

Guidance for Child Care, Youth Development, and Day Camps During COVID-19

Summary of September 13, 2021 Changes

- Reorganization of content to follow priority of recommendations in line with CDC.
- Resources and information on vaccination for eligible and mandated groups.
- Updated recommendations for cohorting and physical distancing.
- Updated recommendations for symptom monitoring/health screening at home.
- Added information on communicating and reporting cases.
- Updated recommendations on quarantine for fully vaccinated individuals.
- General alignment with language for K-12 settings where relevant.

Introduction

This guidance focuses on practices for children and youth activities that lower the risk for spread of COVID-19.

- The more people interact with others from outside their own household or from a different cohort, the closer that interaction and the longer that interaction, the higher the risk of COVID-19 spread.
- Children should only attend programs in their local, geographic area.
- As children are back to school for in-person learning and attending child care or youth development in a different setting, it is important to limit social circles beyond these settings.
- COVID-19 vaccines are [safe and effective](#). Everyone ages 12 years and older is recommended to be vaccinated against COVID-19 as soon as possible to keep from getting and spreading COVID-19.
- Consider surveillance or screening testing to monitor for asymptomatic infections.

This health and safety guidance is based on existing science, expert public health opinion, current policies, and stakeholder input. As a business, child care, youth development, and day camp providers must follow industry specific requirements and policies to maintain licensure as outlined by local, state, and federal entities.

Program Types Included in this Guide

- DCYF licensed child care programs and the Early Childhood Education and Assistance Program (ECEAP).
- Licensed-exempt programs operated in a manner that complies with the child and staff cohorting and group size recommendations in this guidance.

- Federally funded Head Start programs.
- Day camps, including specialty camps like sports camps.
- Outdoor preschool programs, including part day license exempt programs.
- Parent cooperatives.
- Youth Development programs providing child care and other basic supports to assist children and youth access to remote K-12 instruction.
- Expanded learning opportunities, including programs for youth that complement academic and/or social emotional learning, such as Boys & Girls Clubs, YMCA programs, and other culturally-based and identity-based programs.
- Programs funded under the federal Nita M. Lowery 21st Century Community Learning Centers program.
- Enhanced learning academies, such as formal mentoring programs, tutoring centers, and college preparatory programs.
- Child care, youth development, and day camps held in K-12 facilities.

Not Currently Recommended

- License-exempt child care programs where parents remain on-site for purposes other than employment, such as those in fitness centers, grocery stores, etc.

Allowed Under Separate Guidance

Activities not covered in this guidance, but addressed elsewhere, include businesses organized primarily for these purposes:

- [Sports and Fitness](#)
- [Overnight camps](#)
- [Activities included as part of K-12 basic education or special education programs](#)

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General Guidance

Key Principles for Reducing Potential Exposures

- **Promote vaccination.** Vaccination is the most effective tool to prevent severe illness, hospitalization, and death from COVID-19. Vaccination can also reduce transmission. Many staff must be fully vaccinated by October 18 and all students 12 years of age and older are strongly recommended to get vaccinated.
- **Consistent and correct use of protective equipment.** Use appropriate face coverings as recommended.
- **Use cohorts.** Conduct all activities in small groups that remain together over time with minimal mixing of groups.
- **Physical distancing.** Minimize close contact between people to the degree possible.
- **Improve indoor ventilation and filtration systems.** Open windows to the outside when possible.

- **Low-risk spaces.** Consider outdoor activities when possible as they have less transmission risk than indoor activities.
- **Respiratory etiquette and hand hygiene.** Cover coughs and sneezes. Frequently wash hands with soap and water.
- **Keep ill persons out of child care.** Educate children, families and staff to stay home when sick, and use screening methods.
- **Isolation and quarantine.** Isolate sick people and exclude people who should quarantine.
- **Environmental cleaning and disinfection.** Prioritize the cleaning of high-touch surfaces.

Increased interaction, close contact, and longer activities between people increase the risk of COVID-19 transmission.

This health and safety guidance integrates [recommendations from the CDC for mitigation measures in child care](#). The CDC recommendations are general, and not intended to inform the appropriate level of Personal Protective Equipment (PPE) an employee needs, which should be made based on the tasks and situation. For employees, follow all [Labor and Industries \(L&I\) guidance](#). Programs should also work with their [Local Health Jurisdiction \(LHJ\)](#) for any applicable local orders or requirements.

Do not allow children, staff, vendors, parents/guardians, or guests on-site if they:

- Show [symptoms of COVID-19](#); or
- Are not fully vaccinated and have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with a COVID-19 case in the last 14 days; or
- Have tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms and not from routine asymptomatic COVID-19 screening or surveillance testing; or
- Have been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the last 14 days.

Please refer to Department of Health (DOH) [guidance on screening](#) for more information.

Ensure staff are trained in health and safety protocols for your site. This includes:

- How to screen for symptoms.
- How to maintain physical distance.
- The use of appropriate personal protective equipment (PPE).
- Understanding and practicing frequent cleaning and handwashing.
- How to handle situations when someone develops signs of COVID-19.

Communicate regularly with children and youth, families and staff. Emphasize the importance of:

- [Getting vaccinated](#) if eligible.
- Correct and consistent use of [face coverings](#).

- Using [cohorts](#) and maintaining [physical distance](#).
- Improving [ventilation](#).
- [Handwashing and respiratory etiquette](#).
- [Cleaning and disinfecting](#).
- [Staying home when sick](#) and seeking evaluation.
- [Testing](#) as indicated.
- Contact tracing in combination with [quarantine](#) and [isolation](#).
- [Responding to cases of COVID-19](#).
- [Meeting the reporting requirements](#) to public health.

Communication should be provided using multiple methods, such as posters, written letters, email, text message, phone, video conferencing; and in the language that staff and parents best understand. Develop clear protocols for what and when you will communicate with staff and with families so they know where to find information and updates.

Monitor child and employee attendance and absences, have flexible leave policies and practices, and have access to trained substitutes to support employee absences.

When serving children or youth with disabilities, refer to the [CDC guidance for Direct Service Providers for people with disabilities](#).

Those at [high risk](#) for health problems from COVID-19 should consult with their health care provider when considering whether to provide or participate in child care, youth development opportunities, or day camps. See L&I's [FAQ for Protecting High Risk Workers](#) for more information.

Reducing Transmission

Promoting Vaccination

Vaccination is the most effective prevention strategy to lower the burden of disease and transmission of COVID-19 in communities. Most workers providing child care, early learning, and youth development are required to be fully vaccinated or have a medical or religious accommodation per Governor Inslee's [COVID-19 Vaccination Proclamation](#). COVID-19 vaccines are available to all people age 12 and older. Child care, early learning, and youth development providers should promote vaccination for all eligible children, staff, and families. See the DOH [COVID-19 Vaccine](#) page for additional information about the different vaccine types and where to locate a vaccination site.

Fully Vaccinated

People are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.

If it has been less than 2 weeks since their shot, or if the individual still needs to get their second dose, they are NOT fully protected and must keep taking all [prevention steps](#) until fully vaccinated.

Cloth Face Coverings/Masks

While vaccinations and ongoing precautions have helped reduce the infection rate, it is important to remember that children under the age of 12 are not yet able to be vaccinated. Follow the face covering requirements below, as supported by the [Governor's statewide mandate](#), [L&I directives](#), and the [Secretary of Health's Mask Order](#).

- **Indoors:** All staff, families, visitors, volunteers, youth, and children five years of age or older must wear facial coverings, or an acceptable alternative, indoors regardless of vaccination status except when eating or sleeping. Children ages 2-4 should be encouraged to wear masks with adult supervision. Fully vaccinated staff do not need to wear facial coverings indoors if working alone and children are not present or expected to be present.
- **Outdoors:** Masks are not required outdoors, regardless of vaccination status, at this time. People who are unvaccinated are encouraged to wear a mask in crowded outdoor settings such as sporting events, fairs, concerts and similar settings where it's hard to maintain physical distance.

Masks may be recommended or required for public health protection in certain circumstances, such as outbreaks or areas with high rates of transmission. Follow all local health orders.

Cloth face masks with ear loops are preferred over ones that tie around the neck or behind the head during physical activity to reduce the risk of injury. See the [DOH Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. There are specific exceptions based on age, development, or disability; outlined below.

- Masks or cloth face coverings should not be worn by:
 - Children younger than age 2 years.
 - Children while they are sleeping.
 - Those with medical condition, mental health condition, developmental or cognitive condition, or disability that prevents wearing a face covering. This includes but is not limited to people with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
 - Those who are deaf or hard of hearing and use facial and mouth movements as part of communication.
- In rare circumstances when a cloth face covering cannot be worn, children and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. Face shields should extend below the chin, to the ears, and have no gap at the forehead.

- Younger children must be supervised when wearing a cloth face covering. These children will need help with their masks and getting used to wearing them.
- Children may remove cloth face coverings to eat and drink and when outside. If children need a “mask break,” take them outside or to a large, well ventilated room where there is sufficient space to ensure plenty of distance between people if indoors.
- The child care, early learning program, youth development, or day camp is responsible for providing appropriate PPE for all staff, including those who provide assistance to children and youth who have special needs.
- Encourage children and youth to bring two clean masks each day.

Providers must provide face coverings for staff and youth who don’t have them. In some cases, staff may need a higher level of protection under L&I safety and health rules and guidance. Refer to L&I’s [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

Cohorting/Assigning Staff and Children to Groups

Keeping children and staff in the same small groups or cohorts every day reduces the number of close contacts they have. Assign children to small groups and try to keep them the same every day to the greatest extent possible. Staff should be assigned to individual groups and should not mix with other groups. Do not mix groups during daily activities, and limit combining of groups at the beginning and end of the day to the extent possible. If they are mixed for supervision purposes, try to keep the groups at least six feet apart to the degree possible. If groups are combined, track which groups (including children’s and staff’s names) and the timeframe.

This does not mean that children cannot be in more than one cohort if they are attending K-12 **and** child care, youth development or day camp. If a child attends more than one setting and participates in a cohort in each setting, contact tracing should occur through both cohorts, one in each location. Use of cohorts helps limits the number of people potentially exposed if there is a case or outbreak of COVID-19.

Keep group sizes to no more than 30 children, or the maximum group size allowed for a given age according to Department of Children, Youth, and Families (DCYF) licensing requirements, whichever is less. Child care providers, youth development, and day camps may choose to have smaller groups of children because of their physical space. Refer to **Table 1** below. Groups should keep the same staff, and the staff-to-child ratios must adhere to the licensing rules by provider type. DOH recommends that all programs follow the group sizes and ratios listed in **Table 1** regardless of their licensing status.

Table 1: Grouping and Staff Ratios by Age Group

Age Group	Max # Children in Group	Staff: Child Ratio	Max # Total People in Group
Infants aged 0 to 11 months	8	1:4	10
--or-- Mixed age children 0 to 36 months	9	1:3	12

Toddlers aged 12 to 29 months --or-- Mixed age children 12 to 36 months	14 15	1:7 1:5	16 18
Preschoolers aged 30 months to 6 years, not enrolled in school --or-- Mixed age children 36 months to 6 years, not enrolled in school	20	1:10	22
School-aged children (5 to 12 years, enrolled in school) --or-- Mixed age children 4.5 to 9 years	30	1:15	32

Licensed family home child care providers are limited to caring for 12 or fewer children in the family living quarters. These providers must also adhere to their group size and staff-to-child ratios as determined by DCYF.

Physical Distancing

Both DOH and CDC recommend that children and youth be physically distanced by at least three feet or more within cohorted groups when indoors as much as possible. Your ability to do this will depend on children’s ages and on their developmental and physical abilities. In certain circumstances, children and youth should still maintain six feet of distance to the degree possible:

- In common areas.
- When masks can’t be worn, such as when eating and sleeping.
- During activities when increased exhalation occurs, such as singing, shouting, playing instruments or when performing physical activity. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.
- Between cohorted groups.

Any unvaccinated staff must follow distancing requirements outlined in [L&I directives](#). All staff are encouraged to maintain physical distance from other staff and from children and youth indoors, regardless of vaccination status, as an added layer of protection.

Programs must ensure at least six feet of physical distance between different groups indoors. You can divide large spaces, like full-size gyms or cafeterias, into separate group areas by creating barriers. Use equipment such as cones, chairs, or tables to maintain proper distancing between groups. You can divide a typical room for up to two subgroups, but there should be an effort to keep the two subgroups separate. Using barriers in rooms can also help to maintain distance.

Best practices to maintain physical distancing:

- Limit the number of children in each program space.

- Remove nonessential furniture and make other changes to room layouts to maximize distance between children.
- Increase the distance between children during table work to at least three feet while masked and at least six feet to the degree possible during meals while unmasked.
- Plan activities that minimize close physical contact.
- Follow the [DOH K-12 Requirements](#), [DOH Sports and Fitness Guidance](#), and [CDC Guidance for Youth Sports for any sports activity](#) for requirements and recommendations around specific activities.
- Sand/water tables are allowed. They should use them alone unless they can maintain at least three feet separation. Children must wash their hands before and after use.
- Mark traffic flow and designate entrances and exits to minimize face to face contact.
- Maintain at least six feet of distance where possible and reduce time standing in lines.
- Increase space between cribs and nap mats to six feet to the degree possible. Sleeping head to toe can help increase distance between heads for napping children.
- Go outside more.
- Do not bring separate groups together for activities or other interactions if possible.

Ventilation

Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. Offer more outside time, open windows often, and adjust the HVAC system to allow the maximum amount of outside air to enter the program space and increase air filtration. Because each building and its existing HVAC systems will be different, a professional engineer or HVAC specialist should be consulted to determine the best way to maximize the system's ventilation and air filtration capabilities for each area in the building.

- Change filters as needed (clogged filters decrease HVAC operation, stress the fan motors, and decrease ability to improve indoor air quality). Visually check the filter for a tight fit within the frame and ensure there are no rips or tears.
- Upgrade filters to MERV 13 if the system can handle the air resistance.
- Inspect and clean the entire system at least as often as recommended by the manufacturer or installer. Make repairs quickly to prevent more serious issues.
- Reduce recirculation of air; increase/maximize outside air.
- Bring in outside air continuously from two hours prior to occupancy and for two hours after occupancy, including while cleaning and disinfection is occurring.
- Inspect and maintain local exhaust ventilation in restrooms, kitchens, cooking areas, etc. Increase exhaust ventilation from restrooms above code minimums.
- Work with building engineer or HVAC specialist to generate air movement that goes from clean-to-less-clean air.
- Use of fans for cooling is acceptable. They should blow away from people. If there are ceiling fans, reverse the flow direction to draw air upward or turn them off.

- Portable HEPA air cleaners can provide increased filtration in rooms with poorer ventilation or in isolation areas. Choose HEPA air cleaners certified by the California Air Resources Board to not emit dangerous levels of ozone.
- Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products.
- There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems. Maintenance staff replacing filters in the HVAC should wear an N-95 mask to prevent potential exposure to contaminants that may be present in the used filter.

For more information and options related to ventilation, see DOH’s recommendations for [Ventilation and Air Quality for Reducing Transmission of COVID-19](#) or CDC’s guidance for [improving ventilation and increasing filtration](#) in programs as well as the [Association for Heating, Ventilating and Air-Conditioning Engineers \(ASHRAE\) guidance on ventilation during COVID-19](#).

Hygiene Practices

Wash hands often with soap and water for at least 20 seconds. Help young children wash their hands correctly.

- Children and adults should always wash hands with soap and water after going to the bathroom, after diapering or helping children with toileting, anytime they are in contact with bodily fluids, before and after administering any medication or ointment, before and after putting on or adjusting face coverings or masks, before and after meals or snacks, after petting animals, after use of shared materials or equipment, and after outside time.
- If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used. The FDA is warning to not use hand sanitizer in poorly ventilated spaces, not to use near the face, supervise children’s use, and to keep it out of children’s reach and sight. Some hand sanitizers may be contaminated with harmful ingredients. Before you buy or use hand sanitizer, check the [FDA’s "do-not-use" list](#).
- Alcohol-based hand gel is not a substitute for handwashing when hands are dirty, after diapering or toileting, or before eating. Wash hands with soap and water as soon as possible. Supervise the use of alcohol-based hand gel by young children. Make sure it is FDA approved. Fragrance-free is preferred to reduce sensitivity and asthma issues. Guardians must provide written permission for the use of hand sanitizer on their child. Do not use alcohol-based hand gels for children under age 2 per child care rules.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Clean hands with soap and water, or hand gel. Children, families, and staff should not touch their eyes, nose, and mouth with unwashed hands. Some children might need assistance with handwashing and respiratory etiquette behaviors.

- All programs, including outdoor programs, should be in areas that have adequate handwashing facilities on site. Set up temporary handwashing stations with running water if a program must operate without sufficient facilities.

Staying Home When Sick

Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of child care, early learning, youth development and day camp facilities and prevent spread to others. Children and staff who have symptoms of infectious illness, such as [influenza](#) (flu) or COVID-19, should stay home and seek medical evaluation, which may include testing for COVID-19 and other respiratory infections. See the [Get Tested for COVID-19](#) section for more information.

Additional Considerations for Child Care Programs

Health Screening Before Entry/Drop-Off and Pick Up

Consider staggering drop-off and pick-up times for various groups, one-way traffic flows, greeting children at their vehicle, or placing distancing markers on walkways. Everyone should wash their hands or use hand gel before and after signing in and out. Place hand gel near the sign-in station. Use hand gel with at least 60% alcohol and keep it out of the reach of children. Use gel without fragrance if possible.

Child care facilities should not allow anyone (e.g., children, staff, visitors) on-site if they:

- Show symptoms of COVID-19; or
- Are not fully vaccinated and have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with a COVID-19 case in the past 14 days, unless the student is completing an approved modified quarantine; or
- Have tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms and not from routine asymptomatic COVID-19 screening or surveillance testing; or
- Have been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the past 14 days.

Care providers must educate families on the importance of monitoring children for signs and symptoms of COVID-19, keeping sick children at home, and getting tested for COVID-19. Parents should screen their children at home for the above criteria daily before taking them to care. If someone has symptoms of COVID-19, is in isolation for COVID-19, or is in quarantine for COVID-19, they should not go to care. This includes school-aged children in modified quarantine at their K-12 school, who should not go to group care before or after school or any other activities outside of K-12 instruction while in modified quarantine.

Providing Staff Required Breaks

Any unvaccinated staff must follow distancing requirements outlined in [L&I directives](#) when taking breaks. All staff are encouraged to maintain physical distance from other staff and from children and youth indoors, regardless of vaccination status.

It is best if the staff to child ratio allows for one staff member to take a break without having to bring another individual into the small group space. If a group only has one staff member and a float person is brought in to give staff a break, follow these practices:

- The float staff must wash their hands immediately upon entering and upon leaving the space.
- The substitute staff must wear a cloth face covering or mask at all times when they are indoors in the group space.
- Consider timing when bringing in staff who are not normally part of a group to minimize close interactions with children. For example, give staff their lunch break during children's nap time so the float staff can remain six feet away from the children while they rest. Give 10-minute breaks when the children have just started a new, engaging activity that does not require much adult interaction. Give breaks when the group is having outside time where the risk of transmission is lower.

Outside Play

Offer outdoor play in staggered shifts. If two or more cohorts or groups are outside at the same time, they should have at least six feet of open space between them. Use cones, flags, tape, or other signs to create boundaries between groups. If you can, have equipment such as balls and jump ropes for each group. Always wash hands right after outdoor play time.

More information for licensed providers can be found in [WAC 100-300-0215\(3\)\(iv\)](#). Topical sunscreen guidelines for other programs can be found in [RCW 28A.210.280](#). Older children can self-apply sunscreen with proper supervision. Staff who apply sunscreen must wear gloves.

Meals and Snack Time

Provide meals and snacks in the program space and avoid large group gatherings. If you provide meals or snacks in a lunchroom or dining hall, stagger meal times, create space between groups and avoid mixing. Space children at least six feet apart to the degree possible while eating.

Clean and sanitize tables before and after each group eats as per the child care regulations. Eliminate family style meals where food is passed around the table. Consider having children take their meals outside. Use a washable plastic tablecloth for wooden tables.

Infant and Toddler Care

Infants and toddlers need to be held. To the extent possible when holding, washing, or feeding young children, child care workers should:

- Washing their hands frequently.
- Wash their hands, neck, and anywhere touched by a child's body fluids.
- Avoid touching eyes while holding, washing, or feeding a child.
- If body fluids get on the child's clothes, change them right away, whenever possible, and then wash hands.
- Wash hands before and after handling infant bottles prepared at home or in the facility.

Transportation

Avoid transporting children as much as possible. If your program must provide transportation, create space between riders. There are several guidelines to prevent COVID-19 during child care transportation.

- Riders and staff members must wear properly fitted cloth face coverings per [CDC order](#).
- Keep riders as far apart as possible on the bus. Consider how to reduce occupancy and increase space on the bus through scheduling and using additional buses.
- Use assigned seating.
- Seat children and youth with household members or members of their child care or school group/cohort.
- Maximize ventilation on the bus. Open windows and roof vents whenever safe to do so.
- Encourage children to wash or sanitize hands when they leave their home or immediately before boarding the bus.
- Clean and disinfect frequently touched surfaces, including the tops and backs of seats at the end of the day. Use an EPA registered product and follow the manufacturer's instructions for use. Do not fog/mist the bus with disinfectant, it is [not recommended](#). Leave windows open to air out the bus after runs and cleaning.

Field trips or any off-site trip should follow all safety and mitigation protocols of the child care facility or camp, along with requirements of the destination, whichever is more protective.

Responding to Cases or Suspected Cases of COVID-19

To prepare for the potential of children or staff attending or working at the child care, early learning, youth development, or day camp facility while infectious with COVID-19, programs should have a response and communication plan in place that includes communication with staff, families, and their [LHJ](#). Staff and parents or guardians of children who test positive for COVID-19 should notify the child care, early learning, youth development, or day camp program immediately upon receipt of test results. Child care, early learning, youth development, or day camp programs should report any cases of COVID-19 in the program to their LHJ and work with public health authorities on next steps (see [Reporting Cases and Outbreaks and Working with Public Health](#)).

What to do if Someone Develops Symptoms of COVID-19 While at Child Care

If a child or staff member develops [COVID-19 symptoms](#), they should immediately be isolated from others, sent home, and referred to diagnostic testing as soon as feasible, regardless of COVID-19 vaccination status.

Isolation Space at a Facility

While waiting to leave child care, the individual with symptoms should wear a cloth face covering or mask if tolerated and should be isolated in a designated isolation space. Anyone providing care or evaluation to the isolated individual should wear [appropriate PPE](#). Close off

areas used by the sick person and do not use these areas until after cleaning and disinfecting them. Air out, clean, and disinfect the area after the ill person leaves.

Every facility or program should have an identified space for isolating ill persons until they can be sent home. The designated isolation space for individuals with suspected COVID-19 symptoms should be separated from the space used for those requiring general first aid or medicine distribution. This space would ideally have multiple rooms with doors that can close and windows that vent to the outside to improve ventilation. Alternatively, a room with several cots spaced at least six feet apart with privacy curtains between cots may be used.

Ideally, the isolation space would have a private bathroom for use only by persons being evaluated for COVID-19. If a private bathroom for ill persons is not available, the ill person should wear a face mask when traveling to and from the communal bathroom. Clean all high touch areas between the patient room and bathroom, as well as in the bathroom and air the bathroom as long as possible. Increase ventilation in the bathroom by keeping a window open and/or turning on a fan that vents to the outside. The exhaust fan in the bathroom should be kept on at all times, and the fan should be checked to make sure it is operating at maximum velocity.

Thoroughly air out and then clean and disinfect the isolation area after the ill person leaves. If the HVAC system does not have MERV 13 filters or if the room does not have windows that open, consider use of a portable HEPA filter machine. See the [DOH Ventilation Guidance](#) for details on selecting portable HEPA filters. Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products.

If no appropriate indoor space is available (e.g., already occupied) and the child can be supervised and made comfortable, an outdoor setting is an acceptable emergency alternative if weather and privacy permit.

When an individual is isolating, they should stay home and away from others (including household members) except to get medical care in order to avoid spreading their illness. If a child is excluded from child care due to isolation, they should not go to anywhere except home or to seek medical care. Thus, parents should notify all care providers (e.g., child care, school) when a child is isolating and excluded from all settings. Child care providers should not transport children in isolation to school, and vice versa; children identified with symptoms of COVID-19 or who test positive for COVID-19 infection should go or stay home.

What to Do if Someone Visited Child Care while Contagious with COVID-19

If someone visited a child care, early learning, youth development, or day camp facility while contagious with COVID-19, it is possible that children, staff, and/or guests may have been exposed. A person is contagious with COVID-19 starting two days before they have symptoms (or if asymptomatic, two days before they test positive for SARS-CoV-2) and through the end of their [isolation](#) period close contacts of a person with COVID-19 should be identified to determine if they must [quarantine](#).

Returning to a Child Care Program

Isolation

If a person tests positive for SARS-CoV-2 by a molecular or antigen test, they can return to the facility when the following criteria are met:

- At least 10 days have passed since the date of your positive COVID-19 test if no symptoms are present ([up to 20 days for those who are severely ill or immunocompromised](#)), AND
- You have had no subsequent symptoms.

This isolation guidance applies regardless of vaccination status.

If a person with COVID-19 symptoms tests negative for SARS-CoV-2 with a molecular test, they may return to the facility following the program's existing illness management policies so long as they are not a close contact of someone with COVID-19 and subject to quarantine. If a person with COVID-19 symptoms tests negative for SARS-CoV-2 with an antigen test, per [CDC antigen testing guidance](#), a confirmatory lab-based molecular test is recommended. An alternative to confirmatory nucleic acid amplification test (NAAT) is serial antigen testing performed every 3–7 days for 14 days.

If a person with COVID-19 symptoms does not get tested for SARS-CoV-2 or see a health care provider from whom they receive an alternative diagnosis, they should follow the same isolation guidance as persons who test positive for SARS-CoV-2. This is irrespective of vaccination status.

When an individual is isolating, they should stay home and away from others (including household members) except to get medical care in order to avoid spreading their illness. If a child is excluded from child care, early learning, youth development or day camp due to isolation, they should not go to anywhere except home or to seek medical care. Parents should notify all care providers (e.g., child care, school) when a child is isolating and thus excluded from all settings. Providers should not transport children in isolation to school, and vice versa; children identified with symptoms of COVID-19 or who test positive for COVID-19 infection should go or stay home.

Parents or guardians of children and staff who test positive for COVID-19 should notify the child care, early learning, youth development, or day camp program immediately upon receipt of test results. This enables exclusion of the child or staff from the program for the duration of isolation, contact tracing to determine if any children or staff were exposed to the person with COVID-19 (see [What to Do if Someone is a Close Contact of Someone with COVID-19](#)), and notification of the LHJ (see [Reporting Cases and Outbreaks and Working with Public Health](#)).

What to Do if Someone is a Close Contact of Someone with COVID-19

If someone visited child care, early learning, youth development, or day camp while contagious with COVID-19, they and the program should work with the LHJ to identify close contacts and determine whether each close contact should quarantine (see [Notify Public Health](#)). Generally, a close contact is someone who was within six feet of a person with COVID-19 for at least 15

cumulative minutes over a 24-hour period during the period of time when the person with COVID-19 was infectious. The infectious period of someone with COVID-19 starts two days before the onset of symptoms or is estimated as two days before the positive test collection date if someone with COVID-19 is asymptomatic. This definition applies regardless of whether the case or contact was wearing a mask. If identified as a close contact, a person may need to [quarantine](#) as outlined below.

The definition of a close contact may vary in some situations (e.g., less time spent in close proximity to an unmasked person who is coughing, direct cough/sneeze spray, or other contact that is more intense like sharing drinks, eating utensils, etc.). The ultimate determination of close contact is made by the LHJ during its investigation; it may delegate this determination if appropriate.

Quarantine

[Quarantine](#) is when someone who has been exposed to COVID-19 stays home and away from others for the recommended period of time in case they were infected and are contagious. When an individual is in quarantine, they should stay home and away from others except to get medical care. If a child is excluded from child care, early learning, youth development, or day camp due to quarantine, they should not go to anywhere except home or to seek medical care. Thus, parents should notify all care providers (e.g., child care, school) when a child is in quarantine and thus excluded from all settings. Providers should not transport children in quarantine to school, and vice versa; children in quarantine should go or stay home.

People who may be exempt from quarantine:

- **Close contacts who are fully vaccinated and do not have symptoms do not need to quarantine** but should be tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in all public indoor spaces for 14 days or until they receive a negative test result. They should isolate and follow appropriate [guidance](#) if they test positive. If they develop symptoms consistent with COVID-19, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.
- Close contacts who had confirmed COVID-19 in the past three months, have recovered, and do not have symptoms, do not need to quarantine but should be tested for COVID-19 with an antigen test 3-5 days post-exposure, watch for symptoms, and get evaluated by a health care provider if symptoms develop.

If a close contact is neither fully vaccinated nor recovered from confirmed COVID-19 in the past three months and does not have symptoms, the close contact must quarantine. There are three options for duration of quarantine:

- Quarantine should last for 14 days after the last close contact with the COVID-19 positive person. This is the safest option. Monitor for symptoms during this time, and if any COVID-19 symptoms develop during the 14 days, get tested.
- If 14 days is not possible, quarantine can last for 10 days after the last close contact,

without additional testing required. However, if any COVID-19 symptoms develop during the 10 days, remain in quarantine the full 14 days and get tested. Continue monitoring for symptoms until day 14.

- Quarantine can end after 7 full days beginning after the last close contact if no symptoms have developed and after receiving a negative test result. The test should occur no sooner than 48 hours (2 days) before ending quarantine. Continue monitoring for symptoms until day 14.

Consult with your LHJ to determine the best quarantine option for your individual circumstances. The LHJ has the authority to specify which quarantine strategy should be followed.

Close contacts with symptoms of COVID-19 should follow the steps under [What to Do if Someone Develops Symptoms of COVID-19 While at Child Care](#).

Get Tested for COVID-19

If children or staff were in close contact with someone with COVID-19, they should contact their health care provider to be tested for COVID-19. If a person has potentially been exposed to COVID-19 but is not sick, it is best to get tested at least 5 days after the last possible exposure. If somebody does not have a doctor or health care provider, many locations have free or low-cost testing, regardless of immigration status. See the [Department of Health's Testing FAQ](#) or call the [WA State COVID-19 Assistance Hotline](#).

Parents or guardians of children, and staff who test positive for COVID-19 should notify the child care, early learning, youth development, or day camp program immediately upon receipt of test results. Programs must report any cases of COVID-19 in the child care to their LHJ (see [Reporting Cases and Outbreaks and Working with Public Health](#)).

Child Care Closure in Response to COVID-19 Cases

There may be instances where closure of a classroom or program is warranted to stop transmission of COVID-19. The time period on such closures can vary, from initial short-term closures to allow time for local health officials to gain a better understanding of the COVID-19 situation and help your program determine appropriate next steps, to extended closures to stop transmission of COVID-19. Child care, early learning, youth development, and day camp programs should work with their LHJ to determine when it is necessary to close a classroom or program and when the classroom or program can reopen.

Consider the following to determine when to close a classroom for 14 days:

- The classroom/group/cohort experiences a rapid increase in COVID-19 cases.
 - This may be exacerbated when children and staff have not been cohorted.
- There is evidence of transmission of COVID-19 in the classroom/group/cohort.
- The classroom/group/cohort cannot function due to insufficient staff.

Consider the following to determine when to close a program for 14 days:

- The program experiences a rapid increase in COVID-19 cases.
 - This may be exacerbated when children and staff have not been cohorted.

- The program experiences multiple classrooms or activities with children or staff who test positive for COVID-19.
- There is a prolonged transmission occurring in the program.
- The program cannot function due to insufficient staff.

Returning to a Program after Travel

Travelers should follow [CDC travel guidance](#). Programs should consider integrating the testing and quarantine recommendations from the CDC into their policies. Communicate with parents and guardians the expectations for returning to a program after traveling.

Reporting Cases and Outbreaks and Working with Public Health

Reporting Requirements

Child care, early learning, youth development, and day camp programs play an important role in identifying COVID-19 cases and close contacts and limiting the spread of COVID-19. All child care, early learning, youth development, and day camp programs should notify their LHJ of any cases or outbreaks of COVID-19 in the facility. All cases of COVID-19 and outbreaks in licensed child care programs must be reported to the local health department per Washington State law ([WAC 246-101](#)). In addition, no employer of any child care program, licensed or unlicensed, may operate, unless it notifies the employer's LHJ within 24 hours if the employer suspects COVID-19 is spreading in the employer's workplace, or if the employer is aware of 2 or more employees who develop confirmed or suspected COVID-19 within a 14-day period (Governor Proclamations [20-25.6](#) and [20-25.15](#)).

A COVID-19 outbreak in a child care program is considered when the following have been met:

- There are two or more COVID-19 cases among students or staff.
- The cases have a symptom onset or positive test result within a 14-day period of each other.
- The cases are epidemiologically linked.
- The cases do not share a household.
- The cases are not identified as close contacts of each other in another setting during the investigation.

Employers with more than 50 employees at a workplace or worksite are required to report to L&I within 24 hours of confirming that 10 or more of their employees at the workplace or worksite in Washington have tested positive for COVID-19 ([SB 5115](#)). Employers can report to L&I by calling 1-800-423-7233 and using option 1.

Notify Public Health

When a child care, early learning, youth development, or day camp program learns of a child or staff member with COVID-19 or an outbreak of COVID-19 on the premises, the program should immediately notify the LHJ of the child care program (see [Reporting Requirements](#)). A [list of LHJ \(LHJ\) contacts](#) can be found on the DOH website. Be prepared to provide LHJs with information for all children and staff with COVID-19. LHJs use confidential information for

public health investigations and do not share confidential information publicly.

Child care, early learning, youth development, or day camp facilities and the general public are required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks ([WAC 246-101](#), [Governor's Proclamation 20-25.15](#)). Facilities must release information about COVID-19 cases to local public health as part of a case or outbreak investigation.

This information may include, but is not limited to:

- Name
- Date of birth
- Sex
- Role (child, staff)
- Parent or guardian name
- Home phone number, or home phone number of parent or guardian
- Home address
- Classroom and other areas visited in the childcare
- Dates of childcare attendance
- Type of COVID-19 test
- Specimen collection date of positive test
- Date of symptom onset
- Preferred language spoken
- Vaccination status (manufacturer, dates of administration)
- Information about any close contacts of the child or staff with COVID-19

The child care program must also gather information about everyone the child or staff with COVID-19 may have been in close contact with at the facility during their infectious period. See [What to Do if Someone is a Close Contact of Someone with COVID-19](#) for information on identifying close contacts. The ultimate determination of close contact is made by the LHJ; they may delegate this determination if appropriate.

Families and Child Care Staff Notification

Child Care, early learning, youth development, and day camp programs play an important role and have certain obligations in identifying close contacts and communicating with staff. Facilities must have a response and communication plan in place that includes communication with staff, families, and their LHJ.

As employers, child care, early learning, youth development, and day camp facilities are required to inform staff who may have been exposed to COVID-19 about the potential exposure while maintaining confidentiality of the person who tested positive, as required by the [Americans with Disabilities Act \(ADA\)](#). An employer is required to provide written notice to all employees, and the employers of subcontracted employees, who were on the premises at the same worksite as the person with COVID-19 that they may have been exposed to COVID-19.

General Cleaning and Disinfecting Procedures

Clean, sanitize, and disinfect throughout the day in accordance with the licensing regulations. See [WAC 100-300-0241\(11\)](#) cleaning schedules for more information.

These are basic cleaning definitions:

- Cleaning removes germs, dirt, food, body fluids, and other material. Cleaning increases the benefit of sanitizing or disinfecting.
- Sanitizing reduces germs on surfaces to safe levels.
- Disinfecting kills germs on surfaces of a clean object.

The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current [CDC guidance for cleaning and disinfection](#) for COVID-19 states that disinfectants should be registered by the EPA for use against the novel coronavirus. See [List N: Disinfectants for Use Against SARS-CoV-2](#). Disinfectants based on hydrogen peroxide or alcohol are safer. The University of Washington has a handout with [options for safer cleaning and disinfecting products](#) that work well against COVID-19. Another resource for standard infection control and school cleaning is available on the [Toxics Use Reduction Institute website](#).

If you use a bleach and water mixture for disinfection, mix it at a concentration of 4 teaspoons of 6% bleach per quart of cool water or 5 tablespoons 6% bleach (1/3 cup) per gallon of cool water (1000 ppm). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet for at least one minute. An emergency eye wash station is required at the location where bleach is mixed from concentrate.

Always follow the disinfectant instructions on the label:

- Use disinfectants in a ventilated space. Heavy use of disinfectant products should be done when children are not present. The indoor area should have enough time to air out before the program continues.
- Use the proper concentration of disinfectant.
- Preclean surfaces before applying disinfectant.
- Keep the disinfectant on the surface for the required amount of wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children. Children under 18 years of age cannot use EPA registered sanitizers and disinfectants, including disinfectant wipes.
- Programs must have a Safety Data Sheet (SDS) for each chemical used by the program.
- Parents should not supply disinfectants and sanitizers.
- Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics.

- Clean and disinfect frequently touched surfaces (doorknobs, faucet handles) and sanitize tabletops in shared spaces between groups (e.g.: between morning and afternoon programs) and each night after children leave and when someone is sick in the room (vomit, blood, feces, urine).
- Children should have their own set of items or wash hands before and after use.
- Remove any items that cannot easily be cleaned such as stuffed animals and play dough. If using sensory materials, use items that can be cleaned sanitized or discarded and replaced between sessions.
- Consider separate bins of toys for each infant or toddler as they tend to put toys in their mouths.
- Do not use ionization, fogging, fumigation, or wide-area spraying to control the spread of COVID-19. These methods are not effective, do not clean contaminated surfaces, and are hazardous to human health. The EPA has approved the use of electrostatic sprayers with some disinfectants. If the electrostatic application is not listed on the label, it is not an approved application method. Surfaces still need to be cleaned first and then the disinfectant applied to the surface for the required wet time. Use the large droplet setting to avoid misting as much as possible. Do not use for wide-area spraying.

Carpets

Vacuum daily when children are not present. HEPA (high efficiency particulate air) filter equipped vacuums or HEPA vacuum bags will help remove dust and particles. Use a blanket or towel on carpeted floors under infants or young toddlers. For licensed child care programs, follow child care standards for how often you should shampoo the carpet. See [WAC 100-300-0241\(11\)](#) cleaning schedules for more information.

Outdoor Areas

Outdoor areas, like playgrounds and parks, require cleaning and disinfecting when soiled with blood, vomit, or feces. Children should wash their hands with soap and water after playing outside. Outdoor sand boxes are acceptable – follow the applicable licensing rules.

COVID-19 Resources for Child Care, Youth Development and Day Camps

- DOH: [Handwashing to Prevent Illness at School](#)
- DOH: [Classroom Cleaning - Tips for Teachers](#)
- DOH: [Cleaning and Disinfection for Asthma Safe Programs](#)
- L&I: [Workplace Safety and Health Requirements for Employers](#)
- L&I: [Which Mask for the Task?](#)
- GOV: [Overnight Group Summer Camps and Similar Activities COVID-19 Requirements](#)
- CDC: [Operating Child Care Programs during COVID-19](#)
- CDC: [FAQ for Administrators, Teachers, and Parents](#)

- CDC: [Considerations for Youth and Summer Camps](#)
- AAP: [Cloth Face Coverings for Children during COVID-19](#)
- [Just For Kids: A Comic Exploring the New Coronavirus](#)
- [Public Health Seattle-King County Child Care Recommendations](#)
- [Snohomish Health District COVID-19 Information for Programs and Child Care](#)

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.