



Covid-19 Plan Summary

Child Care Program Name – Montgomery Methodist Children's Center (MMCC)

Program type: Child Care Center

Maryland jurisdiction: Montgomery County

Individuals with questions about this plan may contact the Director at:
msolsen@mmchildrenscenter.org

Introduction

Our Commitment to Health, Safety, and Children's Learning & Development

Montgomery Methodist Children's Center is committed to protecting the health of our children, families, staff and community. The following policies were designed in response to guidance from the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH), in accordance with best practices from the Centers for Disease Control and Prevention (CDC), and with everyone's well-being in mind.

To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. The following plan outlines the recommended practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments. This plan will be updated as COVID guidelines evolve.

Ratios & Group Sizes

During this time, we will maintain the following ratios and group sizes:

- 2 year olds: 1:6 staff-to-child ratio and maximum group size of 6,
- 3 and 4-year-olds: 1:8 staff-to-child ratio and maximum group size of 16.

Classroom Cohorts

To reduce opportunities for viral spread, we will be implementing "classroom cohorts," where the same group of children and staff remain together every day, with as little

mixing between groups as possible. To support this practice, we will make the following temporary changes:

- Children will be dropped off and picked up at the preschool entrance to the building.
- We will limit the mixing of groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.
- If restrooms are shared by children from different classrooms, they will be used by children from one classroom at a time and disinfected between uses by different classrooms.
- Children staying for lunch will eat in their classroom.
- We will adjust staffing patterns to have each staff member exposed to as few groups as possible, while still ensuring there is adequate coverage.
- Communal areas shared by staff (e.g. break room, shared restrooms) will be limited to 2-3 people at a time, socially distanced, and high-touch areas will be disinfected between uses.

Supporting Social/Physical Distancing

Our program will use the following strategies to encourage physical/social distancing in our learning environments:

- Rearranging furniture to section off play spaces and maintain six feet of separation, when possible
- Limiting the number of children in one space at a time (e.g. using Velcro strips, or a pocket chart to show how many children may be in an area at one time)
- Having duplicates of toys/materials and/or setting up multiple areas for high interest activities (e.g., multiple block areas or art stations)
- Helping preschool children define their personal space using yarn, masking tape, mats, carpet squares, sheets of cardboard, hula hoops, etc.
- Using markers (e.g. tape) on the floor to indicate spaces to line up
- Conducting more activities in small groups (e.g. read-a-louds, introducing a topic) that might usually be done in a large-group (e.g., circle time)
- Planning activities that do not require close physical contact between individual children
- Incorporating additional outside time as much as feasible

- Encouraging children to use alternate greetings or shows of affection that limit physical contact (e.g., waving.)
- Staff will continue to provide hands-on support or any child with a special health care needs.
- Limiting non-essential visitors, volunteers, and activities, including groups of children or adults,
- Canceling or postponing field trips and special events that convene larger groups of children and families.

Food & Mealtimes

To limit opportunities for exposure during snack and mealtimes, our program will engage in the following recommended practices:

- Spacing children as far apart as possible (ideally six feet apart) by limiting the number of children sitting together and rearranging tables/seating.
- Eating lunch in the classroom or outside instead of group dining spaces such as Fellowship Hall.
- Serving snack to children individually rather than family-style.
- Staff and children will clean hands before and immediately after children have eaten.
- Cooking/food activities in the classroom will be temporarily suspended.

Items Brought from Home

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items other than tote bags from home as much as possible. Parents are asked to wash or wipe down bags often and at least once a week.

Toys and Materials in the Learning Environment Availability and Use:

At this time, our program will make the following changes to the toys and materials in our learning environments:

- Providing duplicates of toys and multiple sets of materials to limit the number of children touching the same objects.
- When possible each child will have their own set of art supplies.

- If sensory materials are used, each child will have their own individual materials and container.
- Temporarily suspending use of water and sensory tables.
- Temporarily removing toys and materials from the classroom which cannot be easily cleaned or sanitized between uses.
- Cloth toys or materials (e.g., dress up clothing) will be laundered after use.
- Rotating the toys that are out at any particular time so that they can be adequately cleaned and sanitized.

Cleaning and Sanitizing

Staff will engage in the following best practices to clean and disinfect toys:

- Toys and other materials will be washed and sanitized before being used by another classroom cohort.
- Cleaning toys frequently,
- Setting aside toys that need to be cleaned (e.g., out of children's reach in a container marked for "soiled toys" or "yucky bucket").
- Cleaning toys according to CDC guidelines and using CDC-recommended disinfectant.

Cleaning and Disinfecting

Staff will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

- Frequent cleaning/disinfecting of high-touch surfaces (e.g., sinks, toilets, diaper stations, light switches, door knobs, counter and tabletops, chairs).
- Normal routine cleaning of outdoor spaces.
- Outdoor toys (e.g., tricycles, balls) are cleaned between uses by different classroom cohorts.
- Regular cleaning of electronics (e.g., keyboards, classroom iPads) according to manufacturer's instructions.
- Use of a schedule for regular cleaning and disinfecting tasks.
- Use of CDC-recommended disinfectants such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol.
- Keeping cleaning products secure and out of reach of children, avoiding use near children, and ensuring proper ventilation during use to prevent inhalation of toxic fumes.

Cleaning and Disinfecting the Facility if someone is Sick:

If someone has been in the building who tests positive for COVID-19 or shows COVID-19- like illness (any one of these symptoms: cough, shortness of breath, difficulty breathing, new loss of taste or smell OR two or more of these symptoms: fever, chills, muscles aches, sore throat, headache, nausea, vomiting, diarrhea, fatigue, congestion, or runny nose), we will follow CDC guidance:

- Close off areas used by person who is sick
- Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
- Open outside doors and windows to increase air circulation in the area
- Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices)
- Vacuum the space if needed (with a high-efficiency particulate air [HEPA] filter if possible)
- Follow guidance listed above regarding types of surfaces and disinfectants.

Healthy Hygiene Practices

Our program will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:

- A written hand washing procedure approved by the Office of Child Care shall be posted at each sink used for washing hands.
- Hand hygiene is especially important after toileting or diapering, before eating or preparing food, handling an animal, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
- Staff and children will wash hands often with soap and water for at least 20 seconds.
 - Soap and water are the best option, especially if hands are visibly dirty. If hands are not visibly dirty, staff may use alcohol-based hand sanitizers with at least 60% alcohol if soap and water are not readily available. Staff should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
 - We will not use alcohol-free wipes on children's hands as this is not recommended.
 - Staff should assist children with hand washing (especially younger ones who cannot wash hands alone) and use of hand sanitizer to ensure proper use and prevent ingestion.

Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.

Wearing gloves does not replace appropriate hand hygiene.

Face Coverings Who Should Wear Face Coverings

The following policies apply with regard to wearing face coverings at the child care program:

- Child care staff are required to wear cloth face coverings throughout the work day.*
- Parents (and other adults) are required to wear cloth face coverings during drop-off and pick-up, when performing temperature checks, and if they enter the building.*
- It is required that children 2 and older wear a cloth face covering while in the child care program if they can do so safely and consistently.**
- Face coverings will not be placed on children under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance.

*If an adult has concerns about wearing a cloth face covering, they should discuss with their program administrator and health care provider as necessary.

**Parents and child care staff should discuss whether an individual child is able to safely and consistently wear a face covering if: the child: keeps trying to touch or remove the face covering; is unable to remove the face covering without assistance; is uncomfortable; and/or has respiratory or other medical conditions that might make a face covering unsafe. Any concerns about whether an adult or child should wear a face covering should be brought to the Director.

Use, Removal, and Storage of Face Coverings

Our program will use the following recommended practices with regard to face coverings:

- For children wearing a face coverings – face coverings should be removed by the child for meals, snacks, high-intensity activities (e.g., running), outdoor play (if physical distancing can be maintained), or when it needs to be replaced (e.g., becomes wet or soiled).
- Staff and children should remove face coverings by touching only the straps.
- Cloth face coverings should be worn properly (i.e., cover the nose and mouth; never be worn around the neck or over the head or if they pose a strangulation risk).
- Face coverings should never be reused unless stored properly between uses and should not be shared among children and/or staff.

- Cloth face coverings will be placed in a clean paper bag (marked with the child's name) when removed until the face covering needs to be put on again.

Family Responsibilities for Face Coverings

We ask that families follow these policies regarding the provision and washing of children's face coverings:

- Parents should provide cloth face coverings (or surgical face masks) for their own child/children.
- Face coverings should be free of choking hazards (e.g., stickers, buttons) and be clearly marked with the child's name and which side of the covering should be worn facing outwards.
- Parents should provide a sufficient supply of clean/unused face coverings for their child each day to allow replacing the covering as needed. (a minimum of two additional clean masks are required.)
- If a child does not have an adequate supply of face coverings on a particular day, we will inform the family that additional face coverings are needed, but the child may remain in care that day.
- Parents are responsible for washing their child's face coverings.

Drop-Off and Pick-Up Procedures

The below listed recommended practices will be followed during drop-off and pick-up times to protect the health of children, families, and staff:

- At this time, families will not be allowed in the building, and check-in/out procedures (including screening and temperature checks) will happen outside or directly inside in foyer area in inclement weather.
- Parent access to the facility will be limited to the area just inside the entrance with social distancing during temperature/symptom checks.
- Only one adult per family should be present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though we recognize this is not always possible.
- If necessary, implementing staggered drop-off and pick-up times to limit contact among parents.
- Staff will greet children and families curbside or at the entrance to the building and walk children in and out of the building.

- There will be a hand hygiene station at the entrance to our building so children can clean their hands.
- There will be hand sanitizer or wipes at the sign-in station for parents/guardians to clean pens/keypads between each use.
- Parents and other visitors must wear masks while in the building.
- Parents should avoid congregating in a single space or a large group.
- There will be place markers, cones, 6 feet apart near our entrance so families know where to stand safely from one another while waiting to check-in.
- Staff will work with families to arrange for transferring any devices or equipment (e.g., wheelchair, mobility devices, etc.) into/out of the program in the context of our modified drop-off/pick-up procedures.

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, we will ask staff and families to report if staff/children have:

1. In the past 24 hours has your child had any of the following COVID-19 symptoms
 - Fever of 100.4 or higher, or temperature taken upon arrival over 100.4.
 - Sore throat
 - Cough
 - Difficulty breathing
 - Diarrhea or vomiting
 - New onset of severe headache
 - New loss of sense of smell.
2. In the last 14 days has your child had close contact (within 6 feet for a total of 15 minutes or more in a 24 hour period) with anyone diagnosed with COVID-19 or suspected of having COVID-19 and the child did not complete quarantine?
3. Is your child waiting for a COVID-19 test result?
4. Has your child been diagnosed with COVID-19 and not released from isolation?

For children/families:

The Director and/or the Office Manager will conduct screening for families upon arrival using the MSDE screening tool.

Screening questions will be done verbally, answers will be recorded and kept confidential.

For staff:

Director will conduct health screenings for staff and keep all screenings confidential. Temperatures will also be taken each day of work for employee before entering the building. Director will use the MSDE Staff Screening tool to record screening results. Staff should also take temperatures prior to arrival at school and report if a fever exists by calling the Director. All results will remain secure and are confidential.

If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact: Margaret Olsen @ msolsen@mmchildrenscenter.org or call 301 253-4884.

Daily Temperature Checks

As fever is a key indicator of COVID-19 in children, a parent or guardian will check their child's temperature upon arrival to the program. Staff will take their own temperatures and record them upon arriving to work. Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).

When children arrive to the program, temperature checks will occur before children enter the building. Each child's temperature will be taken upon arrival by parent or guardian or school staff if necessary.

The Director will be responsible for temperature checks during the day. In her absence, the Office Manager will assist in taking temperatures.

Program staff will:

- maintain physical distancing from parents/guardians during temperature checks
- wear a cloth face covering while taking the child's temperature
- disinfect non-disposable thermometers after each use as recommended by the CDC (i.e., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab) if contact with child occurs.

Responding to COVID-19 Symptoms On-Site

If a child or staff member develops any COVID-19 symptoms (i.e., cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 F or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose) during care, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider.

If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops symptoms during care hours:

- Parents will be contacted for prompt pick-up. Pick-up should be made within 30 minutes of notification.
- The child will be isolated from other children and as many staff as possible (however, the child will not be left alone).
- The child will wait with the following designated staff member(s): Director or Office Manager
- The child and designated staff will wait in the following safe, isolated location: Church parlor/staff lounge
- Other procedures include: Follow MSDE Decision Aid, follow up with family, contact Licensing Specialist and Health Department as needed.

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If no other caregiver is immediately available to be with children, the staff member will put on a cloth face covering (if not already on) and limit close interactions with children until they can be relieved by another staff member.
- Children may need to be picked up if no other caregiver is available.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location: Church parlor/staff lounge and away from all children and staff.

When Children and Staff Should Stay Home and When They Can Return

When Children and Staff Should Stay Home:

A child or staff member will not be allowed in the childcare program if they:

- Have been diagnosed with COVID-19
- Have had any of the following new symptoms: cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 F or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea.
- Were tested for COVID-19 due to symptoms and are waiting for test results
- Have been instructed by a health care provider or the health department to isolate or quarantine, or

- Have been in close contact (i.e., within six feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days and have not completed quarantine.

When Children and Staff May Return to the Program:

When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, and alternate diagnoses). To help inform our decision-making process, our program will use the following resources:

- MDH Decision Aid Flow Chart: Decision aid flow diagram 1.7.21
- Consultation with health care providers and health department

Quarantine and Temporary Classroom/Program Closures

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents are encouraged to keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure. If a child, staff member, family member, or visitor to our program shows symptoms of a COVID-19-like illness or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine the extent and duration of the closure and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information for a specific person.

Our program will determine when to contact our health department/licensing specialist:

- By consulting the Child Care Closure Guidance document
- Reviewing the Exclusion, Quarantine, and Closure Recommendations and FAQ sections of the COVID-19 Guidance for Child Care Facilities document
- Staying up-to-date with all of the CDC/MSDE Decision Aids and local Montgomery Health Department updates.

Decisions about closure and reopening are made on a case-by-case basis by our local health department (Montgomery County) and licensing specialist.

Supporting Families, Staff, and Children Communicating with Staff and Families

Open communications shall be maintained between school and families to in regard to any necessary quarantines and/or closure while maintaining necessary confidentiality. Our program will actively communicate with staff and families to determine when they will return to work/care if they have been out, to discuss concerns or questions, to share new policies and expectations, and to confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.

The staff responsible for handling questions and outreach for staff is: the Director.

The staff responsible for handling questions and outreach for families is: the Director.

Training Staff

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, and our new policies and procedures as outlined in this plan.

Supporting Children's Social-Emotional and Special Health Needs

Staff and families will partner together to support the physical and emotional needs of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the "disappearance" of their child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation, and we will work together to support all caregivers. We will also continue to support children with special health needs and will collaborate with their families and other service providers to ensure their needs are met.

Supporting Staff Members' Social-Emotional Needs

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead. As essential workers in the COVID-19 pandemic, we understand our staff may have worries about their own physical or psychological health, and the potential risk to

their family members at home. Because young children internalize the stress of the adults who care for them, we know it is vitally important to provide supports and services to ensure the emotional wellbeing of our staff.

August 2021

Attachment A:

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care. (Maryland Department of Health and Maryland State Department of Education.)

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

<p>Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19¹</p>	<p>Recommendations for the person with symptoms who is NOT FULLY VACCINATED</p> <p>Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.</p> <p>May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.</p> <p>If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p> <p>If known exposure, may return when quarantine completed according to MDH and local guidance.</p> <p>If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p> <p>If known exposure, may return when quarantine completed according to MDH and local guidance.</p>	<p>Recommendations for close contacts of the person with symptoms</p> <p>All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p> <p>Close contacts do not need to quarantine.</p> <p>Close contacts do not need to quarantine.</p> <p>Household members should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return² <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p> <p>All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p>
<p>Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19</p>	<p>Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.</p> <p>May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.</p> <p>If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p> <p>If known exposure, may return when quarantine completed according to MDH and local guidance.</p>	<p>All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p>
<p>Person has symptoms and negative test for COVID-19</p>	<p>If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p> <p>If known exposure, may return when quarantine completed according to MDH and local guidance.</p>	<p>Close contacts do not need to quarantine.</p>
<p>Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)</p>	<p>If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p> <p>If known exposure, may return when quarantine completed according to MDH and local guidance.</p>	<p>Close contacts do not need to quarantine.</p>
<p>Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis</p>	<p>If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.</p> <p>If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.</p>	<p>Household members should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return² <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p> <p>All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p>

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow CDC guidance.

²These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

<p>Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated¹</p>	<p>Recommendations for the person with symptoms who is FULLY VACCINATED</p> <p>Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.</p> <p>May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.</p>	<p>Recommendations for close contacts of the person with symptoms</p> <p>All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p>
<p>Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19</p>	<p>May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p>	<p>Close contacts do not need to quarantine.</p>
<p>Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)</p>	<p>May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met.</p>	<p>Close contacts do not need to quarantine.</p>
<p>Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis</p>	<p>If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <u>Communicable Diseases Summary</u> have been met. Return requires written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.</p> <p>If known exposure (or no known exposure but without health care provider assessment as described above), may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.</p>	<p>Close contacts do not need to quarantine.</p> <p>Household members should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return² <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.</p>

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.