

# COVID-19 Preparedness Plan for Licensed and Certified Child Care Programs: Berean Preschool

Created: 6/15/2020

Updated: 8/10/2020, 9/3/2020, 9/15/2020, 10/1/2020, 12/21/2020, 5/11/2021

## 1. Frequent Handwashing

- Reinforce handwashing routines, especially upon arrival, after having been in a public place or after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Ensure children are supervised when using hand sanitizer and that it is inaccessible to them when not in use.
- CDC guidance on handwashing can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene>

### **DESCRIBE PLAN FOR HANDWASHING:**

Upon entering the building students will be given hand sanitizer. Parents will sign a permission form to grant the use of hand sanitizer. Hand sanitizer will not be used as a replacement for hand washing but will be used in the in-between moments as needed.

Students will wash hands for 20 seconds upon entering his/her classroom. Teachers will teach songs and proper hand washing. Hand washing will take place after using the bathroom, before and after eating, upon returning to the classroom, etc.

## 2. Cleaning and disinfecting

- Protocols related to cleaning and disinfection of programs should be detailed so that staff know what is expected of them. Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program:
  - <https://www.health.state.mn.us/diseases/coronavirus/schools/clean.pdf>
  - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, shared toys, program equipment and other items are regularly cleaned and disinfected.
- Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.
- Establish procedures for cleaning and disinfection after persons suspected or confirmed to have COVID-19 have been in the program.

### **DESCRIBE PLAN FOR CLEANING AND DISINFECTING:**

Everyone coming into the building will be required to use hand sanitizer which is located at the church office, the staff entrance or the Berean Preschool entrances.

~~After each use disinfecting wipes will be used to clean the monitor, keyboard, phone, desk, table, copier, microwave, etc. in the workroom.~~ Each day the workroom will be cleaned at the end of the workday. There will be cleaning supplies available for staff to use in between uses if desired.

~~The main bathrooms between Door 1 and Berean Preschool will only be used by Berean Preschool during Berean Preschool's operating hours.~~ The main bathrooms between Door 1 and Berean Preschool are open to anyone in the building. Classrooms will still have their scheduled bathroom time as to limit classes crossing with one another. These bathrooms will be cleaned and disinfected daily by our facility team.

Rooms being used: 201, 202A, 202B, 204, 205, 206, 215, gym, workroom, and playground  
Bathrooms being used: 202A, 205, 215, child's bathroom, family bathroom, main bathrooms  
Sick room: 216, 211 (backup)

*See Addendum A for the detailed cleaning checklist.*

### 3. Arrival and Departure

- Whenever possible, pick-up and drop-off should occur outside and/or limit the extent to which parents enter the program and interact with each other.
- Consider use of multiple entrances and exits when these can be used safely by the staff, volunteers and visitors.
- Before children enter the space, screen them to ensure those with symptoms are not attending.
  - Screening process for children: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

#### **DESCRIBE FOR ARRIVAL AND DEPARTURE:**

At this time, parents/guardians/visitors are not allowed in the building. Appointments to enter the building need to be made prior to arriving. Please connect with the director to make these arrangements.

At drop off parents will pull up to their assigned door at their assigned class time. Our staff members will not be taking temperatures at student arrival. It is the parent's responsibility to take their child's temperature prior to attending school. The parents will use the touchless check in option through

Brightwheel to check in their child(ren). Parents will be prompted to answer four questions during the check-in process:

1. Has not had a fever of 100 degrees or above
2. No cough or shortness of breath
3. No contact with COVID 19 in the last 14 days
4. No one in our household is showing symptoms or being tested for COVID 19

The child will use hand sanitizer, and either be immediately brought to his/her classroom, or sit socially distanced in the hallway until the class all arrives with additional staff members. All staff members will wear masks and use hand sanitizer ~~in-between each child~~.

At pick up, parents will arrive at their assigned door at their assigned time. There the staff member will bring each child to his/her car. Parents will check their child out with the touchless check out option through Brightwheel. All staff members will wear masks and use hand sanitizer between each child.

See attached document for the traffic flow and assigned doors for drop off/pick up. See Addendum B.

#### **4. Plans for sick children, staff, and volunteers**

- Conduct daily health checks. This includes screening for children, staff, volunteers, and household members for family child care programs to ensure those who exhibit any symptoms of illness are not present.
- Follow exclusion guidance and ensure children, staff, and volunteers stay home when sick: <http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>
- Use CDC guidance to develop a plan for what you will do if someone becomes sick with COVID-like symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General>
- If a child, staff member, or volunteer is diagnosed with COVID-19 or if you have questions about a child, staff member, or volunteer who is exhibiting symptoms, reach out to MDH at [health.schools.covid19@state.mn.us](mailto:health.schools.covid19@state.mn.us) and follow their direction.
- Using the MDH and CDC resources above, create a communication plan for how and when you will notify parents, staff, and volunteers if a child, staff member, volunteer or household member for family child care programs has been exposed, is exhibiting symptoms, or has tested positive.
  - Contact MDH if you have questions (at the email address above)
  - Ensure the parent or guardian contact information in each child's record is up-to-date.

#### **DESCRIBE PLANS FOR SICK CHILDREN, STAFF, AND VOLUNTEERS:**

Health checks are conducted daily at drop off or arrival of staff. This is recorded in Brightwheel for each

student and staff member. Parents will answer four quick questions to complete check in as part of the health check. At lunch the all day students will have a second health check.

If a child is exhibiting a less common or more common symptom, the parents, teachers, and staff are asked to follow the guidelines of the Decision Tree that has been published by the Minnesota Department of Health. See Addendum C.

If your child is ill, has a fever (100 degrees), or has been exposed to COVID-19, please stay home. If anyone in your home has signs and symptoms of COVID-19, please stay home and isolate or quarantine according to CDC guidelines.

***Your child can return after a positive or negative test when it has been 10 days since symptoms began AND until no fever for at least 24 hours without medication AND improvement of other symptoms.***

If you contract COVID-19 (confirmed) or someone in your family does, or your family has been exposed to COVID-19, please contact Rebekah Hall. Confidentiality will be fully maintained as much as possible while we notify those people with whom you have been in contact. We will ask that you follow CDC guidelines, and keep your child home for 14 days.

If you or someone in your immediate family is being tested for COVID-19, your child needs to stay home until the test results are back. If they are negative, you can return to Berean Preschool. If they are positive, you will be asked to stay home for 14 days.

If the exposure to COVID 19 was outside of the household, staff and students may return to school after 7 days IF a negative test result was given AND the test was taken on or after day 5 of exposure. And is symptom free.

If the exposure to COVID 19 was outside of the household, staff and students may return to school after 10 days if no test was taken. And is symptom free.

In both the 7 and 10 day quarantine options, the staff member and student who was exposed must daily evaluate themselves and stay home if any 1 minor or 1 major symptom appears prior to day 14.

If the exposure to COVID 19 is WITHIN the household, you may not follow the new shortened 7 and 10 day quarantine options. The full 14 days of quarantine must be completed. The 14 day quarantine begins on the LAST day (day 10) of the positive persons contagious period.

*These changes reflect the new CDC guidelines.*

The classroom where a confirmed case has been diagnosed will have additional cleaning and disinfecting, including but not limited to, extraction of carpets, fogging of walls, and all surfaces. The classroom will then quarantine at home for 10-14 days from the positive exposure. Distance learning packets and lessons will be given during the first quarantine period. Parents will be notified center wide of the positive case if it is a staff member or one of the students enrolled in Berean Preschool with

confidentiality.

If a child or staff member exhibits COVID-19 symptoms during the day, they will be sent home immediately. They will be removed from the main classroom and stay in the designated sick room with a staff member until a parent arrives. This room will then be cleaned and disinfected after 24 hours of it being used. If needed, there is a secondary sick room.

If someone is fully vaccinated (2 doses or 1 dose of Johnson & Johnson vaccine) and it has been 2 weeks since the full dose was completed, he/she does not need to quarantine when exposed to COVID-19. If the exposure is in the home, the following two things must take place in order to return to school:

1. A negative COVID test and NO symptoms
2. Isolate from the family member as much as possible

If at any time the vaccinated person begins showing symptoms of COVID-19, he/she must go home and receive an additional negative COVID test prior to returning to school.

*This is based on the new CDC and MDH Guidelines for vaccines.*

## 5. Social distancing throughout the day

- Limit group sizes as much as possible and create consistent groups of children and providers, staff, or volunteers who stay together throughout the day.
- Add visual cues or barriers to direct traffic flow and distancing. For example, you may want to tape “Xs” on the floor to let children know where they should sit to promote social distancing.
- At nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible. Consider placing children head to toe in order to further reduce the potential for viral spread.

### **DESCRIBE PLAN FOR SOCIAL DISTANCING THROUGHOUT THE DAY:**

As students arrive at their classroom, they will hang up their items on their labeled hook, wash their hands in the classroom prior to playing in the classroom.

All classes will be individual cohorts with no more than 20 students. Each class will operate separately. There will be scheduled playground, gym, and main bathroom times. These will be staggered throughout the day to decrease traffic and cross contamination between classrooms. There will be traffic flows marked in the hallways to ensure social distancing between classes. See the attached document for those traffic flows and scheduled times.

To increase social distancing throughout the classroom there will be 4-6 chairs per table instead of 8 chairs. On the carpet, students will sit one to two spaces apart from one another. If needed, shelving units will be removed to increase space throughout the classroom for students to spread out. We will not compromise the integrity in student learning or in licensing policies and procedures.

When sensory tables are used, materials in the sensory table will be changed between groups of

students if a student sneezed, coughed, or place items in his/her mouth. Items will minimally be changed daily.

Each student will have an individually labeled container with their necessary school supplies. As materials are used throughout the day, they will be place in a “dirty” bin to be disinfected by staff.

At nap, cots will be six feet apart, and students will lay head toe, alternating to decrease the spread of germs. Nap items are allowed (pillow, blankets, stuffed animals) **and can stay in the child’s nap bag at school for the duration of the week.** ~~but are to be sent home daily for cleaning.~~ These items are ONLY allowed to be used during nap time and while the child is on his/her cot.

Each class is assigned a bag of toys for gym and playground use. It is the teacher’s responsibility to bring those items with them to and from the playground and gym. Disinfecting of these toys are done daily. Bags will be rotated between classrooms throughout the year, but after disinfecting to lower the risk of spreading germs.

### **Staff**

When arriving at work, enter through Door 7 or Door 1 using your key fob. Immediately use the hand sanitizer located at each of those doors. Do not congregate in the work room, hallways, or other common spaces. Masks are required when not in your classroom.

Upon arrival complete your own health check and log it in Brightwheel. Wash your hands as soon as you are in the classroom.

## **6. Source control and cloth face coverings**

- Cloth face coverings are an important piece for mitigating the spread of the virus but are most effective if it can stay in place without being pulled on or touched by the person wearing it or others. Within this context, the provider, staff members, and volunteers are encouraged to wear cloth face coverings during the work day as much as possible, recognizing the development needs of the children in their care.
- Children should not wear cloth face coverings unless they can reliably wear, remove, and handle the cloth face covering throughout the day. Cloth face coverings should NOT be put on infants or children younger than 2 because of the danger of suffocation.
- Face covering guidance is available here:  
<https://www.health.state.mn.us/diseases/coronavirus/schools/masks.html#child>  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

### **DESCRIBE PLAN FOR SOURCE CONTROL AND CLOTH FACE COVERINGS:**

Children are not required to wear masks while attending Berean Preschool. Our children are between 3-5 years old and are divided into cohorts/classes.

Teachers and staff are required to wear masks in all common spaces, while preparing food, and at arrival/dismissal of students. Teachers do not need to wear a mask when in their classroom with their students. When in the workroom, teachers need to wear masks unless they are the only one in the workroom. Once outside or in the gym, teachers no longer need to wear masks, but they are required to wear masks in the hallways to and from the playground, gym and bathroom.

## 7. Workplace ventilation

- Recognizing this may be difficult in center or school buildings, where possible work to maximize the amount of fresh air being brought in, limit air recirculation and make sure ventilation systems are being properly used and maintained. Take steps to minimize air flow blowing across people. It could mean keeping windows open where possible, removing or repositioning fans, and encouraging outdoor time.

### **DESCRIBE PLAN FOR VENTILATION AND AIR FLOW, IF POSSIBLE:**

There are air filters in all HVAC units with 10% minimum outside air exchange. Rooms 201, 202, 215 and the gym have standard pleated Marv 8 or better filters. Rooms 204, 205, and 206 have washable filters in the wall units.

Our classrooms do not have the ability to open windows as they are on the second floor. Classrooms are large enough that the HVAC and wall units provide circulation throughout the room.

## 8. Playground use

- Stagger playground use rather than allowing big groups to play together.
- Wash hands before and after touching play structures. If possible, consider cleaning high touch areas of the play structure between groups.
- If you choose to bring children in your care to a public playground, be careful to ensure children wash hands after touching play structures and maintain six feet of space from other children as much as possible. <https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf>

### **DESCRIBE PLAN FOR MITIGATING COVID-19 IN PLAYGROUND USE:**

Playground use will be staggered between classrooms. Each class will be assigned a time and will have toys designated for their class. Each class will wash their hands prior to and after going to the playground. ~~The playground will be cleaned at the beginning and end of each day.~~

## 9. Meals and snacks

- If meals are typically served family-style, plate each meal and serve it so that multiple children are not using the same serving utensils.
- To the extent possible, serve meals in individual classrooms. If using a cafeteria, the meal should be served to one small group of children at a time, with cleaning and sanitizing occurring in between groupings.

#### **DESCRIBE PLAN FOR MITIGATING COVID-19 DURING MEALS AND SNACK TIMES:**

All staff must bring their own food and dishes for the day. Do not leave any items overnight in the fridge.

Tables will be cleaned using the 3 step process (wash, rinse, bleach) prior to and after eating. Counters where food is prepped will be cleaned prior to and after preparation. There will be no family style eating. All food will be individually plated and served or contained in each child's lunch box/or bag they brought from home. Staff members will wear masks and gloves while preparing and serving all meals and snacks.

### **10. Field trips and events**

- Do not plan large group activities, such as field trips and family events. Consider changing field trips and events to a virtual format where appropriate.
- If you have an in-house field trip, screen the presenter. It would be best if in-house field trips are held outside in small group settings. Remember that social distance needs to be maintained, groups should not be mixed, and whenever possible, cleaning and sanitizing should occur between groups.

#### **DESCRIBE PLAN FOR MITIGATING COVID-19 DURING FIELD TRIPS AND EVENTS:**

Berean Preschool will not be having onsite field trips or events. We will continue to evaluate the CDC guidelines and make changes as we see fit. This includes, but is not limited to, picture day, class programs, on site field trips. We will not be having any volunteers or class visitors at this time.

### **11. Communications and training**

- The plan must be available to the Commissioner and offered to families. Be sure to communicate to families, using plain language, the expectations for parents and children in implementing this plan (e.g. outdoor pick-up/drop-off protocols).
- The plan must be posted in a prominent place and readily accessible to all of your employees, adult caregivers, substitutes, and volunteers who need to review it. Provide training to ensure everyone is following your plan. Keep these individuals updated on any changes to the plan.
- Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at [osha.compliance@state.mn.us](mailto:osha.compliance@state.mn.us), 651-284-5050 or 877-470-6742.

#### **DESCRIBE PLAN FOR COMMUNICATIONS AND TRAINING:**

This reopening preparedness plan will be communicated to all staff through training on September 3<sup>rd</sup>, 2020. Staff who are on site prior to that date will have training prior to working in the building.

This COVID-19 Preparedness Plan has been certified by Berean Preschool and is posted throughout the workplace on August 10, 2020. It will be updated as necessary.



All families will receive a copy of this plan and will need to sign the document acknowledging they have read it prior to attending on September 8<sup>th</sup>, 2020.

# ADENDUMM A

## Daily Cleaning Checklist

### Beginning of the Day

- ~~Clean doorknobs and handles, light switches~~
- Tables (3 step process)
- Gather Items for the day

### Student Arrival

- ~~Health Check~~
- Hand Sanitizer
- Wash Hands in classroom
- Put items in cubbies or on hooks

### Meal Times

- Clean counters and tables with 3 step process before and after use.
- Individually plate items (if necessary) on counter and serve to students.
- Have students keep their individual food in front of them.

### Student Dismissal/End of the Day

- ~~Clean doorknobs and handles, light switched~~
- Chairs on tables
- Wipe down counters
- Clean and sanitize toys and materials used during the day

### Playground & Gym

- At the end of each day clean the toys used by your class with the H2Orange solution or bleach solution
- ~~At the beginning and end of the each, the assigned person will clean the playground (color pieces only) with the H2Orange solution~~

### Workroom

- ~~Clean keyboard, monitor, phone, mouse, copier, counters, etc. before and after each use.~~

### Facilities Team

- Clean tables and chairs at the end of the day
- ~~Clean stair rails (morning, afternoon, evening)~~
- ~~Sanitizer each room using the foggers at the end of the day~~

# ADENDUMM B

## Drop-Off/Pick-Up Routes & Interior Walking Routes



### DROP-OFF ROUTES

ALL DAY M-F // DOOR 8 // DROP OFF 7:00 AM-8:45 AM // PICK UP 4:00 PM-5:30 PM

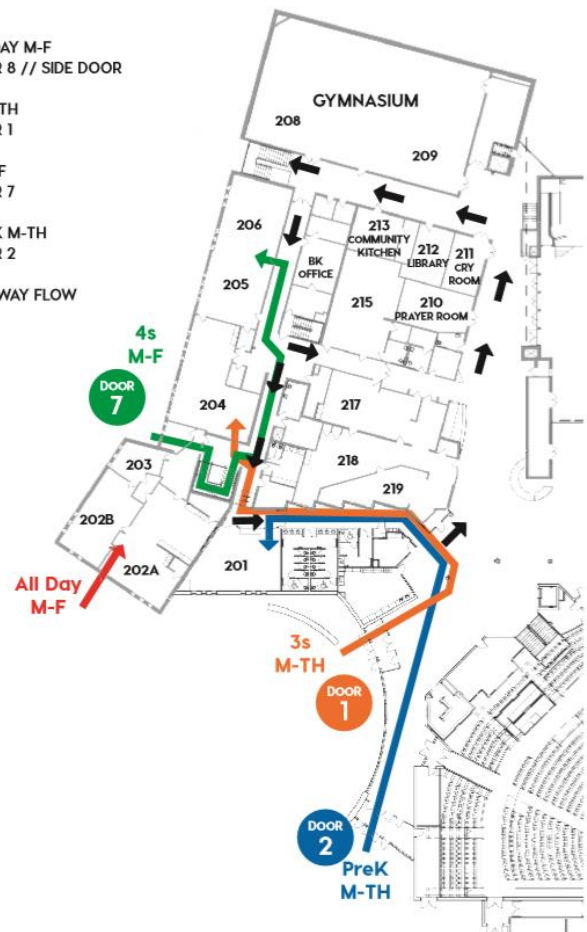


HALF DAY // DOORS 1,2,6, & 7 // DROP OFF 9:20 AM-9:30 AM // PICK UP 12:00 PM



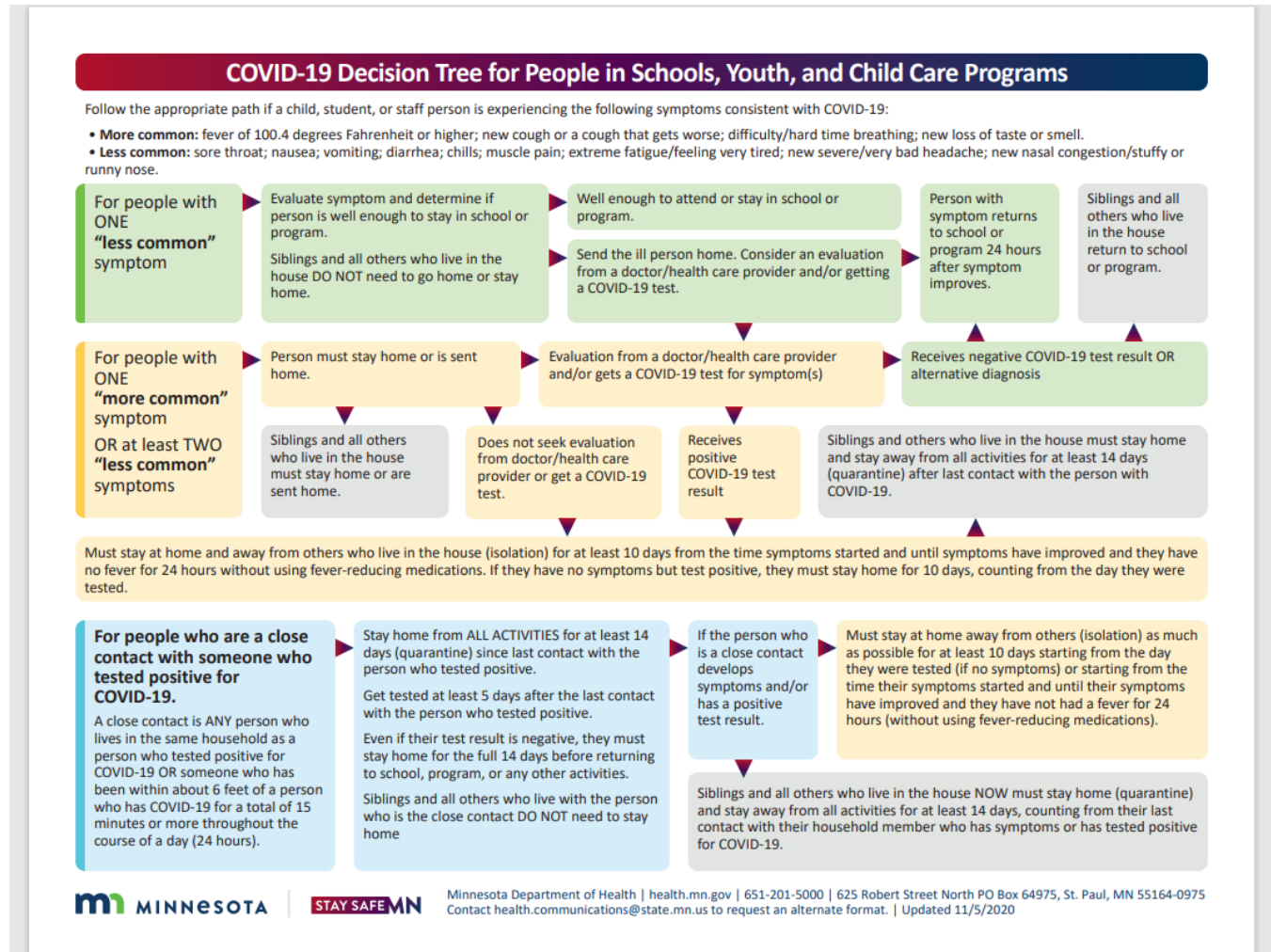
### INTERIOR ROUTES

- ALL DAY M-F  
DOOR 8 // SIDE DOOR
- 3s M-TH  
DOOR 1
- 4s M-F  
DOOR 7
- PRE-K M-TH  
DOOR 2
- ← HALLWAY FLOW



# ADENDUMM C

## Decision Tree Published by Minnesota Department of Health



# Narrative for COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

UPDATED 11/5/2020

Updates since Aug. 30, 2020, to this document and to the related decision tree on the first page offer more detailed information in each of the paths and in the sections below; however, those updates do not change what a person needs to consider when deciding if children and/or their siblings can attend school, or a youth or child care program.

## Introduction

The COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs and information below apply to children, students, and staff members who have symptoms consistent with COVID-19 or are a close contact with someone who has COVID-19. The symptoms fall into two groups:

- **More common** symptoms are one or more of these: fever of 100.4 degrees Fahrenheit or higher; new cough or a cough that gets worse; difficulty/hard time breathing; and new loss of taste or smell.
- **Less common** symptoms are two or more of these: sore throat; nausea; vomiting; diarrhea; chills; muscle pain; extreme fatigue/feeling very tired; new severe/very bad headache; and new nasal congestion/stuffy or runny nose.

## Supporting people with COVID-19 symptoms

After identifying the COVID-19 symptoms, choose one of two possible paths.

### First path

1. Use this first path when the person has only one symptom from the list of **less common** symptoms.
2. Next, evaluate the symptom to decide if the person is well enough to stay in the school or program. Siblings and all others who live in the house DO NOT need to go home or stay home.
3. If they are well enough, the person may attend or stay in the school or program.
4. If they are not well enough, the person must stay home or be sent home.

## NARRATIVE FOR COVID-19 DECISION TREE FOR PEOPLE IN SCHOOLS, YOUTH, AND CHILD CARE PROGRAMS

5. If the person goes home and does not get additional symptoms, they can return to school or the program 24 hours after the symptom improved. If the person goes home, they should consider an evaluation from a doctor/health care provider and/or getting a COVID-19 test.
6. If the person gets an evaluation and/or a COVID-19 test, they should follow the second path detailed below.

### Second path

1. Use the second path when the person has one **more common** symptom or at least two **less common** symptoms or when a person who started in the first path decides to get an evaluation from a doctor or other health care provider and/or get a COVID-19 test.
2. The person must stay home or is sent home, and their siblings and others who live with them must stay home or are also sent home.
3. If the person does not get an evaluation from a doctor or another health care provider or get a COVID-19 test, they must stay at home away from others (isolation), including those who live in the house if possible, for at least 10 days starting from the time their symptoms started and until their symptoms have improved and they have no fever for 24 hours without using fever-reducing medications. Siblings and all others who live with them must stay home and stay away from all activities for at least 14 days (quarantine), starting with the day they last had contact with the person who has COVID-19 symptoms.
4. If the person is told by their doctor or other health care provider that their symptoms are from something else (alternate diagnosis), and not from COVID-19, they can then go back to school or the program 24 hours after their symptoms have improved or as directed by their doctor or other health care provider. Siblings and other people they live with now no longer need to stay home or to stay away from other activities and can return to school or program.
5. If the person tests negative for COVID-19, they can go back to school or the program 24 hours after their symptoms have improved. Siblings and other people they live with now do not need to stay home or to stay away from other activities and can return to school or program.
6. If the person tests positive for COVID-19, they must stay at home away from others (isolation), including those who live in the house if possible, for at least 10 days, starting from the time their symptoms started and until their symptoms have improved and they have no fever for 24 hours without using fever-reducing medications. Siblings and all others who live with them must stay home and stay away from all activities for at least 14 days (quarantine), starting with the day they last had contact with the person who has COVID-19 symptoms.

### Close contact path

1. People who have close contact with someone who tests positive for COVID-19 must follow THIS path. A close contact is ANY person who lives in the same household as a person who tested positive for COVID-19 OR someone who has been within about 6 feet of a person who has COVID-19 for a total of 15 minutes or more throughout the course of a day (24 hours).



## NARRATIVE FOR COVID-19 DECISION TREE FOR PEOPLE IN SCHOOLS, YOUTH, AND CHILD CARE PROGRAMS

2. If a person is a close contact, the person must stay home and stay away from all activities for at least 14 days (quarantine) from the last day they had contact with the person who tested positive for COVID-19. Close contacts should get a COVID-19 test at least five days after their last contact with the person who tested positive. Even if the close contact gets a negative test result, they must stay home and away from all activities for at least 14 days (quarantine) before returning to school, a program, or any other activities. Siblings and all others who live with the person who is the close contact do not need to stay home or stay away from activities.
3. If a person who is a close contact gets symptoms or tests positive for COVID-19, this person must NOW stay home for at least 10 days (isolation), starting from the day they were tested (if no symptoms) or starting from the time their symptoms started and until their symptoms get better and they have no fever for 24 hours without using fever-reducing medications. Siblings and all others who live with the person who was the close contact NOW must stay home and stay away from all activities for at least 14 days (quarantine). The 14-day period starts from their last contact with the person who was a close contact and now has symptoms or has tested positive for COVID-19.

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## Additional details about the decision tree

This decision tree supports these guidance documents:

- [2020-2021 Planning Guide for Schools \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)  
([www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)).
- [COVID-19 Prevention Guidance for Youth and Student Programs \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)  
([www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf](http://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)).
- [COVID-19 Prevention Guidance for Overnight Camps \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)  
([www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf](http://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)).

## Symptoms

- The symptoms listed are those most often identified among people who test positive for COVID-19.
  - **More common** symptoms are seen more often among people who are confirmed to have COVID-19. They may be the only symptoms a person gets.
  - **Less common** symptoms are identified and associated with people who are confirmed to have COVID-19, but are less specific to COVID-19. Less common symptoms may appear alone or with other less common symptoms.
- A fever of 100.4 degrees Fahrenheit or higher marks the point at which a person must stay home or be sent home for COVID-19. A fever lower than 100.4 degrees Fahrenheit, or a low-grade fever, may still require the child, student, or staff member to stay home or be sent home. Programs may follow pre-COVID-19 protocols for return for low-grade fevers. Schools and child care programs should follow their established policy or procedure, or reference the [Infectious Diseases in Childcare Settings and Schools Manual](http://www.hennepin.us/daycaremanual) ([www.hennepin.us/daycaremanual](http://www.hennepin.us/daycaremanual)). The measure of 100.4 degrees Fahrenheit is based on a temperature taken by mouth.

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- A “new” symptom is a symptom that is not something the person has on a regular basis or that is associated with a pre-existing condition. Pre-existing conditions are a sickness or physical disorder for which someone was treated, received medical advice, or took medication within 12 months before the start of illness.
- Use the decision tree to evaluate symptoms (for each episode) for all children, including those known to have a chronic condition. Depending upon the specific symptom or symptoms, the school nurse or child care provider, along with input from the parent or guardian, should determine if a condition is new or worsening and consider a medical evaluation.
- Because COVID-19 symptoms and symptoms of many chronic conditions can overlap, people involved with the care of children should consider the possibility that symptoms could be COVID-19 infection rather than assuming it is just the chronic condition. Give consideration to the level of virus transmission in the community, with a low threshold for recommending testing if the community levels are rising or high. This will require review and decisions on a case-by-case, episode-by-episode basis.
- In general, “improved symptoms” means that a person no longer feels ill, they are able to keep up and do their daily routine just as they did before they were ill, and any remaining symptoms, such as a cough or runny nose, are very mild, intermittent, or infrequent and do not interfere with daily living.
- MDH will continue to evaluate data related to COVID-19 symptoms and will update this document as needed.

### Evaluation by a health care provider

- Evaluation by a health care provider is a recommendation, not a requirement. Medical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed, depending on suspicion of illness from a health care provider and availability of testing. When there are high levels of community transmission or multiple unlinked cases in the school or child care center, testing is strongly encouraged. Evaluation may include in-person, phone triage or telehealth, emergency department, clinic, and/or urgent care. An evaluation can help to identify the need for COVID-19 testing or if there is another reason/diagnosis to explain new symptoms.
- **For schools only:** When there are high levels of community transmission or multiple unlinked cases in the school, exclusion with evaluation and testing is strongly encouraged even if a person is experiencing only one less common symptom. For these purposes, high levels of community transmission may be defined as greater than 10 cases per 10,000. Schools can use the [Data for K-12 Schools: 14-day COVID-19 Case Rate by County \(PDF\)](#) ([www.health.state.mn.us/diseases/coronavirus/stats/wschool.pdf](http://www.health.state.mn.us/diseases/coronavirus/stats/wschool.pdf)) and can consult with their Regional Team or local public health office to help guide this recommendation.
- When a health care provider finds that symptoms are from something other than COVID-19 (alternative diagnosis), it means an established medical diagnosis was obtained through evaluation by a health care provider and/or diagnostic test (e.g., strep, influenza, respiratory syncytial virus (RSV)). School districts, schools, child care programs, youth programs, etc., may require written



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documentation (e.g., after-visit summary, note) for a child, student, or staff member to return to a school or a program.

### Close contacts

- A close contact is ANY person who lives in the same household as a person who tested positive for COVID-19 OR someone who has been within about 6 feet of a person who has COVID-19 for a total of 15 minutes or more throughout the course of a day (24 hours). However, even shorter periods of time or longer distances can result in spread of the virus.

### COVID-19 testing

If someone is **asymptomatic (does not have symptoms of COVID-19)** and is being tested for COVID-19, any children or staff members who live with them and who are not also being tested do not need to stay home or be excluded from school or child care. If someone is **symptomatic (has symptoms of COVID-19)** and is being tested, all children or staff members who live with them must stay home (do not attend school, child care, or youth program) until test results are known.

- If the person who has symptoms receives a negative test result, they can return 24 hours after their symptom/s have improved. All children or staff members who live with them can return to school or child care when the negative test is known.
- If the person who has symptoms receives a positive test result, they must stay at home and away from others (isolation) as much as possible until all three of these things are true:
  - They feel better (symptoms have improved), and;
  - It has been 10 days since they first felt sick (or since they were tested if no symptoms), and;
  - They have had no fever for at least 24 hours, without using medicine that lowers fevers.
- Everyone who lives with the person who has tested positive for COVID-19 must stay home for 14 days (quarantine), starting on the last day they were in close contact with the person who has COVID-19. If the other people in the house cannot be separated from the person with COVID-19, their 14 days at home starts the day after the person with COVID-19 is well and can leave the house. This means the other people in the house may must stay home for at up to 24 days.
- If the child, student, or staff member is a close contact, they must not attend school or child care until their 14-day (quarantine) period at home ends. They must not return during those 14 days, even if they get tested for COVID-19 and the test is negative.

### Types of COVID-19 testing

- If a child or staff member has COVID-19 symptoms and receives more than one type of test (Antigen or PCR) to diagnose COVID-19, they must not attend school or child care until the results of all tests are known, even if the first test comes back negative and the person is feeling better.

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### PCR

- Polymerase chain reaction (PCR) is a test that detects genetic material of the SARS-CoV-2 virus that causes COVID-19. It is also called a molecular test. A swab is used to collect fluid from someone's nose or throat, or to collect saliva. The test tells if someone is infected right now. Results can take several days. This test is used to diagnose COVID-19 infection and it is considered quite accurate.

### Antigen

- Antigen tests detect certain proteins in the virus. They are also called rapid tests. A swab is used to collect a fluid sample from the nose or throat. Results can be returned in 15 minutes. This test is used to diagnose whether someone has COVID-19 right now.

**NOTE:** Antibody tests look at blood samples for proteins that your body makes when fighting COVID-19. These tests tell you if you may have had COVID-19 in the past; they do not tell you if you have it now. They are not used to diagnose COVID-19 and cannot be used to shorten a quarantine period or be used to return to school, child care, or a youth program. The presence of antibodies does not indicate a person is protected from getting COVID-19 in the future.

### Resources

- To find out more about testing options, visit [Symptoms and Testing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/symptoms.html\)](https://www.health.state.mn.us/diseases/coronavirus/symptoms.html).
- To learn more about testing locations, visit [Find Testing Locations \(mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp\)](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp).



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