

DHEC COVID-19 Guidance for Childcare Centers

2021-2022

Notice

This guidance provides more detailed recommendations as outlined in the requirements of the SC School and Childcare Exclusion List. The SC School and Childcare Exclusion List is a legal document that is regulated by state statute. As such, this guidance document is superseded by the SC School and Childcare Exclusion List criteria. Guidance is subject to change as new information requires. Updates will be indicated in dates associated with each individual document and will be recorded for historical records within each.

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This guidance is intended for childcares to plan their response to known and possible cases of COVID-19 as well as known contacts. This is based on what is currently known about COVID-19 and will be updated as more information and guidance become available.

Definitions

Close contact: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person, until they meet criteria for [discontinuing home isolation](#).

- The close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if the exposed student(s) wore mask(s) during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- Close physical contact can include contact with the mucous membranes of a COVID infected person through such things as, kissing, sharing eating/drinking utensils, etc., regardless of the time frame.

Contact tracing: The practice of identifying, notifying, and monitoring individuals who may have had close contact with a person determined to be a confirmed or probable case of an infectious disease as a means of controlling the spread of infection.

Diagnostic testing: The use of viral (antigen or PCR) COVID-19 tests to determine if an individual with symptoms compatible with COVID-19 is currently infected with SARS CoV-2, the virus that causes COVID-19.

Isolation: Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. They must remain at home or the place they were told to isolate and avoid contact with other people until their isolation period is over. This includes avoiding contact with those in their household as much as possible.

Outbreak COVID-19 (for classrooms or cohorts with five or more people): 20% or more of the children within a classroom or other cohort of children who are absent or sent home early on the same day due to testing positive for COVID-19 or having symptoms of COVID-19

OTC: Over the Counter Use – a medical product approved for use at home without need of a medical professional and without a prescription.

PPE: Personal protective equipment that includes but is not limited to medical grade gloves, face masks, N-95 Respirators, face shields, and gowns.

Prevention strategies: Actions taken to help reduce the transmission of the virus that causes COVID-19.

Quarantine: Quarantine is used to separate people who are close contacts of someone with a contagious disease, like COVID-19, from others for a period of time to see if they become sick. This is a method to prevent the spread of disease. When someone is quarantining, they should stay home and avoid contact with other people until the quarantine period is over. This includes people in their household as much as it is possible.

Rapid Test: A test (antigen or PCR) that is administered and processed within the same day on premise without sending to another location for processing. Results are typically processed and available within several minutes.

Screening: Routine, typically performed at least once weekly, viral (PCR or antigen) testing of asymptomatic individuals in order to identify asymptomatic individuals infected with SARS CoV-2, the virus that causes COVID-19.

Vaccinated

- Fully vaccinated: a person who has completed their primary vaccine series (two doses of Pfizer or Moderna vaccine or one dose of Janssen vaccine), including an additional dose if immunocompromised, with at least two weeks since their last dose.
- Maximally vaccinated (up-to-date): a person who has completed their primary vaccine series, including an additional dose if immunocompromised, *and* has had a booster shot if eligible.

Preventive planning

Detailed guidance on planning that will reduce the risk of transmission within the childcare setting is available from the [CDC](#). Using prevention strategies will reduce spread and limit those who will be required to quarantine in response to a case in a facility during times of high numbers of cases associated with the facility.

- Identification of cases is critical to reduce transmission by having them isolate.
- **Isolation is required for all cases of COVID-19.**
- Require sick students and staff to stay home as per the [School and Child Care Exclusion List](#). Establish procedures for those who are sick to be sent home as soon as possible and kept masked and separate from others until they can leave.
A person infected with COVID-19 is considered contagious starting 48 hours prior to the onset of their symptoms or two (2) days before the test was collected if they had no symptoms.
- If the childcare center has 10% or more of student and staff absent due to COVID-19 (tested positive or showing symptoms) for two consecutive one-week periods, any close contact to a case of COVID-19 during the time they are considered contagious will be required to complete a [quarantine period](#) after their last contact with the case
 - For adult staff, someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person is considered a close contact.
- **Physical distancing:** Proper physical distancing can help prevent multiple staff members spreading the virus to each other. Staff should avoid congregating together and should maintain at least six (6) feet of distance from other staff who do not work in the same classroom to the extent that is possible. Staff wearing masks will also help limit the risk of transmission to others if they become contagious but do not know it (i.e. infected people can spread the disease two days before their symptoms start) but wearing a mask does not replace physical distancing.
 - Physical distancing may not be feasible for young children in a classroom. For this reason, any children and staff in a classroom with a case will be considered close contacts unless specific physical distancing practices were observed between all persons in the classroom. If feasible, children should be spaced at least 3 feet apart.
- **Cohorting:** During times of high transmission in the childcare setting, the number of children and staff that will be required to quarantine can be limited by cohorting each class. This means keeping the same children and staff together and limiting any interaction outside of that group. Children cohorted in a class together should be kept away from children in other classes, and staff should practice physical distancing when around other staff members.

Individuals with symptoms of COVID-19 (but no known exposures to COVID-19)

Individuals should be excluded from childcare if they have any of the following with or without fever:

- Shortness of breath or difficulty breathing -or -
- Loss of taste or smell -or –
- New or worsening cough

If these symptoms are explainable by an underlying condition (such as shortness of breath for an individual with asthma) exclusion may not be necessary.

This is not a complete list of all symptoms of COVID-19, but only those that should trigger an automatic exclusion and evaluation for COVID-19. Other symptoms may include fever, chills, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea/vomiting, or diarrhea. A person is able to spread the virus up to two (2) days before they have any symptoms, but many COVID-19 cases show no symptoms at all.

Given the overlap of COVID-19 symptoms with other common illnesses and the lack of symptoms in many cases, it is not possible to identify and exclude all cases of COVID-19 through screening of symptoms. Careful prevention strategies within the childcare are needed to reduce the chances of spread.

If a child or staff member becomes ill during the day:

- Childcare providers should plan to have a room to isolate children or staff with symptoms of COVID-19 identified during the day.
- Children and staff should be moved safely, respectfully, as well as in accordance with any applicable privacy laws or regulations to the isolation room for evaluation. The individual should be provided a mask if they are able to use one ([see who should not](#)), and children should be supervised by a staff member who maintains at least six (6) feet of distance.

Returning to the Childcare Facility:

- Advise sick staff members and children not to return until they have met criteria for return.
- Children or staff excluded for these symptoms can return if:
 - They test negative for COVID-19 using an antigen test or PCR test (mouth or nose swab or saliva test) or similar test that directly detects the virus
-or-
 - A medical evaluation determines that their symptoms were more likely due to another cause (e.g. asthma exacerbation, strep throat, etc.). In this latter case, the individual can return when they meet criteria for that condition. A doctor's note should be provided that asserts the individual is clear to return based on a more likely diagnosis that requires no further exclusion or states the return criteria based on some other exclusion.
-or-
 - Children or staff with the above excludable symptoms who do not have a negative antigen, PCR or similar test or do not have a more likely cause for their symptoms, must complete the current isolation criteria for COVID-19 to return.

COVID Cases and Close Contacts in Childcare

CDC flowchart: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/sick-at-child-care-flowchart.html>

- Isolation is required for all cases of COVID-19.
- Enforce that staff and students disclose and stay at home or go home if:
 - They are showing COVID-19 symptoms, until they meet criteria for return described in the table below
 - They have tested positive for COVID-19, until they meet criteria for return described in the table on the following pages

- If a student or staff member tests positive for COVID-19, they could have been contagious with the virus up to 48 hours before their symptoms began or before their test specimen was collected (for those with no symptoms).
- **Contact tracing, quarantine, and test to stay programs may be suspended in the following instance:**
 - A childcare center has less than 10% of their students and staff absent due to testing positive for COVID-19 or having symptoms of COVID-19, over two consecutive one-week period
 - Privacy-protected notifications should be sent to parents of a classroom with a known positive COVID-19 case.
- **Contact tracing, quarantine, and test to stay programs must resume in the following instance:**
 - A childcare center has 10% or more students and staff absent due to testing positive for COVID-19 or having symptoms of COVID-19, over two consecutive one-week period, until the two consecutive reporting periods are below 10% once again.
 - Quarantine, and test to stay programs should begin the first business day following the end of the second week that is 10% or more.
- During times when the childcare center has 10% or more students and staff absent due to COVID-19 (tested positive or showing symptoms) for two consecutive one-week periods:
 - Contact tracing will need to resume, so that all close contacts at the center are identified.
 - **Quarantine will be required** for an individual who has been a close contact of someone who is determined to have COVID-19 either through testing or symptom consistent diagnosis, with the following two exceptions:
 - Individuals who are maximally (if 18 years and older) or fully (if 5-17 years old) vaccinated and do not have symptoms do NOT need to quarantine after a close contact. DHEC recommends testing at day 5, and they **must** wear a mask for 10 days unless eating or drinking or more than six feet from anyone else when outdoors.
 - People who have tested positive (PCR or antigen test) for COVID-19 within the past 90 days and recovered and do not have symptoms do NOT need to quarantine. They **must** wear a mask for 10 days unless eating or drinking or more than six feet from anyone else when outdoors. If the child is less than two years old and therefore unable to wear a mask, they may be allowed to attend without wearing a mask.
 - There are three options a childcare may use to determine the duration of quarantine:
 - 10 days of quarantine have been completed and no symptoms have been reported during daily at home monitoring. This option is required for those children unable to wear a mask unless they are participating in "[Test to Stay](#)".
 - 5 days of quarantine have been completed and no symptoms have been reported during daily at-home monitoring. The person **must** then wear a mask through day 10. A viral test collected no sooner than 5 days after the last contact is recommended and should be performed if available.
 - [Test to Stay \(TTS\) for Childcare](#): Option to allow in-person attendance for those staff and students who remain asymptomatic and otherwise would need to quarantine.
 - TTS for students:
 - Two rapid viral tests (or PCR with 24 hours or less turn-around time) must be performed—First on day 3 after exposure (or upon notification if not notified until after day 3) and one within days 5-7 after exposure.
 - A mask is **strongly encouraged** through day 10 for those children 2 years of age and older.
 - An attestation form must be used for any at-home test.
 - [Test to Stay](#) is not applicable to household close contacts unable to separate from the COVID positive individual.

- TTS for staff:
 - One rapid viral test (or PCR with 24 hours or less turn-around time) **must** be performed within 5 to 7 days after exposure. If available, a second rapid test should also be performed at least 24 hours apart.
 - A mask **must** be worn through day 10.
 - An attestation form must be used for any at-home test
 - Test to stay is not applicable to household close contacts unable to separate from the COVID positive individual.

Management of Cases in Childcare Settings

Adhere to the following criteria for allowing a student or staff member to return to childcare:

	Scenario	Criteria to return to childcare
Asymptomatic Case	Person has tested positive with an <u>antigen test</u> but does not have symptoms of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19.	<p>The person can return to childcare on day 6 after the positive test, as long as they do not develop symptoms. A mask must be worn through Day 10. The person is not required to have documentation of a negative test in order to return to childcare.</p> <p>Exception: If the person has a PCR/molecular test performed within 24 – 48 hours of their positive antigen test, and that PCR/molecular test is negative: the positive antigen test can be considered a false positive and the person can immediately return to childcare.</p>
	Person has tested positive with a <u>PCR/molecular test</u> , but the person does not have symptoms.	<p>Person can return to childcare on day 6 after their positive test was performed, as long as they do not develop symptoms. A mask must be worn through Day 10.</p> <p><i>If person develops symptoms during days 6-10 then the isolation period will restart for another 5 days from symptom start date.</i></p>
Symptomatic Case	Person has symptoms of COVID-19 and has tested positive with an antigen test or PCR/molecular test.	<p>Person can return to childcare when:</p> <ul style="list-style-type: none"> • It has been at least 5 days since the first day of symptoms (i.e., may return on day 6); AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are significantly improving. • A mask must be worn through Day 10. • The person is not required to have documentation of a negative test in order to return to childcare.
	<p>Person has symptoms of COVID-19 but has not been tested for COVID-19 nor has visited a health care provider.</p> <p>Therefore, the person who has symptoms is presumed positive for COVID-19 due to the presence of a clinically compatible illness in the absence of testing.</p>	<p>Person can return to childcare when</p> <ul style="list-style-type: none"> • It has been at least 5 days since the first day of symptoms (i.e., may return on day 6); AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are significantly improving. • A mask must be worn through Day 10.
Symptomatic but Not a Case	<p>Person has symptoms of COVID-19 but has received a negative test for COVID-19* or has visited a health care provider and received an <u>alternate diagnosis</u> that would explain the symptoms of COVID-19.</p> <p>*In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection (e.g., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is maximally (≥18yo) or fully (5-17yo) vaccinated or has tested positive on an antigen or PCR/molecular test in the last 90 days.)</p>	<p>Person can return to childcare when they meet criteria per DHEC exclusion list and:</p> <ul style="list-style-type: none"> • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. <p>Note:</p> <ul style="list-style-type: none"> ○ The health care provider is not required to detail the specifics of the alternate diagnosis. ○ Childcares may require a negative COVID test to return.

Management of Close Contacts Childcare Settings

If contact tracing, quarantine, and test to stay programs are not suspended, use the table below.

If a close contact has been identified outside of the childcare setting, they do not need to quarantine unless the childcare is currently contact tracing.

Close Contact (asymptomatic)	Close contact is <u>not</u> maximally (≥ 18 yo) or fully (5-17yo) vaccinated.	<p>Option 1) Person may complete a 10-day quarantine if the person is not presenting symptoms of COVID-19 during daily at-home monitoring. This is required for those students who are unable to wear a mask and are not participating in Test to Stay.</p> <p>Option 2) Person can return to childcare after completing 5 days of quarantine if they remain asymptomatic.</p> <ul style="list-style-type: none"> • The 5 days of quarantine begin after the last known close contact with the COVID-19 positive individual. • A mask must be worn through Day 10. • Recommended to get tested 5 days after exposure <p>Option 3) Those eligible may follow the Test to Stay Option (see page 5 above)</p>
	Close contact is maximally (≥ 18 yo) or fully (5-17yo) vaccinated and <u>does not</u> have any symptoms.	<p>Person does not need to quarantine if they voluntarily choose to provide documentation of their maximally (if ≥ 18yo) or fully (if 5-17yo) vaccinated status to eliminate the need for quarantine.</p> <ul style="list-style-type: none"> • Recommended to get tested 5 days after exposure. • They must wear a mask at childcare through Day 10 after exposure. • <i>Testing of vaccinated close contacts living in a household with someone in isolation that cannot be separated should occur 5 days after the end of isolation for the person diagnosed with COVID-19. The close contact must wear a mask in childcare through Day 10 after the household COVID-19 case ends isolation.</i>
	Person who has tested positive (positive PCR or antigen test) for COVID-19 in the last 90 days and <u>does not</u> have symptoms after a close contact with someone with COVID-19.	<p>Person does not need to quarantine.</p> <p>The individual must provide either a note from a healthcare provider that they had the positive viral test result (via antigen or PCR test) in the past 90 days or provide a paper or electronic copy of the viral test result (SARS-CoV-2 RNA Detected or Positive).</p> <ul style="list-style-type: none"> • They must wear a mask at childcare through Day 10 after exposure. If the child is 2 years old and less and therefore unable to wear a mask, they may be allowed to attend without wearing a mask.
Close Contact (symptomatic)	<p>Person who has been in close contact with someone with COVID-19, who develops symptoms while in quarantine and has no other <u>alternate diagnosis</u> to explain the symptoms. This applies to vaccinated or unvaccinated individuals.</p> <p>*If an alternate diagnosis has been determined, refer to the above close contact guidance based on vaccine/previously infected status.</p>	<p>Person can return to childcare when:</p> <ul style="list-style-type: none"> • It has been at least 5 days since the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are significantly improving. • They must wear a mask at childcare through Day 10 after exposure. <p>Recommended to get tested at symptom onset; and if test is negative, recommend testing again 5 days after last exposure.</p>

Household contact

- A household close contact is a subcategory of close contact and is therefore considered a close contact. A household close contact will follow the same requirements and recommendations as a close contact for return from quarantine. (Refer to the Management of Cases and Close Contacts in Childcare Setting tables for details.)
- If the child or staff member lives in the same household as a known case and cannot completely separate in their own space in the home:
 - [Test to Stay](#) is not an option for those who cannot completely separate from the case.
 - If they are not maximally (if ≥ 18 years old) or fully (if 5-17 years old) vaccinated, their five-day quarantine period begins after the case is released from isolation (at least 5 days after the case's symptom onset or test date if no symptoms).
 - **Example 1:** If the case is in isolation for Days 1 through 5, the household close contact who is not vaccinated and cannot separate from them must quarantine through the case's isolation time plus for Days 6 through 10. They may return to childcare on Day 11, if they are asymptomatic. A viral test collected no sooner than the day prior to return (day 10) is recommended and should be performed if available. They **must** wear a mask at childcare for Days 11 through 15.
 - **Example 2:** if the case in isolation for Days 1 through 8, the household close contact who is not vaccinated must quarantine through the case's isolation time (Days 1-8) plus for Days 9-13. They may return to childcare on Day 14, if they are asymptomatic. A viral test collected no sooner than the day prior to return (day 13) is recommended and should be performed if available. They **must** wear a mask at childcare for Days 14 through 18.
 - If they are maximally (if ≥ 18 years old) or fully (if 5-17 years old) vaccinated, they do not have to quarantine but **must** wear a mask throughout the case's isolation time and for 10 days after the case is released from isolation. It is recommended for them to be tested five days after the end of the case's isolation.
 - If they have been previously infected within the past 90 days (positive PCR or antigen test), they do not have to quarantine but **must** wear a mask throughout the case's isolation time and for 10 days after the case is released from isolation.
- If the child or staff member is not vaccinated and has not been previously infected within the past 90 days and is not a caretaker of the household member who is infected and can separate themselves into their own space in the home, their quarantine period begins the day after their last close contact with the case (after separation in the household).
 - [Test to Stay](#) is an option for those household contacts who can separate from the case.

Staff working while in quarantine

- To limit the chances of COVID-19 spread in the facility, staff should plan to quarantine at home and not return to work after close contact to someone contagious with COVID-19 when a facility is performing contact tracing and quarantine.
 - [Test to Stay](#) is an option that allows for staff to work while in quarantine.
- Maximally vaccinated staff who were in close contact with someone who has COVID-19 but do **not** have COVID-19 symptoms do not need to quarantine unless they develop symptoms.
 - Individuals may voluntarily choose to provide documentation of their full vaccination status to eliminate the need for quarantine.
 - Maximally vaccinated people are recommended to get tested 5 days after exposure, even if they do not have symptoms.
 - These individuals should also continue to monitor for symptoms daily and throughout the day, practice physical distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often until 10 days after exposure.
- Staff verified (positive PCR or antigen test) to have been infected with COVID-19 in the previous 90 days who were in close contact with someone who has COVID-19 but do **not** have COVID-19 symptoms do not need to quarantine unless they develop symptoms.
 - Those individuals who have been previously infected with COVID-19 within the previous 90 days who remain at childcare during quarantine, **must** wear a mask at all times while in the childcare center, monitor for symptoms daily and throughout the day, practice physical distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often until 10 days after exposure.

Summary of actions to take in response to a case (if contact tracing, quarantine, and/or TTS are being performed)

1. If notified of a case in a child or staff member, they must be excluded throughout their isolation period.
2. Was the case(s) contagious while in the facility [two (2) days before onset of symptoms or two (2) days before the test specimen was collected (if no symptoms)]?
 - No → No further action after excluding them and household members
 - Yes (specific recommendations below) → should not reopen facility until these measures are in place:
 - Identify all close contacts when a childcare center has 10% or more students and staff absent due to COVID (test positive or having symptoms) two consecutive one week periods.
 - Plan to close down all areas the person was in while contagious until cleaning is done.
 - Begin monitoring of anyone who continues to attend.
3. Identify close contacts when a childcare center has 10% or more students and staff absent due to COVID (test positive or having symptoms) two consecutive one week periods:
 - This will include any individuals with whom they spent a cumulative fifteen (15) minutes or more within three (3) feet among students, within 3 to 6 feet among students not wearing masks, or six (6) feet if an adult during a 24 hour period.
 - Any staff members who did not observe proper physical distancing with the case will be considered close contacts (regardless of whether a mask was worn or not).
 - Anyone in the same classroom including staff and other children will also be considered close contacts.
 - Possible exception: If it involves a group of older children who were able to observe proper physical distancing at all times while in the facility, it is possible that they can be monitored instead of excluded (must be comfortable that physical distancing was always observed).
 - All close contacts must be excluded from the facility until they complete quarantine requirements after last contact with case (usually last day they attended). Close contacts may be eligible for return in certain circumstances (See page 7). If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer considered contagious.
 - If proper cohorting was practiced so that the case would have only had contact with those in the same classroom, the other staff and children in the facility may be monitored for symptoms rather than excluded.
 - If there was no cohorting of classes, must assess everyone in the facility that the case may have come into contact and exclude them until they complete their quarantine period or are eligible to return as per the “Management of Cases and Contacts in Childcare Setting” (See page 7).
4. Monitoring of those not considered close contacts:
 - Notify parents that they must monitor their children for symptoms and must not allow their children to attend if they become ill.
 - Check all children and staff for symptoms at the beginning of each day and observe for symptoms throughout the day. If symptoms are detected, separate the individual from other staff and attendees and arrange for them to be sent home.
 - This should continue until ten (10) days after the last day the case was in the facility.
5. Cleaning the facility anywhere the person may have been while contagious:
 - CDC cleaning guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
6. Reopening:
 - May plan to reopen when all the actions above are completed and precautions are in place.

Outbreak

For classrooms or cohorts with five or more people, if 20% or more of the children within a classroom or other cohort of children are absent or sent home early on the same day due to testing positive for COVID-19 or having symptoms of COVID-19, consideration should be given to excluding all children and staff, who have not voluntarily provided evidence of vaccination, in the classroom (or cohort of children) for five (5) days after contact with the last identified COVID-19 case. This outbreak should be reported to the regional DHEC health authorities using the established reporting process.

Reporting

General guidance can be obtained through the DHEC Care Line **1-855-4-SCDHEC (1-855-472-3432)**. However, multiple cases in a facility should be reported to the appropriate regional health department. Please see the contact information below for the regional health departments.

Lowcountry

Allendale, Bamberg, Beaufort,
Berkeley, Calhoun, Charleston,
Colleton, Dorchester, Hampton,
Jasper, Orangeburg

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405

Office: (843) 441-1091

Fax: (843) 953-0051

Nights/Weekends: (843) 441-1091

Midlands

Aiken, Barnwell, Chester,
Edgefield, Fairfield, Lancaster,
Lexington, Kershaw, Newberry,
Richland, Saluda, York

2000 Hampton Street
Columbia, SC 29204

Office: (888) 801-1046

Fax: (803) 576-2993

Nights/Weekends: (888) 801-1046

Pee Dee

Clarendon, Chesterfield,
Darlington, Dillon, Florence,
Georgetown, Horry, Lee, Marion,
Marlboro, Sumter, Williamsburg

1931 Industrial Park Road
Conway, SC 29526

Office: (843) 915-8886

Fax: (843) 915-6506

Nights/Weekends: (843) 409-0695

Upstate

Abbeville, Anderson, Cherokee,
Greenville, Greenwood, Laurens,
McCormick, Oconee, Pickens,
Spartanburg, Union

200 University Ridge
Greenville, SC 29602

Office: (864) 372-3133

Fax: (864) 282-4373

Nights/Weekends: (864) 423-6648

Resources

[DHEC School & Childcare Exclusion List](#)

[CDC Childcare Guidance](#)

[DHEC List of Reportable Conditions](#)



Interim DHEC COVID-19 Childcare Testing Guidance

February 22, 2022

Types of Covid-19 Tests

There are two main types of viral tests that can be used to diagnose someone with COVID-19: nucleic acid amplification tests (NAATs) and antigen tests. A polymerase chain reaction (PCR) test is a type of NAAT. Please reference the Center for Disease Control and Prevention (CDC) COVID-19 Testing Overview [website](#) for the most up-to-date information on the types of COVID-19 tests.

Testing can be done by a healthcare provider, lab, or [DHEC testing site](#).

Diagnostic Testing

[Diagnostic testing](#) for SARS-CoV-2 is intended to identify the occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure.

- A child or staff member who develops symptoms of COVID-19 should be tested for the virus. *If a child or staff member does not get tested this could limit DHEC's ability to appropriately respond to new cases, prevent spread and ensure the health and safety of other children and staff.*

An antigen test, PCR test (nose or throat swab or saliva) or similar test that directly detect the virus is required as there is delay in developing detectable antibodies. A negative antibody test is insufficient to rule out a new infection and a positive antibody test does not rule out the possibility of re-infection.

The presence of any of the symptoms below generally suggests a child or staff member has an infectious illness, regardless of whether the illness is COVID-19. For children and staff with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from the childcare facility. Occurrence of any of the symptoms below while a child or staff member is at the facility suggests the person may be referred for diagnostic testing.

- Temperature of 100.4 degrees Fahrenheit or higher
- Persistent or worsening sore throat
- New or worsening cough (for children with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for children with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell
- New onset of severe headache, especially with a fever

Childcare facilities should separate children with COVID-19 symptoms or COVID-19 diagnosis by, for example, placing children in isolation room/areas until transportation can be arranged to send them home or seek emergency medical attention.

- If the childcare center has 10% or more students and staff absent due to COVID-19 (tested positive or showing symptoms) for two consecutive one-week periods, all close contacts at the childcare facility will need to be identified and quarantined, if not eligible for one of the options to avoid quarantine.

Close contacts to a COVID-19 case who develop symptoms should be tested as soon as possible to ensure proper isolation or quarantine.

- For example, a child’s quarantine period is set to expire on the 5th of the month. However, they also developed symptoms on the 3rd and did not get tested, which requires them to isolate until the 13th of the month. They may not return to childcare until after the 8th but **must** wear a mask on the 9th through 13th.

Test to Stay for Childcare Centers

If an unvaccinated child or staff member is determined to have been in contact with someone with COVID-19, they would not need to quarantine but could continue attending childcare as long as they are asymptomatic and meet the following requirements:

- For students:
 - Two rapid viral tests (or PCR with 24 hours or less turn-around time) must be performed—First on day 3 after exposure (or upon notification if not notified until after day 3) and the second within days 5-7 after exposure.
 - A mask is **strongly encouraged** through day 10 for those children 2 years of age and older.
 - An attestation form must be used for any at-home test.
 - Test to Stay is not applicable to household close contacts unable to separate from the COVID positive individual.
- For staff:
 - One rapid viral test (or PCR with 24 hours or less turn-around time) **must** be performed within 5 to 7 days after exposure. If available, a second viral test should also be performed at least 24 hours apart.
 - A mask **must** be worn through day 10.
 - An attestation form must be used for any at-home test
 - Test to stay is not applicable to household close contacts unable to separate from the COVID positive individual.

At-home self-testing

DHEC acknowledges the benefits of at-home rapid-testing to help identify COVID-19 cases as early as possible and inform when it may be safe to return to a childcare setting. DHEC also acknowledges that at-home/over-the-counter rapid-tests are most reliable when specimen collection is performed properly per package instructions, and results are interpreted and reported correctly. At-home rapid-tests that have been approved for emergency use authorization by the FDA are only required to be reported to DHEC if performed under the supervision of a healthcare provider (HCP) either in-person or virtually. Therefore, results from at-home rapid-testing not supervised by an HCP do not have to be reported to DHEC by childcares. Manufacturer recommendations should be followed.

Below are recommendations on how to handle results from at-home rapid tests by non-medical personnel. **DHEC encourages Childcares to allow for the use of at-home rapid-tests for supporting decisions about isolation and quarantine. When feasible, DHEC encourages proctoring of at-home rapid-tests.** If the test is not proctored by a Health Care Provider (HCP), the school or childcare **must** require submission of the completed “[At-Home Rapid-Test Result Attestation Form](#)” by the individual (or parent/guardian) in order for the result to be allowed to qualify an individual for isolation or early release from quarantine. Note that an individual may not be released early from isolation as long as they are having symptoms, regardless of their test result.

Individual has no known close contact with a COVID-19 case

- If an individual reports that they **tested positive** using an at-home rapid test and they are symptomatic, it is recommended that they isolate and contact their HCP if needed. This individual should not attend school/childcare center for the recommended isolation period. No PCR or other test is needed for confirmation.
- If an individual reports that they **tested negative** using an at-home rapid test and they are symptomatic, it is recommended that they contact their HCP and consider PCR testing within 2 days of the original test. This individual should not attend school/childcare center until they have met the criteria to return based on the [DHEC exclusion list](#).
- If an individual reports that they **tested positive** using an at-home rapid test and they are asymptomatic, it is recommended that they isolate and contact their HCP to discuss whether to have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. If there are 2 discordant antigen test results, a PCR test is recommended within (2) days of the original test. If they are unable to obtain another test, the individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they **tested negative** using an at-home rapid test and they are asymptomatic, the person can attend school/childcare center only if they have no known close contact to COVID-19.

Individual has close contact with a COVID-19 case (within the prior 10 days)

- If an individual reports that they **tested positive** using an at-home rapid test and they are symptomatic, it is recommended that they isolate and contact their HCP if needed. This individual should not attend school/childcare center for the recommended isolation period. No PCR or other test is needed for confirmation.
- If an individual reports that they **tested negative** using an at-home rapid test and they are symptomatic, it is recommended that they contact their HCP to discuss whether to have PCR testing within 2 days of the original test. This individual should quarantine for the recommended period of time based on [current quarantine guidelines](#), unless repeat testing is positive, at which point isolation would be required.
- If an individual reports that they **tested positive** using an at-home rapid test and they are asymptomatic, it is recommended that they isolate and contact their HCP if needed. This individual should not attend school/childcare center for the recommended isolation period. The individual may seek confirmatory testing via PCR and if negative, they must still quarantine for the recommended period of time based on current quarantine guidelines.
- If an individual reports that they **tested negative** using an at-home self-test and they are asymptomatic, they should continue to quarantine for the recommended period of time based on current quarantine guidelines.

	At-home test Positive	At-home test Negative
<i>Symptomatic without Close Contact</i>	Isolate Contact HCP if needed	Excluded per school/childcare exclusion criteria Contact HCP & consider PCR test
<i>Symptomatic with Close Contact</i>	Isolate Contact HCP if needed	Contact HCP & consider PCR test Quarantine per guidance, unless repeat testing is positive, at which point isolation would be required
<i>Asymptomatic without Close Contact</i>	Isolate Contact HCP & consider follow-up test	Can attend school/childcare
<i>Asymptomatic with Close Contact</i>	Isolate Contact HCP if needed	Quarantine per current guidance

Reporting

General guidance can be obtained through the DHEC Care Line **1-855-4-SCDHEC (1-855-472-3432)**. However, multiple cases in a facility should be reported to the appropriate regional health department. Please see the contact information below for the regional health departments.

Lowcountry

Allendale, Bamberg, Beaufort,
Berkeley, Calhoun, Charleston,
Colleton, Dorchester, Hampton,
Jasper, Orangeburg

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405

Office: (843) 441-1091
Fax: (843) 953-0051

Nights/Weekends: (843) 441-1091

Midlands

Aiken, Barnwell, Chester,
Edgefield, Fairfield, Lancaster,
Lexington, Kershaw, Newberry,
Richland, Saluda, York

2000 Hampton Street
Columbia, SC 29204

Office: (888) 801-1046
Fax: (803) 576-2993

Nights/Weekends: (888) 801-1046

Pee Dee

Clarendon, Chesterfield,
Darlington, Dillon, Florence,
Georgetown, Horry, Lee, Marion,
Marlboro, Sumter, Williamsburg

1931 Industrial Park Road
Conway, SC 29526

Office: (843) 915-8886
Fax: (843) 915-6502
Fax2: (843) 915-6506

Nights/Weekends: (843) 915-8845

Upstate

Abbeville, Anderson, Cherokee,
Greenville, Greenwood, Laurens,
McCormick, Oconee, Pickens,
Spartanburg, Union

200 University Ridge
Greenville, SC 29602

Office: (864) 372-3133
Fax: (864) 282-4373

Nights/Weekends: (864) 423-6648

Resources

[South Carolina School and Childcare Exclusion List](#)

[Quarantine and Isolation](#)

[CDC K-12 Schools and Childcare Guidance](#)

Sample COVID-19 Facility Notification Letter

February 22, 2022

DATE

Dear Parents or Guardians:

A case of COVID-19 was identified in a person who could possibly have spread the virus while attending [Facility Name]. The childcare center takes actions to limit the spread of the virus by separating different classrooms as much as possible. Those with COVID-19 can spread the virus to others up to two days before they have symptoms and after their symptoms have improved. Therefore, it is important that steps be taken to stop further spread and ensure the safety of those who might be at risk of a bad infection with COVID-19.

Please follow these steps to help you take the proper actions to protect your family and others:

- Monitor your child for any of the following symptoms through [date 10 days after last day the case was in childcare]:
 - Fever
 - New or worsening cough
 - Loss of taste or smell
 - Shortness of breath or difficulty breathing
 - Chills
 - Headache
 - Sore throat
 - Muscle or body aches
 - Fatigue
 - Congestion, runny nose
 - Nausea, vomiting, diarrhea
- Keep your child home if they are showing these or any other symptoms that cause concern. Also:
 - Call your doctor to let them know your child may have been exposed to COVID-19. Your child may need to get tested for COVID-19 in order to return to childcare.
 - Keep your child separated from other people as much as possible until it can be determined if the symptoms are likely from COVID-19 or not.

The **DHEC Care Line** is available from 8 a.m. to 6 p.m. Monday through Friday to answer any questions you may have at: **1-855-4-SCDHEC (1-855-472-3432)**.

Sample COVID-19 Close Contact Notification Letter

January 21, 2022

DATE

Dear Parents or Guardians:

This letter is to notify you that your child has been in close contact to another person with COVID-19 while attending (name of the facility). It is important that steps be taken to prevent further spread and ensure the safety of those who might be at risk of a serious infection. The following recommendations are provided so you may take the proper actions to protect your family and others:

- Your child will be excluded from childcare attendance until completing quarantine.
- Your child does not need to quarantine if they are fully vaccinated or previously infected within the past 90 days **and** they do not have symptoms. They **must** wear a mask through [date 10 days after last contact].
- Your child should get tested on([date 5 days after last contact]) or immediately if symptoms develop.
- Monitor your child for the following symptoms through [date 10 days after last contact]:
 - Fever
 - Chills
 - Fatigue
 - New or worsening cough
 - Headache
 - Congestion, runny nose
 - Loss of taste or smell
 - Sore throat
 - Nausea, vomiting, diarrhea
 - Shortness of breath or difficulty breathing
 - Muscle or body aches
- If your child becomes ill, call your doctor to let them know your child's symptoms and that they may have been exposed to COVID-19.

Below are two options for quarantine that childcare centers may utilize:

- Your child may be eligible to return on [date 11 days after last contact], (10-day quarantine) without testing if they continue to have no symptoms. **Note:** This option should be utilized for all children who cannot wear a mask consistently and appropriately.
- Your child may be eligible to return on [date 6 days after last contact] (5-day quarantine), if they continue to have no symptoms **and** if they are able to wear as mask through [date 10 days after last contact]. A viral test collected no sooner than [date 5 days after last contact] is recommended and should be performed if available.
- **Note:** If there is a household COVID-19 case that cannot separate from your child, the child will continue to quarantine. The 10-day or 5-day options described above begin after the COVID-19 case's isolation ends.

Please confirm with childcare staff when your child may be able to return.

How to Quarantine:

- Your child should stay home and not come into contact with other people during this time. They should not play with other children in person during this time even if they feel well. It is possible to spread the virus to others before you have symptoms.
- Keep your child separate from other family members who may be at risk of severe illness from COVID-19 as much as possible. This includes those who are elderly and those with health conditions such as diabetes or diseases of the heart, lungs, kidneys, or immune system.
- Help your child practice good hand washing; remind them to cover coughs and sneezes, and clean frequently touched surfaces often.

Please follow these instructions to help protect the health of your family and the community and help control the spread of COVID-19. The **DHEC Care Line** is available from 8 a.m. to 6 p.m. Monday through Friday to answer any questions you may have at: **1-855-4-SCDHEC (1-855-472-3432)**.

NEW Attestation Form for At-Home COVID-19 Test
Current as of January 9, 2022
Attestation of At-Home Rapid COVID-19 Test Result

I attest that the at-home/over-the-counter rapid COVID-19 test described below was performed on (First and Last Name) _____. The test was administered on the individual and the results belong to the test performed on them. The test was performed following the instructions provided by the test kit.

Student/Staff's Date of Birth: _____

School: _____

Grade (if applicable): _____ Teacher (if applicable): _____

Date and Time Tested: ____/____/____ and _____ am/pm

Brand of Home Test: _____

Serial Number on Test Packaging: _____

Test Result as Observed by the Parent or Designated Adult Who Performed the Test (circle one):

Positive

Negative

Unable to Determine

Test Performed By: _____

Printed Name

Signature

Parent or Legal Guardian (if different than above): _____

Printed Name

Signature

Date

Indoor Childcare Close Contact Scenarios

January 21, 2022

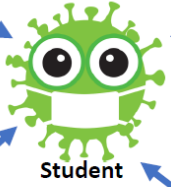
Indoor School Close Contact scenarios

Not a close contact



3 ft

Positive case



2 ft

Close Contact



Student

Close Contact



2 ft

7 ft

Not a close contact



Student

4 ft

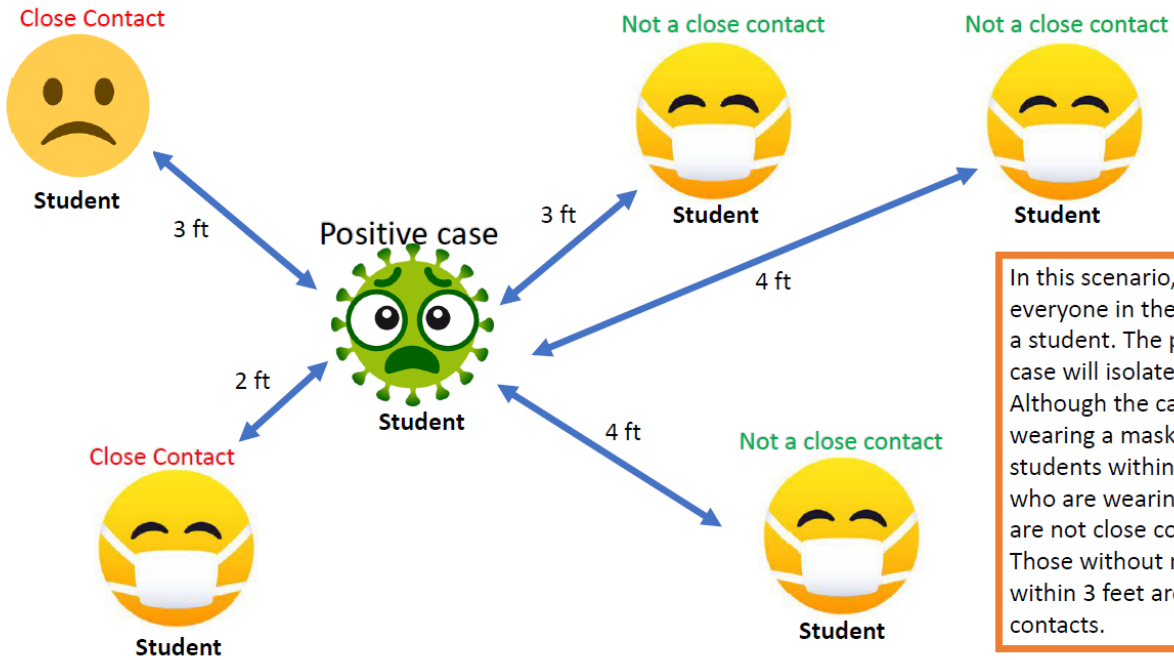
Close Contact



Student

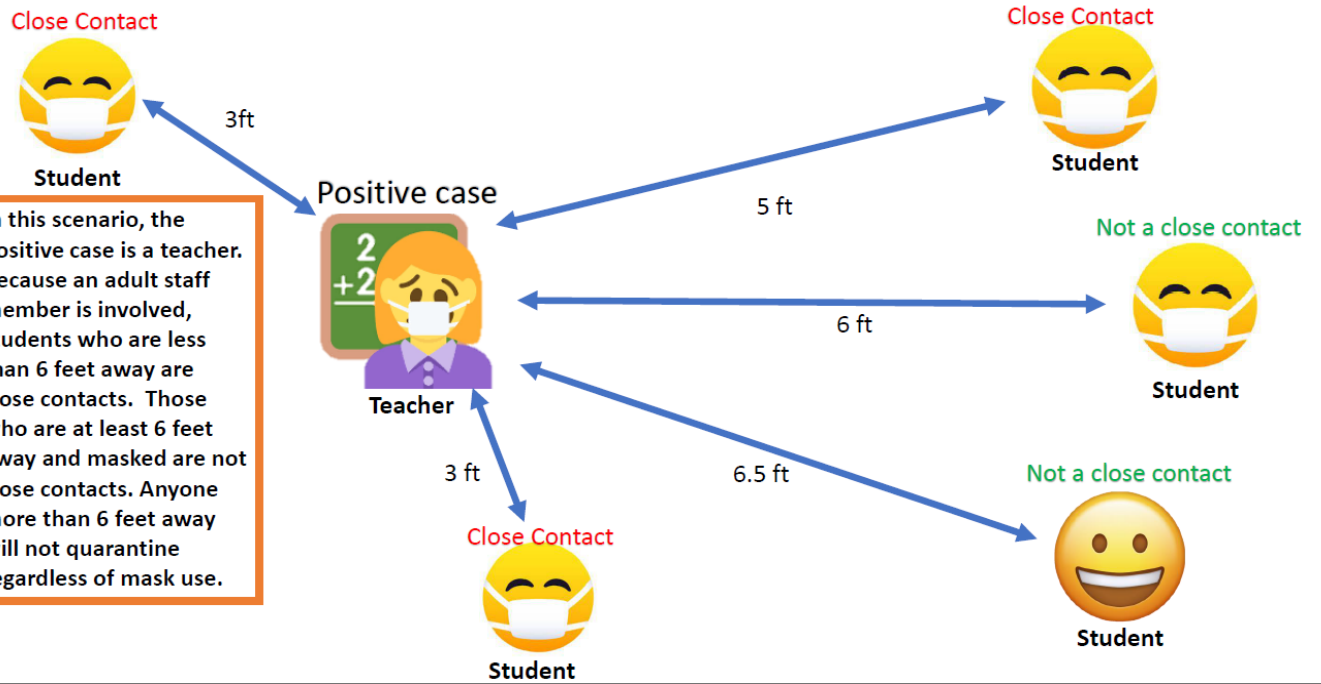
In this scenario, everyone in the cohort is a student. The positive case will isolate. Everyone less than 3 feet from the case is a close contact. Everyone 3 feet or further who is wearing a mask is not a close contact. Everyone 3-6 feet without a mask is a close contact. One student is more than 6 feet away and is not a close contact.

Indoor School Close Contact scenarios



In this scenario, everyone in the cohort is a student. The positive case will isolate. Although the case isn't wearing a mask, students within 3-6 feet who are wearing masks are not close contacts. Those without masks or within 3 feet are close contacts.

Indoor School Close Contact scenarios



In this scenario, the positive case is a teacher. Because an adult staff member is involved, students who are less than 6 feet away are close contacts. Those who are at least 6 feet away and masked are not close contacts. Anyone more than 6 feet away will not quarantine regardless of mask use.

Household Case & Close Contact Graphic for Schools/Childcare

For School/Childcare Use: Household Case & Close Contacts

CASES

COVID-19 Cases begin isolating immediately when either:

- individual becomes sick or
- if not experiencing symptoms once they receive a positive test result.

Isolation days are calculated **From the day the individual**

- begins having symptoms or
- if no symptoms the day the test was taken

Isolation lasts a minimum of 5 days, but may be longer if symptoms or fever persists

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1) Symptoms Begin		Isolation	Isolation	Isolation	Isolation	Isolation	Isolation MAY end today IF: 1) Symptoms have improved AND fever free for 24 hours without the use of a fever reducer. -OR- 2) Have not experienced symptoms However, they must <u>wear a mask through day 10</u>
2) If symptom free: the day the Individuals had test taken		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	

EXAMPLE

*Isolation is a minimum of 5 days. It may end anytime **AFTER** day 5 when the following criteria are met:
1) Symptoms significantly improving **AND** 2) fever free for 24 hours without the use of a fever reducer.

CLOSE CONTACTS

Close contact who are **UNABLE** to separate from a COVID + case

Quarantine begins immediately and continues until **the case has completed isolation plus an additional 5 days.**

Quarantine end date can be calculated **once the case's ISOLATION ENDS**
Close contacts remain in Quarantine until the Case has completed isolation plus 5 days

When **unable** to separate from Case, you should test on **Day 5** of the Quarantine countdown **OR** if you develop symptoms

Quarantine begins immediately.
Once the Case completes their isolation, the quarantine countdown can begin.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Case Ends Isolation		Quarantine	Quarantine	Quarantine	Quarantine	Quarantine	Quarantine
		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	Quarantine ends, however, the close contact must <u>wear a mask through day 10</u>

EXAMPLE

Close contacts who can effectively separate from a COVID+ case

Quarantine begins immediately and continues for 5 days counting from the day **after** the last exposure to the COVID-19 + individual.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Notification of positive COVID Result		Quarantine	Quarantine	Quarantine	Quarantine	Quarantine	Quarantine ends, however, the close contact must <u>wear a mask through day 10</u>
Individuals Separate		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	

EXAMPLE

* If Close Contacts develop symptoms, they should isolate and seek testing.
* If a COVID-19 test result is positive, individuals must follow the recommendations for case isolation above.

* **Vaccinated close contacts** (fully vaccinated for 5–17 year-old; maximally vaccinated for 18 years and older) do not need to quarantine but should wear a mask when around others and monitor for symptoms for 10 days. If symptoms develop, they should isolate and seek testing. DHEC recommends testing on day 5 after exposure.

** **Individuals who have recovered from a documented COVID-19 infection within the past 90 days and are close contacts** do not need to quarantine but should wear a mask when around others and monitor for symptoms for 10 days. If symptoms develop, they should isolate and consult their healthcare provider.