COVID-19 and Childcares — Questions and Answers

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For more information about COVID-19 please visit www.health.nd.gov/coronavirus.

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General Questions

Q1. What will happen if a case of COVID-19 occurs in the childcare?

The Centers for Disease Control and Prevention recommends the following steps should be taken once a COVID-19 positive case is identified in a childcare:

1. **Isolate the positive case:** The case will need to be excluded from childcare for:
   - at least **10 days from symptom onset** (or test collection date if asymptomatic) **AND**
   - fever-free for 24 hours without the use of fever reducing medications **AND**
   - improvement of symptoms.

2. **Report the positive case:** If a confirmed case(s) of COVID-19 occurs in a childcare, the childcare provider should report the case to the North Dakota Department of Health (NDDoH).
   - Phone: 1.866.207.2880

3. **Contact Tracing Recommendations**

   When the North Dakota Department of Health (NDDoH) is notified of the positive case/potential exposure, the NDDoH Childcare COVID-19 Response Team will reach out to the childcare provider to complete contact tracing and provide recommendations.

   **Considerations for identifying close contacts in a childcare:**
   - Arrival and departure time (all locations worked or attended).
   - Transportation used, if provided by the program.
   - Lunch, snack, nap, outdoor play, and other activities.
   - The classroom or program environment and the person’s activities (i.e., was the person in a cohort or class, or were the classes or groups intermixing).
   - Prevention Strategies in place (i.e., mask use, cohorting).
   - Prior COVID-19 Infection.
   - COVID-19 Immunization Status.

Q2. How is it determined if a childcare needs to close after there was an exposure in a childcare?

Program recommendations depend on the extent of the exposure and what mitigation strategies were in place within the program when the person who has COVID-19 was in attendance.

Based on the information provided during the conversation, the NDDoH may recommend:

- Exclusion of individual close contacts
- Closing an entire classroom(s).
- Closing an entire facility.
- No additional action.
*Specific classrooms or childcares may be recommended to close again if additional cases occur in a childcare after a room or childcare reopens

The NDDoH can provide a letter(s) that the childcare distributes to all close contacts. The letter provides guidance for close contacts, including what they need to do to prevent the spread of COVID-19

Q3. How do I promote behaviors that reduce spread of COVID-19 and maintain a healthy childcare environment?

Childcare programs primarily serve children under 5 years of age, many of which may not be eligible for the COVID-19 vaccine at this time. Therefore, childcare administrators will have to make decisions about the use of COVID-19 prevention strategies in their programs to protect people who are not fully vaccinated.

Please reference a list of prevention strategies:

- Promoting vaccination
- Consistent and correct mask use
- Physical distancing and cohorting
- Screening Testing for COVID-19
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing in combination with isolation and quarantine
- Cleaning and disinfecting

Together with local public health officials, childcare administrators should consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19. Since childcare programs typically serve their surrounding communities, decisions should be based on the program population, families and children served, as well as their communities. The primary factors to consider include:

- Level of community transmission of COVID-19.
- COVID-19 vaccination coverage in the community and among staff and children.
- COVID-19 outbreaks or increasing trends in the childcare program or surrounding community.
- Ages of children served by childcare programs and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

When considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time, and children and staff should be closely monitored (with adequate testing through the community) for any outbreaks or increases in COVID-19 cases.
Q4. Can programs continue to provide toothbrushing and water play in sensory tables?

Brushing teeth is an important component to the overall health of the child. Toothbrushing can continue to occur if precautions are taken, such as washing hands before and after and using separate toothpaste. COVID-19 is not transmitted through water; therefore, children can continue to participate in water play. Please refer to the Center for Disease Control and Prevention (CDC) for more information on hygienic toothbrushing in group settings.

Q5. How do we distinguish between COVID-19 and other common illnesses that occur in the childcare setting?

Please refer to the North Dakota Department of Health (NDDoH) COVID-19_Childcare_and_School_Exclusion_Guidance.pdf and the North Dakota Child Care and School Infectious Disease Exclusion Guide.

Q6. How do I support coping and resilience in my childcare program?

Share facts about COVID-19 regularly through trusted sources of information (such as your state health department or CDC). Please refer to the Department of Human Services (DHS) Behavioral Health website at https://www.helpishere.nd.gov/ that contains many resources, including the First Link 211, the Suicide Lifeline, and the Crisis Text Line.

Q7. What if children have allergies? Since they always have a runny nose and cough would I need to exclude them?

The symptoms discussed in the North Dakota Child Care and School Infectious Disease Exclusion Guide refer to new onset of symptoms. If a child always has a cough, then they would not need to be excluded unless it has gotten worse. Since children may have mild symptoms, they should be referred to their healthcare provider for evaluation.

Q8. What are the recommendations for staff and children who have a household member that is identified as a close contact to a COVID-19 positive case?

Contacts of a close contact do not need to quarantine. Thus, any staff and children who has a household member, such as a sibling, that is identified as a close contact to a COVID-19 positive case can attend the childcare, as long as the household member does not develop symptoms and/or test positive for COVID-19.

Q9. What are the recommendations for staff and children who have a household member being tested for COVID-19?

If a household member is asymptomatic and is not a close contact to a COVID-19 positive case (e.g., testing for work or travel), the staff or child does not need to be excluded from childcare activities, pending test results.
Q10. What are the recommendations for staff and children who have a COVID-19 positive household member?

If a household member tests positive for COVID-19, the staff and children may be considered a close or household contact. Household members who are identified as close contacts to someone with COVID-19 are recommended to do the following:

- **Test** immediately. If the result is negative, retest 5-7 days after their last exposure or immediately if symptoms develop.
- **Quarantine** for 14 days from their last exposure. They may be released from quarantine:
  - **AFTER DAY 10** from last exposure if they remain symptom free.
  - **AFTER DAY 7** from last exposure if they remain symptom free and test negative for COVID-19 (PCR or Antigen) on day 5 or later from last exposure.

*The staff or child’s quarantine period is the household’s isolation period (which is at least 10 days from symptoms onset or positive test date for asymptomatic) plus the student’s 7–14-day quarantine.

**Exemptions:**

- **Vaccinated Household Close Contacts**
- **Household Close Contacts who have a history of positive COVID-19 infection in the past 90 days**
- **Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Programs**

Please reference [Table 1: Close contacts and quarantine recommendations](#).

Q11. What are the recommendations for staff and children who are being tested for COVID-19?

- If staff and children are **being tested for COVID-19 and have symptoms**, the staff and children are recommended to be excluded from childcare pending test results.
- If staff and children are **asymptomatic and are not a close contact** to a COVID-19 positive case (e.g., testing for work or travel), staff and children do not need to be excluded from childcare activities, pending test results.

Q12. What is the difference between quarantine and isolation?

- **Quarantine**: separates and restricts the movement of people who were exposed to COVID-19 to see if they become sick.
  - The recommended quarantine period for COVID-19 is 14 days from the last time exposed to the case with options for reducing quarantine to 7 or 10 days.
- **Isolation**: separates sick people with COVID-19 from people who are not sick.
  - The isolation period for COVID-19 is 10 days from symptom onset (or test collection date if no symptoms) AND 24 hours fever free without the use of fever reducing medications AND symptom improvement.
Contact Tracing

Q13. What is a close contact?

A close contact is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact. A close contact is recommended to quarantine for 14 days from the last exposure to someone who tested positive for COVID-19.

Q14. What are the quarantine recommendations for close contacts in a childcare program?

Table 2: Close contacts and quarantine recommendations

<table>
<thead>
<tr>
<th>Types of Close Contacts</th>
<th>Definition</th>
<th>Quarantine Recommendations</th>
</tr>
</thead>
</table>
| Unmasked/Unvaccinated Close Contacts    | ▪ Individuals who were within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period.  
▪ Individuals who were not fully vaccinated.  
▪ Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact. | The Centers for Disease Control and Prevention (CDC) recommends close contacts to get tested immediately after finding out they are a close contact. If the result is negative, get retested 5-7 days after their last exposure or immediately if symptoms develop. CDC recommends quarantine for **14 days after the last exposure**. The CDC has provided **additional options** for close contacts that can reduce the number of days that the close contacts will need to quarantine following an exposure:  
▪ Teacher/Staff/Child may be released from quarantine **AFTER DAY 10** without testing if the following criteria are met:  
  ▪ Remain asymptomatic  
  OR  
▪ Teacher/Staff/Child may be released from quarantine **AFTER DAY 7** if the following criteria are met:  
  ▪ Remain asymptomatic.  
  ▪ Test negative for COVID-19 - please note that the PCR, antigen, or home test **must be administered day 5 or later from the date of last exposure**. |

*Note: In both cases, CDC recommends wearing a mask in indoor public settings and monitoring for COVID-19 symptoms for 14 days after exposure.*


Portions of this document have been adapted from the Minnesota Department of Health Information for Child Care Providers - Responding to COVID-19 and CDC Guidance for Operating Child Care Programs during COVID-19. Revised 12/27/2021
<table>
<thead>
<tr>
<th><strong>Mask-to-Mask Close Contacts</strong></th>
<th>Individuals who were within 6 feet of an infectious person, but both the individual and the case were <strong>consistently and correctly wearing a mask</strong> at all times during the exposure.</th>
<th>On October 1, 2020, the North Dakota Department of Health (NDDoH) made <strong>new recommendations</strong> on masked close contacts. It is recommended that a masked close contact <strong>self-monitors</strong> for symptoms of COVID-19 and continues to wear a mask while in public as asymptomatic and pre-symptomatic transmission of COVID-19 could still occur. <strong>This exemption DOES NOT apply to household contacts.</strong></th>
</tr>
</thead>
</table>
| **Vaccinated Close Contacts** | Individuals who meet **ALL** the following criteria:  

- are **fully vaccinated**, i.e., ≥ 2 weeks following the receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine **AND** have remained **asymptomatic** since the current COVID-19 exposure | The CDC recommends that fully vaccinated individuals who remain symptom-free do not need to quarantine but should get tested for COVID-19 5-7 days following an exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. |
| **Close Contact w/a history of positive COVID-19 infection** | People who have previously tested positive for COVID-19 and later are identified as a close contact within 90 days of symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection | Close contacts do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms. |
| **Close contacts enrolled in the North Dakota K-12 School COVID-19 Screening/Testing Program through their school district.** | Close contacts in schools who have parental/informed consent to participate in K-12 School COVID-19 Screening/Testing Program | Close contacts (regardless of their masking and vaccination status), will be exempted from the quarantine recommendations and can continue participation in childcare, in-person learning and in extra-curricular activities if they meet **ALL** the following criteria:  

- Remain asymptomatic.  
- Test daily throughout the week or a minimum of every other day utilizing a Rapid Antigen Test. |

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- Receive a negative result for every test (a **negative test result on day 7** would end serial testing).

Close contacts (regardless of their masking and vaccination status) with **symptoms who test negative for COVID-19** can return if they:

- Remain fever-free for 24 hours (without the use of medication) **AND** improvement of symptoms – whichever is longer.
- Do not meet other general exclusion recommendations – [North Dakota Child Care and School Infectious Disease Exclusion Guidance](https://www.health.nd.gov/coronavirus).

Close contacts (regardless of their masking and vaccination status), who receive a positive test result, are recommended to follow the CDC and the ND DoH case isolation recommendations:

- Stay home at least 10 calendar days from onset of symptoms (or test date if asymptomatic).
- Isolation period will end after 10 days, if you remain fever-free for 24 hours (without the use of medication) **AND** have improvement of symptoms – whichever is longer.

For close contacts in school who **do not have parental/informed consent to participate in a K-12 School COVID-19 Screening/Testing Program**:

These school close contacts are recommended to follow the CDC and the ND DoH quarantine recommendations outlined above. Who receive a positive test result, are recommended to
Q15. Are quarantine exemptions for school age children who participate in the North Dakota K-12 School COVID-19 Screening/Testing Program extended to school age children in childcare or afterschool programs?

Close contacts **who have parental/informed consent to participate** in a K-12 School COVID-19 Screening/Testing Program (regardless of their vaccination and masking status), are exempt from the quarantine recommendations, and can continue in-person childcare, in-person learning and participating in extra-curricular activities as long as they meet **ALL** the following criteria:

- Remain asymptomatic.
- Test daily throughout the week or a minimum of every other day utilizing a Rapid Antigen Test.
- Receive a negative result for every test (a **negative test result on day 7** would end serial testing).

School close contacts (regardless of their vaccination and masking status) with **symptoms who test negative for COVID-19** can return if they:

- Remain fever-free for 24 hours (without the use of medication) **AND** improvement of symptoms – whichever is longer.
- Do not meet other general exclusion recommendations – **North Dakota Child Care and School Infectious Disease Exclusion Guidance**.


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School close contacts (regardless of their vaccination and masking status), who receive a **positive test result**, are recommended to follow the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) case isolation recommendations:

- Stay home at least 10 calendar days from onset of symptoms (or test date if asymptomatic).
- Isolation period will end after 10 days, if you remain fever-free for 24 hours (without the use of medication) **AND** have improvement of symptoms – whichever is longer.

Close contacts who **do not have parental/informed consent to participate** in a K-12 School COVID-19 Screening/Testing Program, are recommended to follow the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) quarantine recommendations outlined in **Table 1: Close contacts and quarantine recommendations**.

Q16. **Are vaccinated individuals exempt from quarantine?**

Vaccinated individuals can be exempt from quarantine if they meet **ALL** the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine). Have remained asymptomatic since the current COVID-19 exposure. Are individuals who have a history of testing positive for COVID-19 exempt from quarantine, if identified as a close contact?

People who have previously tested positive for COVID-19 and later are identified as a close contact within 90 days of symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection, do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms.

Q17. **Why are household contacts excluded from childcare longer than other close contacts?**

Household contacts to COVID-19 cases should be excluded longer because they are continuously exposed to the case in the household. A case can be infectious for 10 days after their onset of symptoms (or 10 days after collection date of test if asymptomatic). That means a household contact must be excluded through the case’s isolation period plus the contact’s 7–14-day quarantine period.

Q18. **If someone who is quarantined tests negative for COVID-19, when can they return to childcare?**

**Unmasked Close Contacts:** The Centers for Disease Control and Prevention (CDC) recommends a quarantine of **14 days after the last exposure**. However, the staff and children can return to childcare **AFTER DAY 7** if the following criteria are met:
- Remain asymptomatic.
- Test negative for COVID-19 - please note that the PCR, antigen, or home test must be administered day 5 or later from the day of last exposure.
Q19. If you are quarantined due to an exposure outside of childcare, are you recommended to quarantine from childcare?

Yes. If an individual is identified as a close contact of somebody who tested positive for COVID-19 and is recommended to quarantine, that means they are recommended to quarantine at home and can only be around people who are immediate household members regardless of where the exposure occurred.

Mask Use

Q20. Is mask use recommended for staff and children in childcare programs?

The NDDoH provides data on its website that can be used to inform decision-making at the local level.

- **Indoors**: The Centers for Disease Control and Prevention (CDC) recommend universal masking in childcare programs for everyone two years of age and older, regardless of vaccination status.
- **Outdoors**: In general, people do not need to wear masks when outdoors. CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to mask outdoors regardless of the level of transmission, particularly if they or someone in their household is immunocompromised, at increased risk for severe disease, or if someone in their household is unvaccinated.

During transportation: **CDC’s Order** applies to all public transportation conveyances including transportation for childcare programs. Passengers ages 2 years and older and drivers must wear a mask on buses and vans, including on buses operated by public and private school systems and childcare programs, regardless of vaccination status, subject to the exclusions and exemptions in CDC’s Order. Learn more [here](#).

Q21. When can mask breaks be taken?

Mask breaks may be taken when 6 feet or greater can be maintained either indoors or outdoors.

Q22. Are masked individuals exempt from quarantine?

If the case and close contact were both consistently and correctly wearing a mask at all times during the exposure, they would be exempt from quarantine. In this situation, individuals should monitor symptoms for 14 days and should continue to wear a mask. If a case and close contact removed their masks (nap, snack, lunch, outdoor play etc.) and were within 6 feet for a cumulative of 15 minutes would be named close contacts.
Q23. Do I have to wear a face mask on a bus?

All people are required by the Centers for Disease Control and Prevention (CDC) order to wear face coverings on all indoor public transportation conveyances (airports, public buses, etc.), including childcare vans and buses.

Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs

CDC’s Order applies to all public transportation conveyances including transportation for childcare programs. Passengers ages 2 years and older and drivers must wear a mask on buses and vans, including on buses operated by public and private school systems and childcare programs, regardless of vaccination status, subject to the exclusions and exemptions in CDC’s Order. Learn more here.

At home self-tests for COVID-19

Q24. What are the recommendations for a staff or child who tested positive using the At-home Self COVID-19 testing?

At-home Self-tests for COVID-19 are available by prescription or retail and online without a prescription. These tests can be either molecular (PCR) or antigen tests that detect current infection. The North Dakota Department of Health (NDDoH) will not accept self-reported test results. If a Self-test for COVID-19 result is positive, individuals are recommended to isolate and inform any close contacts, communicate their results with a healthcare provider and obtain a laboratory confirmed test for COVID-19. Self-reported home test results can be used for early quarantine release. The Centers for Disease Control and Prevention (CDC) has more information about at home Self-Testing | CDC

Vaccinations

Q25. Should children be vaccinated against influenza this year?

It is more important than ever that children be vaccinated against influenza this year because if they have a cough or congestion, even mild, they are recommended to be excluded from childcare. These symptoms could be caused by influenza and not COVID-19, so reducing a child’s chance of contracting influenza is best so they can stay in childcare.

Please refer to the North Dakota Child Care and School Infectious Disease Exclusion Guide.

Q26. How do I promote vaccinations in a childcare setting?

Centers for Disease Control and Prevention (CDC) indicate, achieving high levels of COVID-19 vaccination among eligible staff, children and household members is one of the most critical strategies to end the COVID-19 pandemic. CDC encourages staff and families, including extended family members that have frequent contact with children in the childcare program, to get vaccinated as soon as they can. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection.
COVID-19 Vaccine Children and Adolescents.pdf Visit vaccines.gov to find out where staff and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the childcare program.

- Find ways to adapt key messages to help families and staff become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Use CDC COVID-19 Vaccination Toolkits to educate members of the childcare community and promote COVID-19 vaccination. CDC's Workers COVID-19 Vaccine Toolkit is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. Childcare staff and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.

**Cohorting**

**Q27. What is Cohorting?**

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 and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. When determining how to ensure physical distance and size of cohorts, childcare programs should consider education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend childcare programs in person.

**Considerations for cohorting in a childcare:**

- If possible, your childcare groups should include the same children each day, and the same childcare providers should remain with the same group of children each day.
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
- The number of cohorts or groups may vary depending on childcare program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.
- Maintain at least 6 feet between children and staff from different cohorts.
- Separate children’s naptime mats or cribs and place them so that children are head to toe for sleeping.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger use of communal spaces between cohorts.
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
• In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
• Prioritize outdoor activities. Maintain cohorts if feasible in outdoor play spaces.

**Q28. Why is floating to other classrooms by staff not recommended?**

Having staff float to multiple classrooms is not recommended because multiple classrooms may be considered close contacts and have to close if that staff person becomes infected with COVID-19.

**Key Definitions**

The following are definitions used for case investigation, contact identification, and follow-up. [COVID-19 Glossary of Terms | Department of Health (nd.gov)](https://www.health.nd.gov/coronavirus)

**Case:** A person who is positive for COVID-19 through confirmation of a PCR or Rapid Antigen Test.

**Probable Case:** A close contact of a confirmed case, who has symptoms compatible with COVID-19, but is not a confirmed positive case.

**Case investigation:** When the NDDoH or other public health partner interviews someone who has COVID-19 to determine where or by whom the individual may have gotten infected, understand symptoms, obtain demographics and underlying health conditions, and to identify close contacts.

**Close contact:** A close contact is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact.

**Contact tracing:** People in close contact with someone who is infected with a virus, such as COVID-19, are at higher risk of becoming infected themselves, and of potentially further infecting others. The NDDoH and other public health partners follow-up with close contacts of COVID-19 cases to notify them of their exposure, check for symptoms/signs of infection, and advise them of their quarantine period.

**Exposure:** When an individual comes in contact with the virus. The virus is thought to spread when someone who is infected coughs, sneezes, or exhales. Social distancing is an effective way to reduce this risk.

**Household Contact:** All individuals (i.e., family members, roommates, intimate contacts, and caregivers) who live with a person who is positive for COVID-19.

**Incubation Period:** The time it takes an individual to develop symptoms after an exposure, the estimated incubation for COVID-19 is 2-14 days.
**Infectious Period:** The infectious period begins 2 days BEFORE onset of symptoms (or, for asymptomatic cases, 2 days prior to test specimen collection) and continues until the case is released from isolation. If case is asymptomatic at the time of testing, but becomes symptomatic later, the infectious period is from the onset of symptoms.

**Isolation:** When a person who is showing symptoms of a disease separates themselves from other people to prevent spreading the disease to others. People who test positive for COVID-19 must be isolated for at least 10 days after symptom onset and be fever free for 72 hours (without the use of medications) and have improvement in symptoms. People who are immunocompromised, hospitalized or health care workers may need to be isolated longer.

**Isolation Period:** All individuals who test positive for COVID-19 (i.e., COVID-19 cases) must isolate for a minimum of 10 days until they meet the North Dakota Department of Health (NDDoH) release from isolation criteria (at least 24 hours after resolution of fever, without the use of fever-reducing medications, AND progressive improvement of symptoms). People who are in isolation should stay home and separate themselves from others in the household as much as possible.

**Quarantine:** Separates someone who might have been exposed to COVID-19 away from others. Quarantine applies to household and close contacts. Someone in quarantine should stay separated from others, limiting movement outside of the home or facility where they are staying, however they do not need to separate themselves from their household.

**Reinfection:** Clinical recurrence of symptoms compatible with COVID-19, accompanied by positive PCR test more than 90 days after the onset of the primary infection, supported by close-contact exposure or outbreak settings, and no evidence of another cause of infection.

**Social distancing:** Also known as “physical distancing”. Individuals should keep physical space between themselves and people outside of your home. Practicing social distancing involves: Staying six feet away from other people. Avoid gathering in groups. Staying out of crowded places and avoiding mass gatherings.