DHEC COVID-19 Guidance for Childcare Centers

2021-2022

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Table of Contents

Definitions 2
October 12, 2021 2
Childcare Interim Guidance for Management of COVID -19 Cases 3
October 12, 2021 3
Individuals with symptoms of COVID-19 (but no known exposures to COVID-19) 4
COVID Case in Childcare 5
Management of Cases and Contacts in Childcare Settings Table 6
Household contact 8
Staff working while in quarantine 8
Summary of actions to take in response to a case 9
Interim DHEC COVID-19 Childcare Testing Guidance 11
August 30, 2021 11
Types of Covid-19 Tests 11
Diagnostic Testing 11
At-home self-testing 12
Resources 14
South Carolina School and Childcare Exclusion List 14
Understanding Quarantine Calendars 14
CDC K-12 Schools and Childcare Guidance 14
COVID-19 Facility Notification Letter 15
July 29, 2021 15
COVID-19 Close Contact Notification Letter 16
July 28, 2021 16
Indoor School Close Contact Scenarios 18
October 12, 2021 18
..... 19

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Definitions

October 12, 2021

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.

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.

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.

- 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 masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

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.

Fully vaccinated: A person is considered fully vaccinated, ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

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.

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.

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.

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.

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Childcare Interim Guidance for Management of COVID -19 Cases

October 12, 2021

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

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.

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.

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.

- 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 masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

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.

Fully vaccinated: A person is considered fully vaccinated, ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

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.

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

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

Preventive planning

Detailed guidance on planning that will reduce the risk of transmission within the child care 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.

- 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.
- 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 avoid multiple staff members needing to quarantine. 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 and require quarantine 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:** 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,

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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 more 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:

- Child care 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.

Return to Child Care 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 Case in Childcare

CDC picture: https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/childcares-childcare/What-Do-I-Do-Student-Sick-At-Childcare-Flowchart-print.pdf

- 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 below
- 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).
- Quarantine is required for an individual who has been a close contact of someone who is determined positive with COVID-19 either through testing or symptom consistent diagnosis, with the following two exceptions:

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- Individuals who are fully vaccinated and do not have symptoms do NOT need to quarantine after a close contact.
- 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.

- CDC continues to recommend quarantine for 14 days after last exposure. However, there are options to reduce the duration of quarantine in either of the following two scenarios:
  - 10 days of quarantine have been completed and no symptoms have been reported during daily at home monitoring.
  - 7 days of quarantine have been completed, no symptoms have been reported during daily at home monitoring, and the individual has received results of a negative antigen or PCR/molecular test that was taken no earlier than day 5 of quarantine.
  - A close contact who is ending quarantine early (less than 14 days) and returning to the childcare environment should wear a mask and follow physical distancing guidelines in order to return to in-person learning. The individual should also continue to monitor for symptoms through 14 days after the date of last exposure.

Management of Cases and Contacts in Childcare Settings Table

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

	Scenario	Criteria to return to childcare
Asymptomatic Diagnosis	Person has tested positive with an antigen test but does not have symptoms of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19.	If the person has a repeat 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; OR If the person does not have a repeat PCR/molecular test or has one within 24 – 48 hours and it is also positive, the person can return to childcare 10 days after the first positive test, as long as they did not develop symptoms. The person is not required to have documentation of a negative test in order to return to childcare.
Asymptomatic Diagnosis	Person has tested positive with a PCR/molecular test, but the person does not have symptoms.	Person can return to childcare 10 days after their positive test.
Symptomatic (no close contact)	Person has symptoms of COVID-19 and has tested positive with an antigen test or PCR/molecular test.	Person can return to childcare when • It has been 10 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 improving. The person is not required to have documentation of a negative test in order to return to childcare.
Symptomatic (no close contact)	Person has symptoms of COVID-19 but has not been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive for COVID-19 due to the	Person can return to childcare when • It has been 10 days since the first day of symptoms; AND

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	presence of a clinically compatible illness in the absence of testing.	• 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 improving.
Symptomatic (no close contact)	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 alternate diagnosis that would explain the symptoms of COVID-19. *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 fully vaccinated or has had a SARS-CoV-2 infection in the last 90 days.)	Person can return to childcare when they meet criteria per DHEC exclusion list and: • 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. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
Close Contact (asymptomatic)	Person who is not fully vaccinated and has been in close contact with someone with COVID-19.	Person can return to childcare after completing up to 14 days of quarantine. The 14 days of quarantine begin after the last known close contact with the COVID-19 positive individual. Alternatively, if the childcare offers a shortened quarantine, the person may complete a 10-day quarantine if the person is not presenting symptoms of COVID-19 after daily at-home monitoring, or they may complete 7 days of quarantine if they report no symptoms during daily at-home monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine. If quarantine is discontinued before day 14, the individual should continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions (e.g. wear a mask, practice physical distancing) through 14 days after the date of last exposure.
Close Contact (asymptomatic)	Person who is fully vaccinated and does not have any symptoms after a close contact with someone with COVID-19.	Person does not need to quarantine if they voluntarily choose to provide documentation of their full vaccination status to eliminate the need for quarantine. • Recommended to get tested 3-5 days after exposure. • It is important for them to wear a mask at childcare until 14 days after exposure or until they receive a negative test result. • *Testing of vaccinated close contacts living in a household with someone in isolation that cannot be separated should occur 3-5 days after the initial exposure, and again 3-5 days after the end of isolation for the person diagnosed with*

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		COVID-19. They should continue wearing a mask in public indoor settings until they obtain the results of their final test.
Close Contact (asymptomatic)	Person who has tested positive (positive PCR or antigen test) for COVID-19 in the last 90 days and does not have symptoms after a close contact with someone with COVID-19.	Person must wear a mask at all times while in the childcare, 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 14 days after exposure.
Close Contact (symptomatic)	Person who has been in close contact with someone with COVID-19, who develops symptoms while in quarantine and has no other alternate diagnosis to explain the symptoms. This applies to vaccinated or unvaccinated individuals. *If an alternate diagnosis has been determined, refer to the above close contact guidance based on vaccine/previously infected status.	Person can return to childcare when • It has been 10 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 improving.

Household contact

- If the child or staff member lives in the same household as a known case, their quarantine period begins on the date their household member has been cleared from their isolation period. If they are not a caretaker of the household member who is sick and can separate themselves into their own space in the home, their quarantine period begins the day that they had their last close contact with the ill person.
- *Testing of vaccinated close contacts living in a household with someone in isolation that cannot be separated should occur 3-5 days after the initial exposure, and again 3-5 days after the end of isolation for the person diagnosed with COVID-19. They should continue wearing a mask in public indoor settings until they obtain the results of their final test.*

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.
- Fully 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.
  - Fully vaccinated people are recommended to get tested 3-5 days after exposure, even if they do not have symptoms. If fully vaccinated people test negative, they may not need to wear a mask.
  - 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 14 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, monitor

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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 14 days after exposure.

Summary of actions to take in response to a case

1. If notified of a case in a child or staff member, they must be excluded throughout their isolation period. Any household members (siblings, etc.) must also be excluded during their quarantine 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.
    - 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:

- 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). 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.

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 (notification flyer available from DHEC).
- 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 fourteen (14) 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

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6. Reopening:
- May plan to reopen when all the actions above are completed and precautions are in place.

7. Clusters:
- If they report three (3) or more cases within 48 hours, you may contact your regional DHEC office at the information above to report as a cluster.

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	Midlands	Pee Dee	Upstate
Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg	**Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York**	**Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg**	**Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union**
4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405	2000 Hampton Street Columbia, SC 29204	1931 Industrial Park Road Conway, SC 29526	200 University Ridge Greenville, SC 29602
Office: (843) 441-1091 Fax: (843) 953-0051 **Nights/Weekends: (843) 441-1091**	Office: (888) 801-1046 Fax: (803) 576-2993 **Nights/Weekends: (888) 801-1046**	Office: (843) 915-8886 Fax: (843) 915-6502 Fax2: (843) 915-6506 **Nights/Weekends: (843) 915-8845**	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

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 tests 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.

- All close contacts at the childcare facility will need to be identified and quarantined.
- If 3 or more COVID-19 cases are identified within a classroom or other cohort of children (e.g. sports team or extracurricular group) within fourteen (14) days of each other, consideration should be given to excluding all unvaccinated children and staff in the classroom (or cohort of children) for fourteen (14) days after contact with the last identified COVID-19 case. These cases should be reported to the regional DHEC health authorities using established reporting process.

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 10th 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 school until after the 13th.

At-home self-testing

DHEC recommends caution when accepting results from at-home/over-the-counter self-test due to the possibility of improper specimen collection by the individual and misinterpretation of the result by non-medical personnel. As these tests have been approved for emergency use authorization by the FDA, a result should only be reported to DHEC if performed under the supervision of a healthcare provider (HCP) either in-person or virtual.
Below are recommendations on how to handle results from at-home self-tests by non-medical personnel. It is at the discretion of the childcare facility as to whether they will allow for self-reporting for at-home self-tests.

No close contact with COVID-19

- If an individual reports that they tested positive on an at-home self-test and they are symptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they tested negative on an at-home self-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 on an at-home self-test and they are asymptomatic, it is recommended that the individual contact their HCP and have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. If there are 2 conflicting antigen test results, a PCR test is recommended within (2) days of the original test.
- If an individual reports that they tested negative on an at-home self-test, the person can attend school/childcare center only if they are asymptomatic and have no known close contacts to COVID-19.

Close contact with COVID-19

- If an individual reports that they tested positive on an at-home self-test and they are symptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they tested negative on an at-home self-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 quarantine for the recommended period of time based on current quarantine guidelines.

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- If an individual reports that they tested positive on an at-home self-test and they are an asymptomatic, it is recommended that they isolate and contact their HCP. 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 on an at-home self-test and they are asymptomatic, they should have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. This individual should continue to quarantine for the recommended period of time based on current quarantine guidelines.

	At-home test Positive	At-home test Negative
Symptomatic w/o Close Contact	Isolate Contact HCP	Excluded per school/childcare exclusion criteria Contact HCP/PCR test
Symptomatic w/Close Contact	Isolate Contact HCP	Contact HCP/PCR test Quarantine per guidance
Asymptomatic w/o Close Contact	Isolate Follow-up test Contact HCP	May return to school/childcare
Asymptomatic w/Close Contact	Isolate Contact HCP	Quarantine per guidance Follow-up test required for option to shorten quarantine

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

Understanding Quarantine Calendars

CDC K-12 Schools and Childcare Guidance

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

COVID-19 Facility Notification Letter

July 29, 2021

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. Although this person was not in your child's classroom, in group settings some people may still come into contact with the virus and become ill. 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 until [date 14 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 childcare center has been asked to take the following steps:

- Exclude from attendance children who shared a classroom or had other close contact with the ill person until they are determined to no longer be at risk of COVID-19 from this exposure.
- Closely watch the children who continue to attend each morning and throughout the day for symptoms. Any ill children will be separated from the rest of the group immediately and will be evaluated.
- Clean the facility according to Centers for Disease Control and Prevention (CDC) guidelines before reopening.

The DHEC Care Line is available from 8 a.m. to 6 p.m. seven days a week to answer questions you may have: **1-855-4-SCDHEC (1-855-472-3432)**.

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

COVID-19 Close Contact Notification Letter

July 28, 2021

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 should be tested immediately, and if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine.
- Monitor your child for the following symptoms until [date 14 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.

The standard quarantine period remains fourteen (14) days after the last contact with a COVID-19 case, but the following are two options for possibly shortening that time period and allowing your child to return to childcare provided they continue to closely follow the preventive actions the childcare center has in place to prevent spread of the virus (face coverings, social distancing, hand hygiene, etc.) through quarantine Day 14:

- If your child continues to have none of the symptoms above, they may be eligible to return to childcare on [date 11 days after last contact].
- They may be eligible to return on [date 8 days after last contact], if they continue to have no symptoms and test negative with a PCR or antigen test done/collected no sooner than [date 5 days after last contact].
- **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.

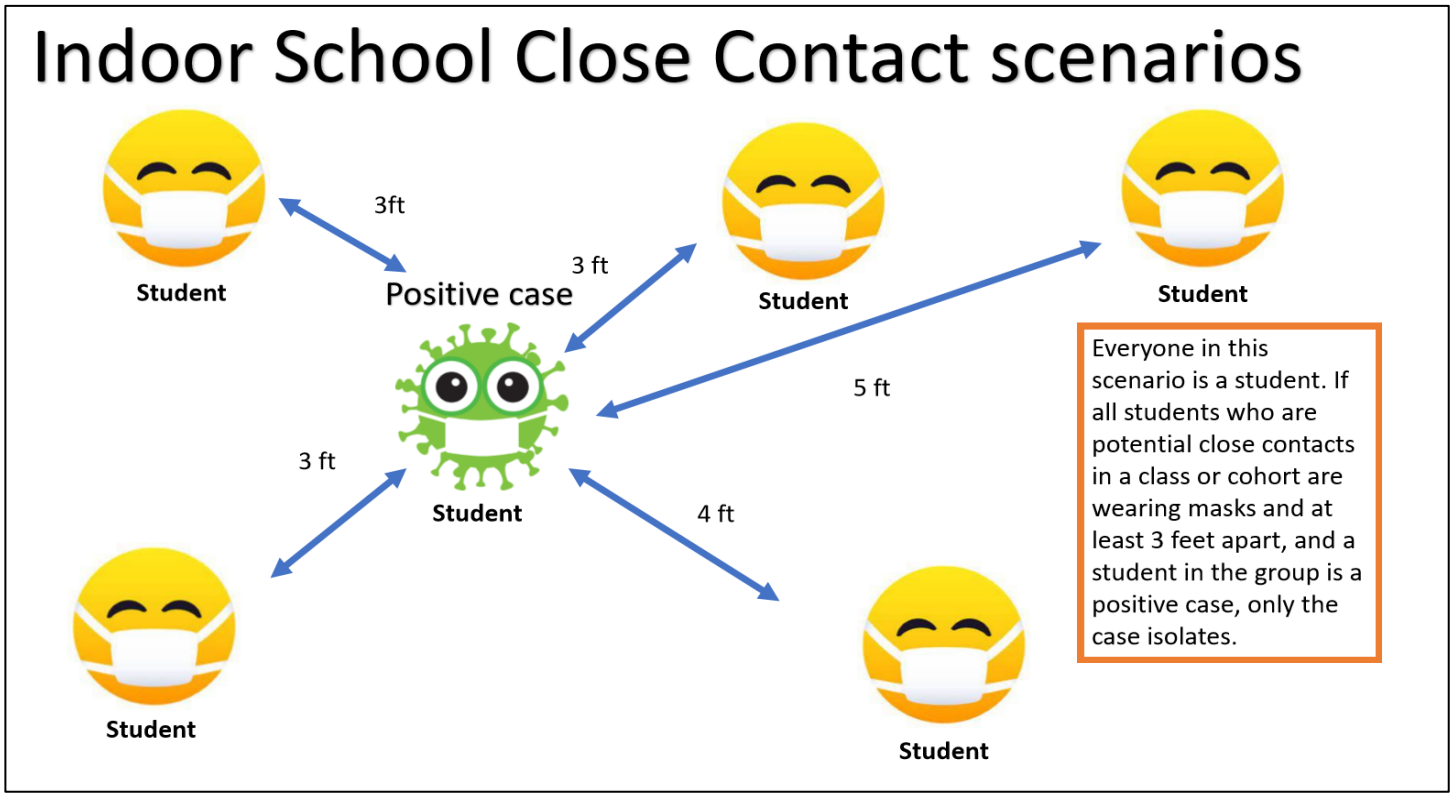
S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

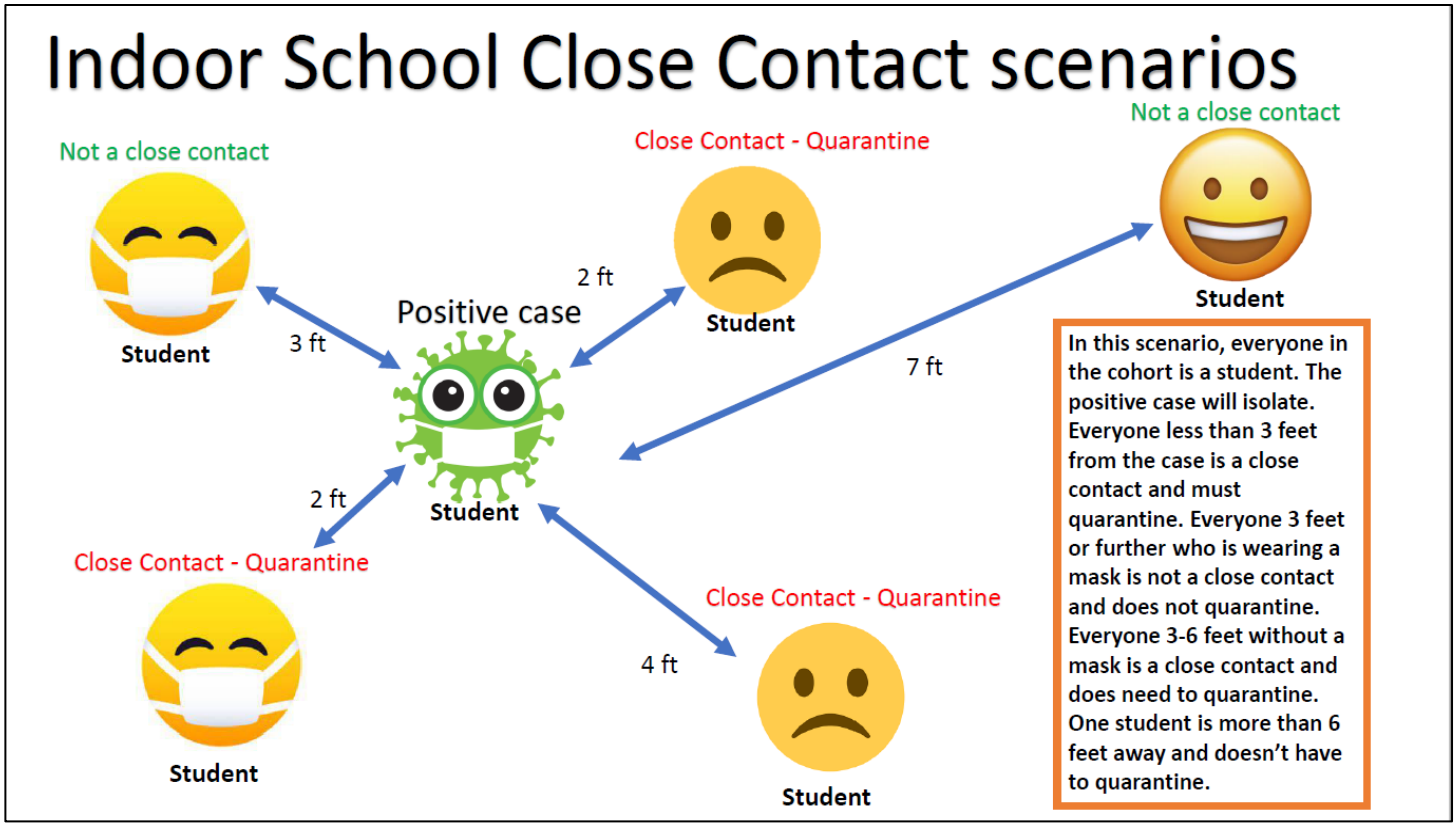
Please follow these instructions to help protect the health of your family and the community and help control the spread of COVID-19. The **DHEC Care Line** is available from 8 a.m. to 6 p.m. Monday through Friday to answer any questions you may have at: **1-855-4-SCDHEC (1-855-472-3432).**

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

Indoor School Close Contact Scenarios

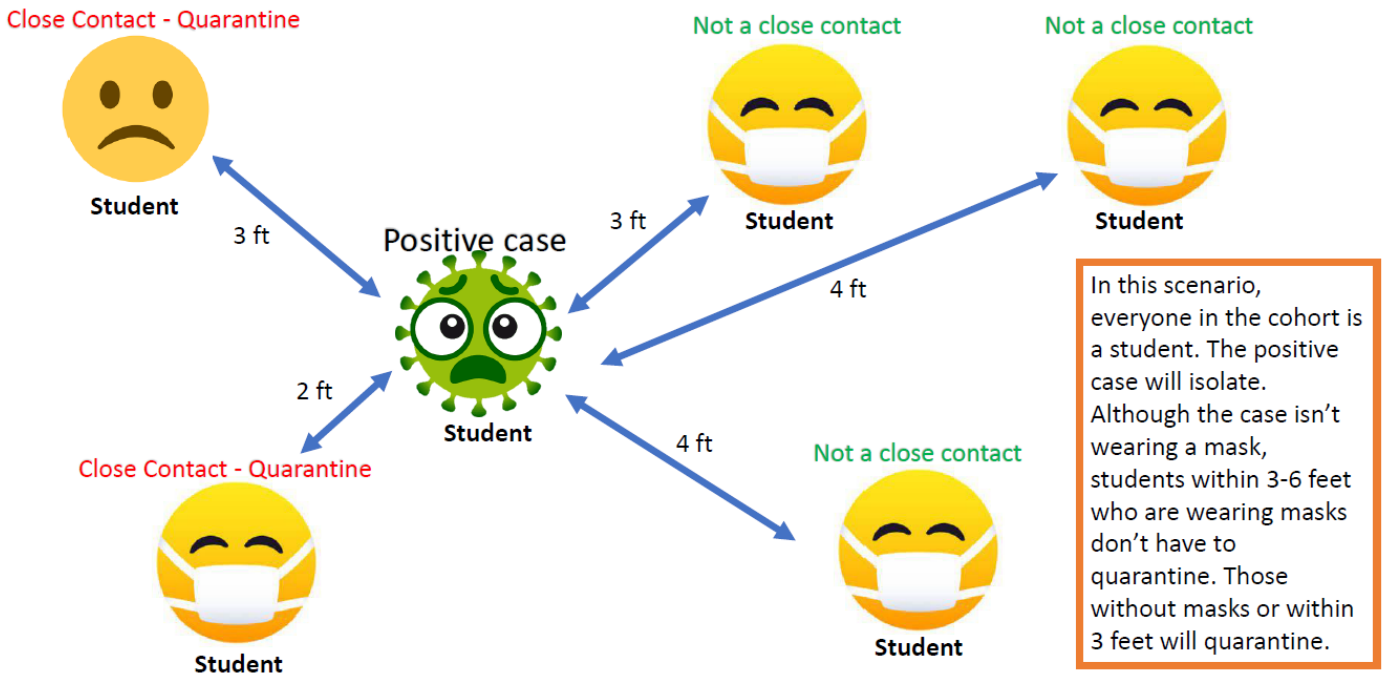
October 12, 2021





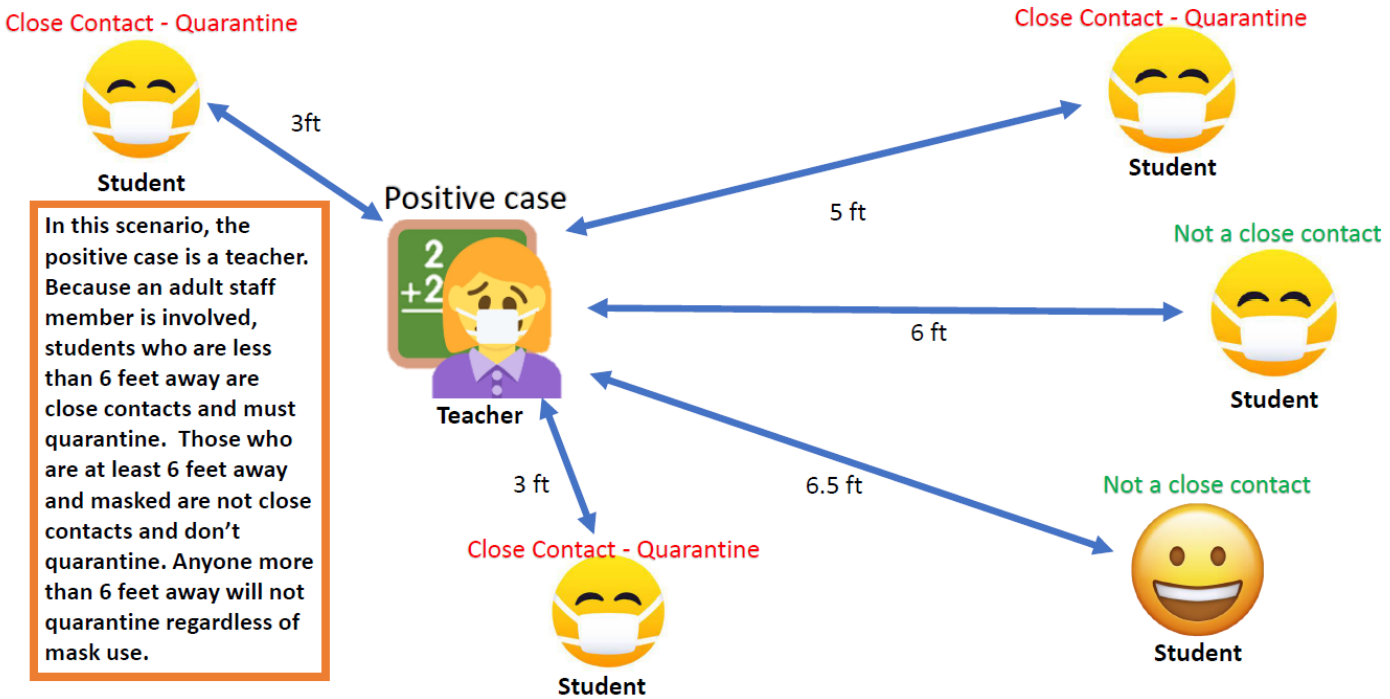
S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

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 don't have to quarantine. Those without masks or within 3 feet will quarantine.

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 and must quarantine. Those who are at least 6 feet away and masked are not close contacts and don't quarantine. Anyone more than 6 feet away will not quarantine regardless of mask use.

S.C. Department of Health and Environmental Control
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