.

## **Visitors**

Child Care facilities are **recommended** to:

- Limit nonessential visitors, volunteers, and activities involving external groups or organizations particularly in areas when there is moderate-to high COVID-19 community transmission.
- Only allow children and staff who are required for daily operations inside of the building and classrooms with the following exceptions (these individuals can enter once screened):
  - Health professionals who support children with special healthcare needs, early intervention service coordinators and providers for children with individualized Family Services Plans (IFSP), and itinerant teachers and related service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols are allowed to be in the classroom once screened. Providers are encouraged to work collaboratively with professionals to safely meet the needs of children in their care.
  - Mothers who are breastfeeding to meet the needs of breastfeeding infants
  - Custodial parents/guardians when their child is present in the facility
- Incorporate virtual events such as field trips, parents and family meetings, and special performances where possible.
- Pursue virtual group events, gatherings, or meetings involving families, if possible, and promote distancing of at least 6 feet between groups from the same household, if events are held in person.
- All tours of child care facilities for prospective children and their families should be conducted outside of normal operating hours (i.e., weekend) when children and staff (not conducting the tour) are not present AND the facility can be cleaned and disinfected at least 24 hours before children and staff return.
- Consider creating a virtual tour for prospective parents to tour the child care facility.
- Consider staggering in-person tours to accommodate only one family per/tour (max of 2 people/tour). Only parents/guardians with their own children should be allowed to tour the facility.
- Practice physical distancing while conducting the tour of the facility and require masks to be worn.
- Screen individuals prior to them entering the facility.
- Develop plans for meeting new families that allow family and staff to gather while maintaining prevention strategies.
- Develop plans or procedures for parents and/or guardians to visit their children while maintaining prevention strategies.
- Home-based child care programs with people living in the home who are not fully vaccinated should require mask-wearing for unvaccinated persons and keep as much physical distance as possible.

- Home visitors may consult the Health Resources and Services Administration's [Home Visiting Information During COVID-19](#).

## **Food Service and Meals**

- Maximize physical distance as much as possible between people who are not fully vaccinated while eating (especially indoors). When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces whenever possible.
- Given very low risk of transmission from food, food packaging, surfaces, and shared objects, there is no need to limit food service operations to single use items and packaged meals.
- Children and staff should wash hands with soap and water before and after family style meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.
- Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and eating areas.

## **Toothbrushing**

Toothbrushing is an important component for many child care programs. Because toothbrushing can cause droplet spatter and potential contamination of surfaces and supplies, programs should follow these steps for [hygienic toothbrushing in group settings](#):

- Because there is the possibility of children transmitting COVID-19 to others via salivary droplets during brushing, it is recommended for program staff helping children with brushing to be fully vaccinated against COVID-19 and may consider wearing a properly fitted mask covering their nose and mouth for additional protection.
- Ensure that each child has his or her own toothbrush, clearly labeled. To prevent cross-contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is dispensed onto a piece of wax paper before dispensing any onto the toothbrush.
- Encourage children to avoid placing toothbrushes directly on counter surfaces.
- After children finish brushing, ensure that they rinse their toothbrushes thoroughly with water, allow them to air-dry, and store them in an upright position so they cannot contact those of other children.
- Have children bring a designated reusable cup or provide children with paper cups to use for rinsing after they finish brushing. Do not allow them to share cups and ensure that they dispose of paper cups or store reusable cups properly after a single use.

- Stagger the use of bathrooms or other communal spaces used for toothbrushing. Allow one cohort (group) to complete toothbrushing, and clean and disinfect the area before another cohort has access to the area.
- Ensure that children and staff wash hands with soap and water for at least 20 seconds after brushing teeth.
- Additional prevention strategies to prevent transmission of COVID-19 to others during brushing should be followed, such as staggering children brushing their teeth to provide more space, having children spit into the sink after brushing one at a time, washing hands with soap and water for at least 20 seconds after brushing teeth or helping children brush their teeth, and cleaning and disinfecting the area used for toothbrushing before another group has access to the area.

For more information, see CDC's [Use & Handling of Toothbrushes](#).

## **Playgrounds and Physically Active Play**

Physical activities provide children with enrichment opportunities that support physical development and can help them learn and achieve, and support their social, emotional, and mental health. Due to increased exhalation, some [physical activities](#) can put people at [increased risk](#) for getting and spreading COVID-19. Similar risks might exist for other indoor activities, such as singing, chanting, and yelling.

Protecting those who are not fully vaccinated for COVID-19 during these activities remains important. Children who participate in indoor physical activity and other higher-risk activities should continue to wear masks and keep physical distance and remain in their cohort as much as possible.

In general, children and adults do not need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities). However, in areas of [substantial to high transmission](#) levels, people who are not fully vaccinated are recommended to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated. When physically active play, physical education activities, and recess are held indoors, everyone, including those who are fully vaccinated, should wear masks and maximize distance when possible.

Child care providers who are planning structured physically active play should also consider risks for people who are not fully vaccinated:

- **Setting of the event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the event.

- **Physical closeness.** Spread of COVID-19 is more likely to occur in physical activity and sports that require sustained close contact.
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of participants.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the physical activity.
- **Duration of time.** The risk of COVID-19 spread increases the more time participants spend in close proximity or in indoor group settings.
- **Presence of people more likely to develop severe illness.** [People at increased risk](#) of severe illness might need to take extra precautions.

## **Water Systems**

When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water can pose a health hazard. There is an increased risk for Legionella and other bacteria that come from stagnant or standing water. Check especially for hazards such as mold, *Legionella* (bacteria that causes [Legionnaires' disease](#)), and [lead and copper contamination](#) from plumbing that has corroded. Refer to guidance from [CDC](#), [American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\)](#), and the [Environmental Protection Agency](#).

Child Care facilities are **recommended** to:

- Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown by following the CDC's [Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) to minimize the risk of disease associated with water.
- Provide cups or alternative procedures to minimize use of water fountains.

## 4. Appendix (Reporting Forms)

- Child Care Facility: Covid-19 Case Reporting Form
- Child Care Facility: Covid-19 Close Contacts Reporting Form

# CHILD CARE FACILITY: COVID-19 CASE REPORTING FORM

Please fax or e-mail this completed form along with the list of close contacts to your district public health office. If no close contacts were identified, write "No Close Contacts Identified" on the first line of the close contacts form. 29

## CHILD CARE FACILITY INFORMATION

Name of Child Care Facility: \_\_\_\_\_ Phone number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street City Zip Code

Name of the person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

## CASE INFORMATION (Child or Staff)

First name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Race: \_\_\_\_\_  Hispanic  Non-Hispanic

Address: \_\_\_\_\_ County of residence: \_\_\_\_\_  
Street City Zip Code

Name of parent/guardian: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone number: (\_\_\_\_)\_\_\_\_ Alternate phone number: (\_\_\_\_)\_\_\_\_

Parent's preferred language: \_\_\_\_\_

Classroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date last at the childcare facility: \_\_\_\_/\_\_\_\_/\_\_\_\_

COVID-19 test:  Yes  No  Unknown Date of COVID-19 test \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown

Type of COVID-19 test (i.e. rapid, PCR, antigen) \_\_\_\_\_  Unknown

Date symptoms started: \_\_\_\_/\_\_\_\_/\_\_\_\_  Not experiencing symptoms at this time

Has this person had direct contact with a laboratory confirmed COVID-19 case?  Yes  No  Unknown

Does this person have any household members who attend the child care facility?  Yes  No  Unknown

*If yes, please include household members on the contact line list on pages 2-3)*

Have close contacts of the positive child/staff member been identified?  Yes  No (If Yes, please complete the line list on pages 22-23)

### CLOSE CONTACTS

- Close contacts: Any child or staff in the child/staff member's cohort (e.g. classroom) **AND**
- Anyone who was within 6 ft. or less for a cumulative total of 15 minutes or more during the positive child/staff's infectious period
- Quarantine period for close contacts of positive Child/Staff: <https://dph.georgia.gov/document/document/return-child-care-after-covid-19-illness-or-exposure/download>





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