COVID-19 EARLY CARE AND EDUCATION (ECE) & CHILD CARE GUIDELINES

CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/ECEs and Child Cares-childcare/child-care-guidance.html

MDHHS: K-12 School Opening Guidance includes information on MDHHS testing program

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Definitions

Coronavirus: Coronavirus Disease (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.

Isolation: The practice of separating people *infected* with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation (usually for 5 days) must stay home until it's safe for them to be around others. In the home, anyone sick or infected must separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

Contact Tracing: A strategy for slowing the spread of disease in which public health workers communicate with infectious people to identify their contacts. They then follow up with those contacts to provide guidance on how to quarantine themselves and what to do if they develop symptoms of disease.

Close Contact in the Education Setting: Someone who had direct contact or was within 0-6 feet of a COVID-19 infected person 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).

An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

Quarantine: The practice of keeping someone who might have been *exposed* to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine will be advised to stay home, separate themselves from others, test on Day 5 (recommended) then continue to wear a mask around others for 5 additional days and follow directions from their state or local health department.

Early Care & Education (ECE) and Child Cares: Programs designed for the 0-5 year old population, including childcare centers, home-based programs and family child care, Head Start, and preschools. Does not include programs for K-12 aged children, Developmental Kindergarten or Young 5's programs taking place in the K-12 setting.

Isolation Guidance

For Early Care and Education (ECE) & Child Cares:

DAY 0	DAYS #1-10 ISOLATION
Date of positive test or onset of symptoms	Required to isolate at home for 10 days

Vaccination Information

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

*Fully vaccinated is currently defined by the CDC as:

A person is considered fully vaccinated with vaccines against COVID-19 infection 2 or more weeks after receipt of the second dose in a 2-dose mRNA vaccine series (Pfizer or Moderna) or 2 or more weeks after receipt of a single dose of the Janssen (Johnson and Johnson) COVID-19 vaccine.

*[Up to Date](#) is currently defined by the CDC and Public Health Order 1-11-22 as:

- People who are ages 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and additional vaccines for some immunocompromised people
- People who are ages 5-17 years and completed the [primary series](#) of COVID-19 vaccines.

*Additional Information About Vaccine Booster:

- After receiving the booster vaccine, children/staff are immediately exempt from quarantine.
- Recommended interval between last primary dose (including additional dose, when applicable) and booster dose is 5 months or greater for mRNA vaccine OR 2 months or greater for Johnson & Johnson vaccine.

Quarantine Guidance

Quarantine in the EDUCATIONAL SETTING for Close Contacts who have no symptoms & are NOT fully vaccinated:

DAY 0 = DATE OF LAST CONTACT	DAYS #1-10 QUARANTINE
Exposure to person with Covid-19	Quarantine at home for 10 days
	Recommended for TTS if criteria are met

Alternative Quarantine Option for Close Contacts in the EDUCATIONAL SETTING who have no symptoms and are not vaccinated: If PCR test result (collected on Day 5 or later) is negative, quarantine may end after Day 7 (return on Day 8).

Quarantine in the EDUCATIONAL SETTING for Close Contacts who have no symptoms & ARE fully vaccinated:

DAY 0 = DATE OF LAST CONTACT	DAYS #1-10 QUARANTINE
Exposure to person with Covid-19	May attend school wearing an appropriate, well-fitting face mask for 10 days
	If unwilling/unable to wear a face mask, quarantine at home is recommended.
	Recommended for TTS if criteria are met

Quarantine in the HOUSEHOLD SETTING for Close Contacts who have no symptoms & are NOT fully vaccinated:

DAY 0	DAYS #1-5 QUARANTINE	DAYS #6-15 QUARANTINE
Date of positive household member's test or onset of symptoms. Stay home.	Quarantine at home for 5 days (during positive household member's isolation period)	Quarantine at home for 10 additional days

Alternative Quarantine Option for Close Contacts in the HOUSEHOLD SETTING who have no symptoms and are not vaccinated: If PCR test result (collected on Day 10 or later) is negative, quarantine may end after Day 12 (return on Day 13).

Quarantine in the HOUSEHOLD SETTING for Close Contacts who have no symptoms & ARE fully vaccinated:

DAY 0	DAYS #1-5 QUARANTINE	DAYS #6-15 QUARANTINE
Date of positive household member's test or onset of symptoms	May attend school wearing an appropriate, well-fitting face mask for 5 days (during positive household member's isolation period)	Continue attending school wearing an appropriate, well-fitting face mask for an additional 10 days
	If unwilling/unable to wear a face mask, quarantine at home for 10 days.	

Indications for quarantine from school or care:

- Children and staff who are not fully vaccinated who have a COVID-19 positive household member are required to quarantine.

- Quarantine is not indicated for children who are fully vaccinated.

- Teachers, staff, or other adults in the indoor setting would be asked to quarantine after an exposure regardless of mask use if they are not fully vaccinated.

- Children or staff who meet criteria for a positive COVID-19 case in the past 90 days (See page 6 for details) do not need to quarantine but must present results to the school for determination of quarantine release.

- KCHD recommends universal indoor masking for all those ages 2 years and older, regardless of vaccination status.

  - Schools and childcares should ensure that there is a plan for people identified as close contacts to stay masked at all times indoors until 10 full days after last close contact.

  - During times when masked are typically removed (during lunch, snack, playing instruments, etc.), schools/childcares should have a plan for social distancing and wearing masks when not actively participating in these activities (such as when not actively eating).

Indications for Quarantine for Children with exposure in the K-12 Educational Setting

This may change if there is an ongoing outbreak.

Masking Status	Exposure Distance	Quarantine Indicated?	Identify as Close Contact on Spreadsheet?
Both children consistently masked	0-3 feet	Yes, if not fully vaccinated; No, if fully vaccinated*	Yes
	3-6 feet	Yes, if not fully vaccinated; No, if fully vaccinated*	Yes
	Greater than 6 feet	No	No
One or both children not consistently masked	Within 6 feet	Yes, if not fully vaccinated; No, if fully vaccinated*	Yes
	Greater than 6 feet	No	No

*Children can attend school and participate in sports and extracurricular activities, but must adhere to masking, social distancing, and avoidance of gatherings outside of school strictly for 10 days after last exposure.

*CDC guidance recommends universal indoor masking in Early Child Care programs for those 2 years and older, regardless of vaccination status.

Reporting Positive Cases

ECEs and Child Cares should report positive cases of COVID-19 to Kent County Health Department (KCHD) within 24 hours.

KCHD highly recommends ECEs and Child Cares, as soon as possible, notify persons identified as close contacts in an educational setting of their potential exposure.

Positive test results to report include PCR tests and antigen tests, including those done at home.

ECEs and Child Cares are to report a positive child or staff by calling **616-326-0060** orsecurely emailing **COVIDschools@kentcountymi.gov.**

COVID-19 Contact Tracing

ECCs are recommended to contact trace and to notify KCHD of close contacts related to the exposure. KCHD will send notification to these close contacts which will include recommendations to quarantine if indicated.
See **Guidelines for School Contact Tracing and Quarantine** for further information.

ECEs and Child Cares should continue strategies which allow for contact tracing, such as assigned seats, attendance records, etc.

Helpful questions to consider when identifying close contacts in the school setting:
- Who is the staff/child near (less than 6ft) throughout the day?
  - Who is the child near (less than 6ft) during activities such as crafts, play time, nap time, etc.?
- Has there been adequate physical distancing in classrooms, break rooms, and lunchrooms?
- Are there any others at the school that live with the staff/child, or carpool with them?
- Have any of the close contacts to the positive case been fully vaccinated?

Other considerations for ECEs and Child Cares when there is more than one positive caseidentified:
- Did the school/childcare already know staff/child had been identifiedas a close/household contact of someone who was positive forCOVID-19?
- Is there one location/classroom in the school/childcare that seems to be more affected?
- Is there something else in common?

- If a child/staff has a positive lab-confirmed antigen or PCR test, the child/staff may be exempt from quarantine for 90 days from the date of the test.
- If a child/staff has a positive home test and ALL the following criteria are met, the child/staff would be considered a probable case and may be exempt from quarantine for 90 days from the date of the test if the person:
  - Was a close contact to a confirmed case (household or school/childcare close contact)
  - Was symptomatic
  - The school/childcare was informed (by KCHD or family) of positivity at the time of home test
- If a child/staff had a positive home test followed by a lab-confirmed positive test completed within 48 hours of the home test, the child/staff may be exempt from quarantine for 90 days from the date of the test.

Proof of positivity in the past 90 days must be provided to the ECE or Child Care for exemption from quarantine. Families may be referred to KCHD to review their situation at 616-326-0060.

If a child/staff has *current* symptoms of COVID-19 and has a *current* positive antigen or PCR test, after testing positive within the past 90 days, reinfection is likely and should isolate following the guidelines on page 2 of this toolkit. See page 8 of ECE & Child Care Symptom and Testing Protocol guidance document for more details.

Quarantine may or may not be indicated depending on the vaccination status and use of masks by the children.

Transportation	Lunch Mates	Other Children
Children who carpool or ride the bus together for 15+ minutes in a 24-hour period.	When someone who eats lunch within 6 feet of someone with COVID-19 for 15+ minutes. This is a higher risk time as face coverings cannot be worn.	Any others that had interactions with someone who had COVID-19 lasting over 15 minutes in confined areas such as bathrooms, office room, where distancing of 6 feet is difficult.
Teammates	**Opposing Teammates**	**Entire Classrooms**
Sports teammates within 6 feet of someone with COVID-19 for cumulative 15+ minutes—including but not limited to time in locker room; bus/carpool; clustering on sideline/bench/dugout; walking to/from practice location OR having direct contact with an infected person including touching (includes tackling, blocking, defending, etc.)	Opposing teammates in sporting events that shared time on the field or court and were within 6 feet of someone with COVID-19 for 15+ minutes OR having direct contact with an infected person including touching (includes tackling, blocking, defending, etc.)	In certain situations, such as an outbreak or in classes without assigned seating, the entire class may need to quarantine.

Public health authorities may determine distances other than 6 feet, or a cumulative timeframe less than 15 minutes can still result in high-risk exposures based on other considerations and circumstances in each case.

ECEs and Child Cares are a vital part of our local communities. They not only provide academic supportto children, but are critical in meeting the social, emotional, and physical needs for children and their families. Safety for children and staff is always the priority, with child safety defined to include social, emotional, and physical well-being.

Key prevention strategies in ECEs and Child Cares include:

1. **Promoting Vaccination** against COVID-19 for eligible staff and children.

2. **Face Masks:** Correctly and consistently using well-fitted masks that cover the nose and mouth.

3. **Social Distancing:** Physical distancing, including cohorting children together to reduce potential exposures.

4. COVID-19 Screening, Testing, and Contact Tracing
a) Requiring children and staff to stay home if sick or having COVID-19 symptoms by reminding parents of symptoms associated with COVID-19 at the beginning of the school year and after holiday breaks
 b) Encouraging children and staff to get tested for COVID-19 if having symptoms or if they are not fully vaccinated and are a close contact of someone who has COVID-19.
c) Conducting screening testing
d) Implementing contact tracing
e) Following recommended and required quarantines

5. Maintaining Healthy Environments
a) Promoting handwashing and covering coughs and sneezes.
b) Routine cleaning to help maintain healthy facilities.
c) Avoiding crowded and/or poorly ventilated indoor activities (e.g., engaging in outdoor activities when possible and increasing ventilation for indoor activities).

d) [When to clean & when to disinfect](#)

e) Cleaning and Disinfection: cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19) removes any remaining germs on surfaces, which further reduces any risk of spreading infection. CDC has information on routine cleaning to help maintain healthy facilities.

KCHD GUIDELINES FOR ECEs and CHILD CARE CONTACT TRACING AND QUARANTINE

The program is alerted of a student or staff's positive test result by family, staff, or KCHD.

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The program contact traces to identify close contacts (direct contact or within 6ft for total of 15+ min).

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The program notifies KCHD of **all** close contacts using KCHD's contact tracing spreadsheet.

↓

KCHD notifies family if their child is considered a close contact and quarantine from school is recommended. If a child is asked to quarantine from school but has been fully vaccinated or has had a previous COVID infection within the past 90 days, the family must provide proof to the program before the child can return (see page 5 for details).

Sports/Extracurriculars:

If a positive case is identified in an extracurricular program-sponsored group such as music or drama:
- Program will note this involvement on the contact tracing spreadsheet sent to KCHD
- In the case of an outbreak of three or more cases within a group within a 14-day period, school will notify KCHD by email (**COVIDschools@kentcountymi.gov**) or phone (**616-326-0060).**

Resources:
https://www.cdc.gov/coronavirus/2019-ncov/community/ECEs and Child Cares-childcare/child-care-guidance.html
CDC Guidance for COVID-19 Prevention in K-12 Schools
American Academy of Pediatrics: COVID-19 Guidance for Safe Schools
MDHHS: Recommendations for Safer School Operations during COVID-19
Local Metrics:

Symptom Screener

Name of Child / Staff member: **Date:**
Symptom Check: Does child/ staff member have **ANY** one of the following symptoms listed below? [] **YES**   [] **NO, do not have any symptoms.**
• Temperature 100.4 degrees Fahrenheit or higher **OR** feels warm to touch **OR** feels feverish or has chills [] • New cough or change in cough for a child who often has a cough [] • Shortness of breath [] • Loss of taste or smell [] • Sore throat [] • Body aches [] • Nausea or vomiting or diarrhea [] • Severe headache [] • Extreme Tiredness [] • Congestion/Runny nose []
Pending Test Result Check: Is the child/staff member awaiting a pending COVID-19 test result? [] **YES**   [] **NO**
Close Contact Check: Has the child/staff member had close contact with a person who has been confirmed to have COVID-19? [] **YES**   [] **NO**
If the child/ staff member has answered YES to any of the questions above, the child/ staff member cannot attend school today.

Mental Health Screening Recommendation

FREE Headspace Subscription for Educators
- Hundreds of guided meditations on everything from stress and focus to the workplace.
- Sleep casts, sleep sounds, and sleep music to help create the conditions for a better night's rest.
- Inspiring videos, quick workouts, group meditations, and much more.

Kent ISD MI Safe Schools Roadmap Mental & Social-Emotional Health Document

This document was created by the Kent ISD mental health internal and external partners. It is intended to align to the MI Safe Schools Roadmap and gives guidance, recommendations,and resources for district re-entry planning.

Throughout this document, items and activities in Phases 1-3 are strongly recommended while ECEs and Child Cares are closed for in-person instruction. Activities in Phase 4 are strongly recommended before ECEs and Child Cares reopen for hybrid or in-person instruction, and items in Phase5 are recommended before school reopens for in-person instruction.

Sections within document:
• Classroom Community Building (Tier I)
• Mental Health Universal Screening
• Data Analysis and Child Referral Process
• Crisis Management Planning
• Professional Development
• Mental Health Universal Screening
• Community Wellness Resources
• Universal Support for Staff Wellness
• Additional Re-entry Research and Resources

State of Michigan Mental Health Webpage and Support Documents

Best Practices In Universal Social, Emotional and Behavioral Screening, An Implementation Guide

School Mental Health Screening Playbook

31n Team Vendor Resources:

The state 31n team collaborated with each of the vendors to support your efforts to increase child mental health outcomes, and you can use your 31n funds to partner with them shouldyou choose to do so. Note: 31n(12) funds can be used for costs associated with initiation and training on these resources, and 31(6) funds can be used for the platform/service. Please see the attached summaries for information on each option. Let your 31n consultant know if you have any questions about any of these resources, or feel free to reach out to the vendors directly.

Class Catalyst is available for Tier 1 and offers virtual child check-in which could be a pre-cursor for screening children who may need extra support.

Trusst is available for Tier 2 (&/or Tier 3) and is a text messaging platform for therapists and children to use for mental health service provision (could be helpful in areas where WIFI is limited or for children who need privacy to discuss mental health concerns when zoom or phone calls could be prohibitive).

BH-Works is a browser-based platform for universal screening, intake process management, referral, and care coordination, and much more.

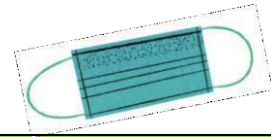**Macomb ISD mental health resources**

Other resources:

- Planning for the next normal at school, Kaiser Permanente Ideas and Tools for workingwith Parents and Families, Collaborative for Academic, Social, and Emotional Learning (CASEL)
- Advancing Comprehensive School Mental Health Systems: Guidance from the Field,National Center for School Mental Health COVID-19, National Center for School Mental Health
- University of Maryland School of Medicine COVID-19: Family and Educator Resources,National Association of School Psychologists Coronavirus Disease 2019 Resources, National Association of School Nurses
- Responding to School Mental Health, Mental Health Technology Transfer CenterNetwork

School Drinking Water Guidance and Resources

- For Parents
- For School Administrators and Managers
- Flushing Guidance Memo to ECEs and Child Cares During Executive Order 2020-35 Guidance on Flushing Your School Plumbing System Before Resuming Class: Information concerning the risks of waterstagnation and where to find more information to help maintain the quality of drinking water within your facilities.

For more guidance documents, lead testing information and videos, please visit, https://www.michigan.gov/egle/0,9429,7-135-3313_3675_3691-474608--,00.html
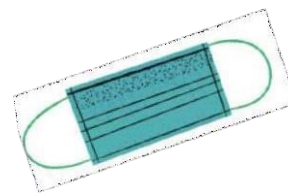
TIPS FOR HELPING CHILDREN WEAR MASKS

COMMUNICATE	PERSONALIZE IT
Knowing what to expect helps kids of all ages feel prepared and more at ease. Give kids time to get used to what's new. Set expectations, give support, and answer their questions to help them feel comfortable.	Allow children to select their cloth face covering and/or material that is used to make it. Kids can decorate their masks to make it their own.
PROVIDE OPTIONS	**EXPLAIN WHY**
For children with sensory concerns or tactile sensitivities, offer a variety of materials, prints, and textures, and allow them to choose which face covering is most comfortable.	Use simple words to explain why masks are important to our health and how they keep us safe from germs. Focus on the positive aspects of wearing them.
TEACH ABOUT PROPER USE	**MAKE MASKS COMFORTABLE**
By talking to kids and showing them how to wear masks safely, they are more likely to properly wear them.	Find adaptations such as face mask extenders or ear savers that can make wearing a mask more comfortable.
PRACTICE AND PRAISE	**MAKE IT FUN**
As much as you can, give kids time to practice wearing their masks for longer periods of time so they are ready for school. Have your child practice putting on and taking off their masks by themselves. Use positive reinforcement to help encourage them.	For younger children, you can make it fun by putting a mask on their favorite stuffed animal. Play with your children while wearing masks and pretend you are superheroes or doctors.

If you need further assistance, seek services from specialists such as behavior analysts or behavioral psychologists.

RESOURCES:

- CDC How to Wear Masks**:**
- Social Stories for Young and Old
- Helping Individuals with Autism Wear Face Masks
- Sesame Street Video
- American Lung Association: Steps You Can Take to Get Used to Wearing a Mask
- Cloth Face Coverings for Children During COVID-19
- Helping people with autism spectrum disorder manage masks and COVID-19 tests
- A Parent's Guide

CONSEJOS PARA AYUDAR A LOS ESTUDIANTES A USAR MASCARILLAS

COMUNICAR	PERSONALÍCENLAS
Saber qué esperar, ayuda a los niños de todas las edades a sentirse preparados y más cómodos. Dé a los niños tiempo para acostumbrarse a lo nuevo. Fije expectativas, ofrezca apoyo y responda las preguntas de los niños para ayudar a que se sientan cómodos.	Permita que los estudiantes elijan su cubierta facial de tela o el material que se usa para hacerla. Los niños pueden decorar sus mascarillas para hacerlas más suyas.
OFREZCA OPCIONES	**EXPLIQUE POR QUÉ**
En caso de estudiantes con problemas sensoriales o sensibilidad táctil, ofrezca materiales, estampados y texturas diferentes y permítales elegir qué tapabocas les resulta más cómodo.	Use palabras sencillas para explicar por qué las mascarillas son importantes para nuestra salud y cómo nos protegen de los gérmenes. Concéntrese en los aspectos positivos de usarlos.
ENSEÑE LA FORMA ADECUADA DE USARLAS	**HAGA QUE LAS MASCARILLAS SEAN CÓMODAS**
Hablar con los niños y mostrarles cómo usar mascarillas en forma segura hará que sea más probable que las usen correctamente.	Busque maneras de adaptarlas, como usar extensores de mascarillas o protectores de orejas que hagan que sea más cómodo usar una mascarilla.
PRÁCTICA Y ELOGIOS	**HAGA QUE SEA DIVERTIDO**
Dé a los niños el mayor tiempo posible para practicar el uso de sus mascarillas durante períodos más prolongados, para que estén listos para usarlas en la escuela. Haga que su hijo practique cómo ponerse y quitarse la mascarilla él mismo. Use refuerzos positivos como ayuda para alentarlos.	En el caso de los niños más pequeños, puede hacer que sea más divertido usar la mascarilla si también le ponen una a su muñeco de peluche favorito. Juegue con sus hijos mientras usan mascarillas y simulen ser superhéroes o médicos.

Si necesita más ayuda, procure obtener servicios de especialistas tales como analistas de conducta o psicólogos conductuales.

RECURSOS:

- **CDC How to Wear Masks** *(CDC, Cómo usar mascarillas)*
- **Social Stories for Young and Old** *(Historias sociales para jóvenes y viejos)*
- **Helping Individuals with Autism Wear Face Masks** *(Cómo ayudar a personas autistas a usar mascarillas)*
- **Video de Sesame Street** *(Plaza Sésamo)*
- **American Lung Association** *(Asociación Americana del Pulmón)***: Steps You Can Take to Get Used to Wearing a Mask** *(Medidas que puede tomar para acostumbrarse a usar una mascarilla)*
- **Cloth Face Coverings for Children During COVID-19** *(Cubiertas faciales de tela para niños durante el COVID-19)*
- **Helping people with autism spectrum disorder manage masks and COVID-19 tests** *(Cómo ayudar a las personas con trastornos del espectro autista a manejar las mascarillas y las pruebas de COVID-19)*
- **Helping Individuals with Autism Wear Face asks** *(Cómo ayudar a personas autistas a usar mascarillas)*
- **A Parent's Guide** *(Guía para padres*

Frequently Asked Questions

1. **Can the school accept a letter from a physician regarding quarantine/isolation release dates?**

   A letter from a MD, DO or PA should be accepted as confirmation of a Covid-19 positive test date. Because many physicians are not aware of current guidance regarding quarantine and isolation, KCHD would not recommend that ECEs and Child Cares use the release/return dates provided by a physician.

2. **Should the school accept a letter from MDHHS (aka: TraceForce) when the quarantine time frame conflicts with the information they received from the family?**

   When the family provides a letter from KCHD or TraceForce with return dates, the school should honor the letter. If the return dates on the letter vary significantly from the school's information, such that the school believes KCHD was not provided all the correct information at the time of the interview, the school may contact KCHD to inquire on a case-by-case basis. However, ECEs and Child Cares should use their best judgment, and if in doubt, utilize the *most conservative date* to reduce the risk in the school setting.

3. **The family stated that they have not received a phone call or text from KCHD after a positive result. What do we tell them?**

   There are many scenarios in which this may occur. Refer the family to contact KCHD at 616-326-0060 Option #2. The family MUST leave all the requested information to receive a return phone call and interview. Please note: Please do not refer the family if it has been less than 3 days since they received their lab-confirmed test results.

4. **A family reported their child was positive, but KCHD does not have the test results. What do we do?**

   Refer the family to contact KCHD at 616-326-0060 Option #2. The family MUST leave all the requested information to receive a return phone call and interview. The ECE or Child Care program should utilize the information that the family disclosed to determine return dates for isolation and quarantine unless given other information from KCHD or MDHHS/TraceForce letter.

5. **The onset date the family gave the program is different from the onset date the family gave KCHD. Which do we use?**

   KCHD recognizes that this may happen. Generally, the ECE or Child Care program should honor the MDHHS/TraceForce letter or return dates provided by KCHD. However, the program should use their best judgment to determine the risk for their school due to any conflicting information. The ECE or Child Care can contact KCHD via email on a case-by-case basis if there is significant concern for safety because of the conflicting information.

6. **Do we need to require proof of vaccination, booster or 90-day exemption for a close contact to be exempt from quarantine?**

   Yes. The child/staff who is identified as a close contact in an educational setting must show proof to the program of being fully vaccinated, receiving booster vaccine and/or testing positive within the past 90 days. KCDH does not monitor or provide exemptions to quarantine for the educational setting.

7. **What date do we use to start the 90-day exemption?**

    The school should start the 90-day exemption from the date of the test for asymptomatic individuals or date of the onset of symptoms. If unknown if the individual was symptomatic, the school should start the 90-day exemption from the date of the test.