

Return to Child Care After COVID-19 Illness or Exposure

January 14, 2022

Guidance on preventing the spread of COVID-19 in early care and education settings is available from the [Georgia Department of Public Health](https://dph.ga.gov), [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov), and the [American Academy of Pediatrics](https://www.aap.org).

The following guidance should be used by child care facilities to make decisions for children, teachers, and staff:

- With laboratory-confirmed COVID-19;
- Who have probable COVID-19 (e.g., developed symptoms of respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 **and** have been exposed to a person with COVID-19 **OR** live in an area with local or widespread transmission;
- Who have been exposed to COVID-19¹

Return to Child Care Strategy

DPH recommends a time-based return to child care strategy that is determined based on a person's health status. Decisions about "return to child care" for close contacts of individuals with confirmed or suspected COVID-19 should be made in the context of local circumstances (community transmission, resource needs, etc.).

Isolation of Cases

Symptomatic persons with confirmed COVID-19 or suspected COVID-19, **regardless of vaccination status**, can return to child care after:

- At least 5 days² have passed since symptoms first appeared **AND**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms (e.g., cough, shortness of breath) have improved

Asymptomatic persons with confirmed COVID-19 can return to child care after at least 5 days² have passed since the positive laboratory test, **AND** the person remains asymptomatic.

- Note, asymptomatic persons who test positive and later develop symptoms should follow the guidance for symptomatic persons above.

¹ Please find criteria for being a close contact at <https://dph.georgia.gov/contact>.

² A limited number of persons with severe illness (those admitted to a hospital and needed oxygen) or persons with a weakened immune system (immunocompromised) due to a health condition or medication may produce replication-competent virus beyond 10 days that may warrant extending the duration of isolation for up to 20 days after symptom onset. Consider consultation with a medical provider and/or infection control experts for these patients.

- If a person develops symptoms within a week after their positive test, they should follow the guidance for symptomatic persons above.

Any individual returning to child care prior to a full 10 days after symptom onset or positive test should **wear a well-fitting mask through the full 10 days.**

Quarantine Requirements

Individuals who are [up to date](#) on their COVID-19 vaccines³ and individuals with confirmed COVID-19 within the last 90 days (i.e., tested positive using a viral test) do not have to quarantine but should:

- Seek testing 5 days after exposure, if possible and
- wear a well-fitting mask for 10 days after exposure (the last day of exposure is day 0)

Individuals who are not vaccinated or who are not [up to date](#) on their COVID-19 vaccines³ **must quarantine** after exposure to someone with COVID-19.

During quarantine, all close contacts must be quarantined and excluded from the child care setting and all extracurricular activities, according to the Public Health Administrative Order.⁴

The recommended time period for quarantine is 10 days, but individuals may return to child care any day after 5 full days have passed since their most recent exposure (day 0) if:

- They have not experienced any COVID-19 symptoms **AND**
- They wear a well-fitting mask around others for an additional 5 days (days 6 through 10)

Individuals should monitor themselves for symptoms of COVID-19 for the full 10 days and:

- If symptoms develop⁵, immediately get tested and isolate while waiting for test results. If positive, follow the guidance for isolation above; otherwise, isolate until symptoms resolve.
- If asymptomatic, get tested at least 5 days after their most recent exposure. If positive, follow the guidance for isolation above. If negative, individuals can return to child care if they wear a well-fitting mask for the remainder of the 10 days.
- If asymptomatic and not tested, individuals may return to child care after 5 full days if they wear a well-fitting mask for the remainder of the 10 days.

It is recommended that individuals avoid others who are immunocompromised or at high risk of severe disease, and those in nursing homes and other high-risk settings until at least 10 days after the most recent exposure, regardless of test results.

³ Determine whether you are up to date here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

⁴ Please find the updated DPH administrative orders at <https://dph.georgia.gov/administrative-orders>. Note: "school" in the 15th amended administrative order refers to the K-12 setting.

⁵ If a close contact experiences any of the following COVID-19 symptoms: fever or chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell, sore throat, nausea or vomiting, diarrhea, muscle or body aches, extreme fatigue/feeling very tired, new severe/very bad headache, or new nasal congestion/stuffy or runny nose they must follow the DPH isolation guidance.

For those who are unable to wear a mask, including children less than 2 years of age, the lowest risk option is to quarantine for the full 10 days.

To limit the burden on families, child care facilities may consider the following options, although these options may increase the risk of exposure to other children and staff. Daily symptoms checks should be reported by the parents or caretakers or assessed by the child care facility during days 6-10 of quarantine. Comingling between children leaving quarantine early and others should be limited as much as feasible.

- Facilities that have quarantined an entire cohort (e.g., classroom) may consider allowing children in the cohort to return after 5 days of quarantine if the children are asymptomatic. Precautions should be taken to avoid mingling between cohorts during this time.
- Facilities may consider allowing any child who is unable to mask to return after 5 days if the child is asymptomatic. This may result in co-mingling of children who have been recently exposed to COVID-19 and those who have not, thus increasing risk of exposure to other children. Families should be notified that a child is attending during their quarantine period.

Additional guidance, including considerations during quarantine, can be found at <https://dph.georgia.gov/contact>.

Regardless of vaccination status, individuals should still continue to follow all other DPH guidance to protect themselves and others, including wearing a mask, social distancing, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, and washing hands often.

More information and FAQs about the science behind the recent updates to isolation and quarantine guidance can be found [here](#).

For questions about the COVID-19 vaccine, please visit <https://dph.georgia.gov/covid-vaccine> or call our COVID-19 vaccination hotline at (888) 357-0169.

Both CDC and DPH **DO NOT** recommend using a test-based strategy for children or adults returning to school or childcare (2 negative tests at least 24 hours apart) after COVID-19 infection.⁶ CDC has reported prolonged PCR positive test results without evidence of infectiousness. In one study, individuals were reported to have positive COVID-19 tests for up to 12 weeks post initial positive.

⁶ Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If a facility requires the test-based strategy for return (**which is discouraged by DPH**), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to child care.