

# Novel Coronavirus (COVID-19)

## Los Angeles County Department of Public Health Guidance for Early Care and Education Providers

*This is an updated version of guidance for Early Care and Education Providers published on May 1, 2020. Changes in this version include a provision permitting subdivision of classrooms to allow for increased enrollment while maintaining safe physical distancing and updates concerning response to occurrences of infection among staff, children or visitors to the site.*

This document offers updated guidance for operation of early care and education (ECE) sites in a way that will help prevent the spread of novel coronavirus. It reflects an effort to balance increased need for child care as more and more parents return to work outside the home with the critical need to avoid transmission of the virus to children, their families and ECE staff. The document starts with general information about COVID-19, and then moves on to guidance for ECE providers. Note that references to “centers” or “sites” throughout the document apply to all child care providers, including family child care home providers.

### **A. General Information about COVID-19**

COVID-19 is caused by a virus that has never been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Since it has never infected humans before, none of us are immune to it;
- It can be spread from person to person more easily than some other viruses: any close contact brings risk;
- It can be spread by someone who doesn't have any symptoms and has no idea they are ill;
- While it causes mild or moderate symptoms in most people, it can be very serious, even fatal, for people in high risk groups. These include elderly people, people with chronic conditions, including those that affect heart, lungs or kidneys, people who have weakened immune systems due to disease, people undergoing chemotherapy or other medical treatments or conditions, and people who are pregnant.

### **Symptoms of COVID-19**

People with COVID-19 have had a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may include:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Fatigue
- Chills
- Congestion or Runny Nose
- Muscle or body aches
- Headache
- Sore throat
- Nausea or Vomiting
- Diarrhea
- New loss of taste or smell

### **How COVID-19 spreads**

The virus is spread mainly by close contact from person to person. A “close contact” is any of the following people who were exposed to an “\*infected person” while they were infectious:

- An individual who was within 6 feet of the infected person for more than 15 minutes

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- An individual who had unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils/saliva, or providing care for the infected person without wearing appropriate protective equipment.
  - \* An infected person for purposes of this guidance is anyone who has confirmed COVID-19 or who is suspected to have COVID-19 based on symptoms. These individuals are considered to be infectious from 2 days before their symptoms first appeared until they are no longer required to be isolated (as described in [Home Isolation Instructions for People with COVID-19](#)). A person with a positive COVID-19 test but no symptoms (asymptomatic) is considered to be infectious from 2 days before their test until 10 days after their test. This means that an early educator who had a long conversation with a colleague on a Friday and then found out that the colleague showed symptoms on Sunday, is considered to have been exposed to the virus.

Further information that may be of interest can be found on the Los Angeles County Department of Public Health website. Go to <http://publichealth.lacounty.gov/media/Coronavirus/> to review guidance for parents of young children caring for children with COVID-19, guidelines for safe cleaning and disinfection, and other resources that may be of use. You may also find further information on best practices in early care and education settings at <https://files.covid19.ca.gov/pdf/guidance-childcare.pdf>.

### **B. Creating a Safe Environment for Children and Caregivers**

To avoid preventable spread, ECE sites must comply with these requirements:

#### **1. Classroom configuration**

- Childcare activities, indoor and out, must be carried out in stable groups of **10 or fewer** ("stable" means the same 10 or fewer children are in the same group each day). When possible, grouping children who live in the same household (i.e. siblings) is recommended; if a child must leave the facility and quarantine/test due to exposure, siblings/other children at the facility from the same household will also need to leave the facility to quarantine/test.
- Children do not move from one group to another.
- If more than one group of children is cared for at a facility, each group stays in a separate room. Groups do not mix with each other in classrooms, outdoor space or any common space within the facility.
- The same early educator(s) remain(s) solely with one group of children.
- If a facility includes any large classrooms, these rooms can be separated into smaller areas, each serving up to 10 children. The following precautions must be taken if rooms are divided:
  - Fire, safety and environmental regulations must be taken into account in placement of dividers.
  - Room dividers must reach from floor to ceiling and be made of non-porous material that can be regularly disinfected.
- Room dividers must be placed in a manner that maximizes ventilation and air flow to permit healthy temperature control and removal of contaminants.

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- Room dividers must be secured to the floor in a manner that minimizes the risk of slips, trips, and falls.
- Once divided, each area must leave enough room for physical distancing (that is, a distance of 6 feet between children).
- Divided classrooms must be designed so that groups of children can enter and exit without passing among a second group of up to 10 children. If there are 2 doors into a classroom, it is recommended that each group of children have a dedicated door that only they use to enter and exit the space.
- An exit route (means of egress) must be available to children on each side of a divided room. Each area must have a continuous and unobstructed path from any point within the area to a place of safety. Signs should be posted on or near dividers indicating pathways to exits and use of these pathways should be practiced in evacuation drills to assure safety in case of emergency.

### 2. Additional considerations for physical distancing and infection control

- Due to their elevated risk, it is important to ensure that plans account for the needs of any child with special health care needs and the needs of staff who are over 65 and/or have chronic conditions. Staff who are pregnant should also be vigilant about avoiding infection.
  - Staff should consult with parents of children with special health care needs to identify risks and develop protective strategies. These may include modifications in programming, special training of staff or other steps to ensure appropriate care.
  - If possible, staff with conditions that place them at risk should be offered work that can be done remotely. If that is not possible, these staff should be assigned to work that minimizes contact with other staff, children or visitors.
- Rearrange classrooms to put 6 feet between activity stations, tables, and chairs.
- Eliminate circle time and other activities that bring children close together. Prevent the sharing of toys and materials. Instead, use a backpack or a large Ziplock bag for each child's individual materials.
- At naptime, place cribs/cots at least 6 feet apart and alternate them from head to foot. If 6 feet is not feasible, create as much space as possible between children and arrange them from head to foot.
- Develop activities that model and reinforce physical distancing practices. Use classroom materials to help children visualize the required 6-foot distance between people, make and decorate face coverings, play games acting out children reminding each other to stay 6 feet apart, wear their face coverings, etc.
- Stagger breaks and outdoor activities so no 2 groups are in the same place at the same time. Do make use of outdoor space, however, to extend the classroom and make more room for activities.
- Discontinue buffet-style food service. Offer pre-packaged foods when possible.
- Have lunch and/or other meals in classrooms and avoid sharing tables whenever possible.
- Use disposable plates and utensils to minimize contamination risks. Remind children never to share or touch anyone else's food or drinks.

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- Modify daily operations to minimize exposures (e.g. avoid the use of touchscreens for sign-in/out, ask parents to bring their own pens to sign in, implement valet services or have staff meet children as they arrive to avoid parents coming into the childcare center).
- Restrict visitors, including volunteers and parents/caregivers.
- Minimize the risks of congregation and contagion at drop-off and pick-up times.
  - Stagger arrivals and departures if possible.
  - Instruct parents to exit quickly after drop-off and require physical distancing between families as they arrive and depart.
  - Arrange for any prolonged parent-teacher conversations to occur by phone or internet, rather than in the classroom at drop-off or pick-up.

### 3. Adopt activities that are individualized or permit distancing

Early care and education is often based on group play, but during the COVID-19 outbreak, ECE providers are encouraged to emphasize individualized activities.

- Individualized activities may include coloring, painting, putting together puzzles, using building blocks or other activities children like to do alone.
- If children are seated apart from one another, some group activities that don't involve physical contact (clapping games, storytelling) are also possible.
- Use the outdoors. Some activities that are risky indoors, like singing, which can spread droplets that may carry the virus, may be fine outdoors if children are placed (and reminded to stay) more than 6 feet apart.

### 4. Screening is key

Screening for COVID-19 helps to avert introduction of the virus into settings where there is a high risk of contagion. Screening is simple. It entails 1) asking about cough, difficulty breathing or other respiratory symptoms, and 2) a temperature check – using a no-touch thermometer or, if that is not feasible, a verbal check on whether the person feels feverish.

- Staff, children, parents/caregivers, and visitors should be reminded regularly that they should do their own at-home symptom checks and stay home if they are ill, even with mild symptoms.
  - Instruct parents to screen their children and themselves before leaving home. Anyone with symptoms consistent with COVID-19, including the child, should remain at home in isolation for a minimum of 10 days plus at least 24 hours after the resolution of fever (without fever-reducing medication) and improvement in other symptoms.
- Start the day at your site with health screenings for all staff and children on arrival.
  - Ensure that plans to conduct health screenings address the needs of children who are challenged by physical touch and/or significant changes in their daily routine.
- If a staff member or child shows symptoms of COVID-19, they may not remain at the site.

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- Note the list of symptoms on Page 1 of this document. The first three symptoms listed (fever, cough and shortness of breath) are the most common signs of COVID-19 infection. But any symptom/s require a child to leave the site.
- If a child develops any of these symptoms while at your site, they should be separated away from the classroom while waiting for a parent to arrive for pick up. If possible (and age appropriate), place a surgical mask on a child with fever and/or cough as soon as possible after moving them to the sick room. Otherwise, make sure the child has a cloth face covering (if age appropriate) and that any staff member escorting the child has appropriate personal protective equipment (PPE).
- Note guidelines for site response when a staff person or a child is sick (see Sections B. 8-10 below).

### 5. Promote good hygiene to limit the spread of COVID-19

- All early care and education staff should wear cloth face coverings at all times while at work (and in public at other times) except when alone in a private office or an enclosed cubicle or when eating.
  - Employees who have been instructed by their medical provider that they should not wear a face covering should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred.
  - Site must provide face coverings for all staff who have any contact with other employees, with children and/or with visitors to the site.
  - Instruct staff to wash face coverings daily.
  - Staff that care for children under 2 , and/or children not able to wear a face covering for medical reasons, should be provided with face shields to use over their face coverings.
- Children from birth through 2 years old should not wear face coverings. Children who are 2 through 8 years old should use face coverings with adult supervision to ensure that the child can breathe safely and avoid choking or suffocation. Children with breathing problems should not wear cloth face coverings.
- Use signage to remind staff, visitors and children to wash hands frequently. Use signs in all bathrooms to instruct on proper handwashing technique.
  - Use age appropriate signs to remind children to wash hands (for example, see <https://www.cdc.gov/handwashing/buttons.html>).
  - Signs should instruct adults to use best practice in hand washing (see for example <https://www.cdc.gov/handwashing/when-how-handwashing.html>).
- Provide supplies needed for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer. Make it easy for any adult entering the site or any room in the site to sanitize their hands-on entry.
  - Note, however, that the CDC warns against unsupervised use of hand sanitizer by young children without adult supervision due to risk of alcohol ingestion (see <https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html>).

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- Incorporate handwashing into daily site routines; teach children how to do a handwash thoroughly.
  - Handwashing should take place at the beginning of the day, before and after meals, after outside play, after using the restroom, and before and after classroom activities that involve sharing supplies and materials and after coughing and sneezing.
  - Handwashing should be supervised for children under 6. Sing the “Happy Birthday Song” twice in a row while children wash their hands to demonstrate 20 seconds.

### 6. Cleaning and disinfecting at your site

- Cleaning and disinfecting are 2 separate steps in the clean-up process.
  - Cleaning is aimed at removing germs (including viruses), dirt and impurities from surfaces. Cleaning doesn’t kill germs, but it reduces risk of infection by reducing the number of germs on the surface.
- Disinfecting, on the other hand, doesn’t necessarily make the surface look clean, but it does reduce risk of infection by killing germs on the surface. The stronger the disinfectant and the longer it stays on the surface the more germs it will kill. (See <https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>).
- For cleaning:
  - Warm water and soap are effective for cleaning. They remove germs, dirt, and impurities from surfaces.
  - If you don’t have soap, use another detergent with water.
- For disinfecting:
  - Use a commercial EPA-registered disinfectant if one is available. An alternative is a bleach solution: 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.
  - Alcohol is an effective alternative when another disinfectant is not available.
  - To reduce risk of asthma among children and staff, try to use disinfectant products on the EPA’s N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) and as opposed to products that include peroxyacetic acid, sodium hypochlorite (bleach) or quaternary ammonium compounds.
  - Disinfecting sprays and household bleach solutions should be left to sit and coat surfaces to be disinfected according to label instructions.
- Safe cleaning and disinfecting
  - Ideally, full-scale cleaning and disinfecting are done after hours, when children are not present, giving the site adequate time to air out before children are back.
  - Spot cleaning and disinfecting of frequently touched or soiled areas should be carried out regularly throughout the day, even when children are present. Surfaces of concern may include sink knobs, toilet handles, tables, and door handles.
  - Check the labels on products. Never mix bleach or any product containing bleach with any product containing ammonia, as the gas produced is extremely harmful.
  - Cleaning and disinfecting products should be stored out of reach of children,

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- If at all possible, cleaning and disinfecting should be done with windows and/or doors open, allowing chemicals to dissipate, or when children are outside or otherwise away.
- Make sure anyone using cleaning products is adequately protected with PPE, including gloves and/or eye protection as required by the product instructions.
- Assure that toys and educational supplies are cleaned and disinfected after each use.
  - Designate a container for toys that need to be cleaned, sanitized, or disinfected before being introduced back into the classroom environment.
  - Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Toys that may be put in a child's mouth should be cleaned and sanitized often. Ensure toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.

### 7. Action steps when a staff person is sick

- Staff must stay home when they are sick with symptoms of respiratory illness such as fever and cough.
  - Remind staff that they must remain at home in isolation and not return to the ECE facility for a minimum of 10 days after onset of symptoms AND until their symptoms have improved AND they are free of fever for at least 24 hours without fever-reducing medication.
  - If the staff person is symptomatic but has not been tested for COVID-19, instruct them to seek testing from their own provider, from a free, public test site or from another site of their choosing and to inform the center about the outcome of the test.
- All staff and any children who had close contact with the infected person, (as defined in Section B.2 of this document) should be sent home to self-quarantine. The quarantine must be for 14 days following contact with the infected person. If no symptoms arise during the 14 days, the quarantined person may return to work. A negative test during the quarantine period does not shorten the quarantine period; the quarantine period is always for 14 days from date of last exposure.
  - If the infected staff person was at work when symptoms emerged and/or within 2 days before becoming symptomatic, follow directions below for contacting the Department of Public Health to assure appropriate steps.
- A health care provider's note is NOT required for employees (or children) who have been sick with acute respiratory illness to stay at home or to return when they have recovered.

### 8. Action steps when a child is sick

- Remind parents to update their emergency contact information regularly so site staff can get in touch quickly if they need to. When a child does show signs of illness, they will need to be picked up immediately.
- Children who develop symptoms of illness after drop-off at an ECE site should be separated from others right away, preferably in a sick room which others do not enter or pass through. The child should remain in isolation until they can go home.

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- If possible and age appropriate, place a surgical mask on a child with fever and/or cough as soon as possible after moving them to the sick room.
- Guidelines for isolation of a sick child are the same as those for an adult. The child must stay home in isolation and not return to the ECE facility for a minimum of 10 days after onset of symptoms AND until their symptoms have improved AND they are free of fever for at least 24 hours without fever-reducing medication. Provide families with guidance on home isolation from the DPH website: <http://publichealth.lacounty.gov/acd/docs/HomeisolationenCoV.pdf>
- While the virus is spread when the infected person is clearly ill, many individuals can infect others even when they don't have obvious symptoms or any symptoms at all.
  - Given that risk, children who have been exposed to someone who has respiratory illness should remain home for 14 days to see if they also develop symptoms of illness. Home quarantine of an exposed child reduces the chance of spread to other children and staff. If no symptoms appear within 14 days, the child may return to the ECE site.
  - Let parents know that when child is at home, the family should try to keep as much separation between the child and any sick household members. Emphasize the importance of good prevention hygiene for all.

### 9. Action steps when there has been exposure at the center

- When someone at your site (child, staff person or visitor) has COVID-19 (confirmed by lab test or suspected based on symptoms), contact the Department of Public Health Acute Communicable Disease Program for guidance on steps you can take to minimize risk for other children and staff. The program can be reached at (213)-240-7941 during daytime hours or (213) 974-1234 during evening hours.
- Identify adults or children who may have had close contact with the ill individual/s for more than 15 minutes or those who may have had unprotected direct contact with body fluids or secretions of the ill individual starting from 2 days before symptoms appeared. Body fluids or secretions include saliva, sputum, nasal mucus, vomit, urine or diarrhea. These people should home-quarantine for 14 days from the date of the contact.
  - Anyone who has had close contact with an infected person must be sent home to self-quarantine, as described in Sections 2.7 and 2.8 above.
  - If any staff or children develop symptoms while in quarantine, they should follow the guidelines for self-isolation (10 days after symptoms started AND 24 hours after fevers have resolved and symptoms improved.) described above in 2.7 and 2.8.
- Note that while all parents/caregivers and staff should be informed of a confirmed case of COVID-19 in someone connected to the facility, it is not legal to share the name of the infected individual. It may not be hard for children or staff to guess who the person is, but that is different from an intentional release of private medical information about someone.

### C. What if it is necessary to close?

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### 10. When closure might be necessary

- If an individual was present at the center while potentially contagious, DPH may require short-term closure to permit intensive cleaning and disinfecting.
  - This may be required for the whole site or just for one or more specific areas in which the infected person spent time.
- If the site must close, the Child Care Licensing Local Regional Office should be notified immediately.
- If 3 or more cases occur at a site within a 14-day period among staff, children, or visitors who spent time at the site, a longer term closure may be required for an investigation to determine the source and pathway of contagion.
- Families should be informed immediately about the need for and the likely duration of a site closure. They should also be informed about the nature and extent of risk to their children and whether that risk indicates a need for quarantine and testing.
- Provide guidance to parents, teachers, and staff reminding them of the importance of physical distancing and other preventive measures while the facility is closed. Emphasize the importance of home quarantine and preventive practices to avoid spread among children and their household members in case one or more have contracted COVID-19.
- Consult with the Department of Public Health to determine the timing of return for children and staff, and if any additional steps are needed for the childcare facility to reopen.

### **D. How should ECE providers (and parents) be talking to children about COVID-19?**

The Centers for Disease Control and Prevention (CDC) has provided evidence-based recommendations for helping children cope with emergencies, including the COVID-19 outbreak. Important points include:

- The importance of being honest, but age-appropriate. Children's questions should be answered, but it is not necessary to give information that goes beyond what a child can handle.
- The importance of listening, especially to ascertain if the child has any unfounded fears or worries about COVID-19.
- The need to avoid blaming others for the outbreak or using language that can lead to stigma or bullying of some children by others.
- The value of emphasizing what the child can do to stay healthy, including handwashing, covering coughs and sneezes, staying home, physical distancing, and wearing a cloth face covering (if age appropriate) when outside the home and in the presence of others.
- The need for parents and teachers to model behavior that reduces the spread of the virus, for example, teach children how to sneeze into an elbow or choose a child to role play physical distancing with you.

### **E. Useful resources**

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- **What websites have accurate information on COVID-19?**
  - Los Angeles County Department of Public Health (LACDPH, County)  
<http://publichealth.lacounty.gov/media/Coronavirus/>  
Social media: @lapublichealth
  - Los Angeles County Department of Mental Health Access Center 24/7 Helpline (800) 854-7771
  - California Department of Social Services, Community Care Licensing Division  
<https://www.cdss.ca.gov/inforesources/community-care-licensing>
  - California Department of Public Health (CDPH, State)  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
  - Centers for Disease Control and Prevention (CDC, National)  
<http://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>
  - World Health Organization (WHO, International)  
<https://www.who.int/health-topics/coronavirus>

If you have questions and would like to speak to someone, or need help finding medical care, call the Los Angeles County Information line 2-1-1, which is available 24/7.

## Protocol for COVID-19 Exposure Management Plan in Early Care and Education Sites

**NOTE:** This protocol document may be updated as additional information and resources become available. Check the Los Angeles County Department of Public Health website: <http://www.ph.lacounty.gov/media/Coronavirus/> for updates to this document.

A targeted public health response to contain COVID-19 exposures at a community-level can help maximize the impact of the Los Angeles County Department of Public Health (DPH) COVID-19 response.

Early Care and Education (ECE) Providers are trusted community partners that can help DPH improve the timeliness and impact of the Public Health response through rapid initiation of a COVID-19 Exposure Management Plan (EMP). Immediate implementation of an EMP after identifying a single case of COVID-19 at the ECE center can accelerate the ability to contain spread of COVID-19 and prevent that single case from becoming an outbreak at the site.

The steps for managing exposures to 1, 2, and 3 or more COVID-19 cases at ECE sites are described below and summarized in Appendix A. Because ECE Providers will vary in the level of resources available for COVID-19 exposure management, *required* steps are the minimum elements that must be included in the EMP. *Recommended* steps include optional elements for exposure management where center resources are sufficient.

Note that references to “centers”, “settings” or “sites” apply to all childcare providers, including family childcare home providers. The word “case” is used to refer to the person associated with the ECE site who has COVID-19 infection. Where this document calls for actions on the part of the site towards the case (such as providing instructions) the case should be understood to be the affected staff person or the parent (or caregiver/guardian) of the affected child.

### Exposure Management Planning Prior to Identifying 1 COVID-19 Case at the ECE Site

*Required:* A designated ECE Center COVID-19 Liaison who serves as the point of contact for COVID-19 safety protocols. The designee will ensure that staff, families and children receive education about COVID-19 and serve as a liaison to DPH in the event of a COVID-19 cluster or outbreak at the ECE setting.

### Exposure Management for 1 COVID-19 Case at the ECE Site

*Required:* After identifying 1 laboratory confirmed COVID-19 case (child or employee), ECE Provider instructs the case to follow Home Isolation Instructions for COVID-19 ([www.publichealth.lacounty.gov/acd/ncorona\\_2019/covidisolation/](http://www.publichealth.lacounty.gov/acd/ncorona_2019/covidisolation/)).

*Required:* ECE Provider informs the case that DPH will contact the case directly through the DPH Case and Contact Investigation Program to collect additional information and issue the Health Officer Order for Case Isolation.

*Required:* ECE Provider works with the case to generate a list of children and /or employees with exposure to the case while infectious. The ECE Provider provides DPH with the names and contact

information of the case and ECE center contacts, ideally within 1 business day of notification of a confirmed case. If needed, additional time may be requested.

- A case is considered to be infectious from 48 hours before their symptoms first appeared until the time they are no longer required to be isolated (i.e., no fever for at least 24 hours, without the use of medicine that reduce fevers AND respiratory systems have improved AND at least 10 days have passed since symptoms first appeared). A person with a positive COVID-19 test but no symptoms is considered to be infectious from 48 hours before their test was taken until 10 days after their test.
- A person is considered to have been exposed if they are one of the following:
  - An individual who was within 6 feet of the infected person for more than 15 minutes, even if a non-medical face covering was worn;
  - An individual who had unprotected contact with the infected person's body fluids and/or secretions of a person with confirmed or suspected COVID-19 (e.g., being coughed or sneezed on, sharing utensils or saliva, or providing care without using appropriate protective equipment).

*Required:* Children and employees that are identified to have had an exposure to the case at the site are notified by the ECE Provider through a letter or other communication strategies. An Exposure Notification letter template is available at: [COVID-19 Template Notification Letters for Education Settings](#). The notification of exposure should include the following messages:

- Employees and children with an exposure to the case should test for COVID-19, whether or not they have symptoms, and inform the ECE Provider of test results. This will determine the extent of disease spread at the ECE site and serve as a basis for further control measures. Testing resources include: Employee Health Services or Occupational Health Services, Personal Healthcare Providers, Community Testing Locations: [covid19.lacounty.gov/testing](https://www.covid19.lacounty.gov/testing). Individuals who need assistance finding a medical provider can call the LA County Information line 2-1-1, which is available 24/7.
- Exposed employees and children should quarantine for 14 days since last exposure to the case while infectious (as defined above), even if they receive a negative test result during their quarantine period. A person who tests negative may subsequently develop disease, with or without symptoms, if tested during the incubation period (i.e., time period between exposure and disease onset). Home Quarantine Guidance for COVID-19 is available at: [www.publichealth.lacounty.gov/acd/ncorona\\_2019/covidquarantine/](https://www.publichealth.lacounty.gov/acd/ncorona_2019/covidquarantine/).
- DPH will contact exposed employees and children through the DPH Case and Contact Investigation Program to collect additional information and issue the Health Officer Order for Quarantine.

*Recommended:* ECE Provider will determine whether additional notification is needed to inform the wider ECE center community about the site exposure and precautions being taken to prevent spread of COVID-19. A general notification letter template is available at: [COVID-19 Template Notification Letters for Education Settings](#).

#### Exposure Management for 2 COVID-19 Cases at ECE Site within a 14-day Period

*Required:* After identifying 2 laboratory confirmed cases (children and/or employees) within a 14-

day period, ECE Provider follows the *required* steps for 1 confirmed case.

*Recommended:* ECE Provider determines whether the 2 confirmed cases are epidemiologically linked, meaning that the two affected individuals were both present at some point in the same setting during the same time period while infectious.\*

*\*A case is considered to be infectious from 48 hours before symptoms first appeared until they are no longer required to be isolated (i.e., no fever for at least 24 hours without the use of medicine that reduces fever AND respiratory systems have improved AND at least 10 days have passed since symptoms first appeared). A person with a positive COVID-19 test but no symptoms is considered to be infectious from 48 hours before their test was taken until 10 days after their test.*

- Determination of epidemiological links between cases may require further investigation to assess exposure history and identify all possible locations and persons that may have been exposed to the case while infectious. A tool is available to assist in the assessment of epidemiological links at: [COVID-19 Exposure Investigation Worksheet for the Education Sector](#). For technical assistance on how to assess for epidemiological links, please contact [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov).
- If epidemiological links do not exist, the ECE Provider continues with routine exposure management.
- If epidemiological links exist, the ECE Provider reinforces messages to children, parents/caregivers/guardians and employees on precautions to take to prevent spread at the setting, including implementation of site-specific interventions.

#### Exposure Management for $\geq 3$ COVID-19 Cases at the ECE Site within a 14-day period

*Required:* If the ECE Provider identifies a cluster of 3 or more laboratory confirmed cases among children and/or employees within a 14-day period, the ECE Provider should proceed with the following steps:

- Report the cluster to the DPH Acute Communicable Disease Control (ACDC) Education Sector Team within 1 business day by email at: [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov) or by calling (888) 397-3993 or (213) 240-7821.
- Complete the *Line List for Cases and Contacts*, available at: [COVID-19 Case and Contact Line List for the Educational Sector](#) and submit it to [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov). For technical assistance on how to complete the line list contact [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov).
- The ACDC Education Sector Team will review the *Line List for Cases and Contacts* to determine whether the outbreak criteria have been met. The ACDC team will contact the ECE Provider within 1 business day to advise on next steps.
- If outbreak criteria are not met, the ECE Provider continues with routine exposure management.
- If outbreak criteria are met, the DPH Outbreak Management Branch (OMB) is activated.
- An OMB public health investigator is assigned to coordinate with the ECE Provider on outbreak management for the duration of the outbreak investigation.
- ECE Provider COVID-19 Liaison will submit requested information, including updates to the *Line List for Cases and Contacts* to the OMB Investigator until the outbreak is resolved (i.e., at least 14 days since the last confirmed case).

*Recommended:* Prior to reporting the cluster to the DPH ACDC Education Sector Team, ECE Provider will determine whether at least 3 cases in the cluster have epidemiological links. A tool is available to assist in the assessment of epidemiological links at: [COVID-19 Exposure Investigation Worksheet for the Education Sector](#). For technical assistance on how to assess for epidemiological links, please contact [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov).

- If epidemiological links do not exist between at least 3 cases in the cluster, the ECE Provider continues with routine exposure management.
- If epidemiological links exist between at least 3 cases in the cluster, the ECE Provider reports the cluster to the DPH ACDC Education Sector Team at [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov) or by calling (888) 397-3993 or (213) 240-7821.

#### COVID-19 Outbreak Criteria for Early Care and Education Sites

At least 3 laboratory-confirmed cases at the ECE site from different households with symptomatic or asymptomatic COVID-19 over a 14-day period within a group\* that is epidemiologically linked.

*\*Groups include persons that share common membership (e.g., same classroom, ECE event, or ECE extracurricular activity). Epidemiological links require the infected persons to have been present at some point in the same setting during the same time period while infectious.*

**Appendix A: Steps for Managing Exposures to 1, 2, and 3 or More COVID-19 Cases at ECE Site**

<p><b>1 Case</b></p>	<p>1) <i>Required:</i> ECE Provider instructs the case to follow Home Isolation Instructions(a).                  2) <i>Required:</i> ECE Provider informs the case that DPH will contact the case directly to collect additional information and issue Health Officer Order for Isolation (a).                  3) <i>Required:</i> ECE Provider works with case to identify ECE center contacts.                  4) <i>Required:</i> ECE Provider notifies* ECE center contacts of exposure and instructs them to quarantine at home (b) and test for COVID-19.                  5) <i>Required:</i> ECE Provider informs ECE center contacts that DPH will follow up to collect additional information and issue Health Officer Order for Quarantine (b).                  6) <i>Required:</i> ECE Provider submits contact information for case and site contacts using the <a href="#">COVID-19 Case and Contact Line List for the Educational Sector</a> and sends to DPH at ACDC-Education@ph.lacounty.gov.                  7) <i>Recommended:</i> ECE Provider sends general notification* to inform the wider ECE center of the site exposure and precautions being taken to prevent spread.                  *Templates for contact notification and general notification are available at: <a href="#">COVID-19 Template Notification Letters for Education Settings</a>.</p>
<p><b>2 Cases</b></p>	<p>1) <i>Required:</i> Follow required steps for 1 confirmed case.                  2) <i>Recommended:</i> If the 2 cases occurred within 14 days of each other, ECE Provider determines whether the cases have epidemiological (epi) links exist. A <a href="#">COVID-19 Exposure Investigation Worksheet for the Education Sector</a> tool is available to help assess for epi links.*                  *Epi links <u>do not exist</u>: ECE Provider continues with routine exposure management.                  *Epi links <u>exist</u>: ECE Provider implements additional infection control measures.</p>
<p><b>3+ Cases</b></p>	<p>1) <i>Required:</i> If a cluster of 3 or more cases occurred within 14 days of each other, ECE Provider notifies DPH at: <a href="#">ACDC-Education@ph.lacounty.gov</a>.                  2) <i>Recommended:</i> Prior to notifying DPH of the cluster, ECE Provider determines whether at least 3 cases have epi links. If epi links <u>do not exist</u>, the ECE Provider continues with routine exposure management.                  3) <i>Required:</i> DPH requests that the <a href="#">COVID-19 Case and Contact Line List for the Educational Sector</a> be completed by the ECE Provider to determine if the outbreak criteria have been met.*                  *Outbreak criteria <u>not met</u>: ECE Provider continues with routine exposure management.                  *Outbreak criteria <u>met</u>: DPH Outbreak Management Branch (OMB) activated.                  4) <i>Required:</i> ECE Provider provides updates to the OMB investigator until the outbreak is resolved (at least 14 days since last confirmed case).</p>
<p><b>(a)</b></p>	<p>Health Officer Order, cases directed to self-isolate until no fever for at least 24 hours (without the use of medicine that reduces fever) AND respiratory systems have improved AND at least 10 days have passed since symptoms first appeared OR, if case has no symptoms, until 10 days have passed after their positive test was taken. <a href="http://www.publichealth.lacounty.gov/acd/ncorona2019/covidisolation/">http://www.publichealth.lacounty.gov/acd/ncorona2019/covidisolation/</a>.</p>
<p><b>(b)</b></p>	<p>Health Officer Order, contacts directed to quarantine for 14 days since date of last exposure to case while infectious. <a href="http://publichealth.lacounty.gov/acd/ncorona2019/covidquarantine/">http://publichealth.lacounty.gov/acd/ncorona2019/covidquarantine/</a>.</p>