

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

Summary of July 6, 2021 Changes

- Guidance updates include technical revisions to align with the amended [Secretary of Health's Mask Order](#) and amended [Governor's Proclamation 20-25](#) (previously Healthy Washington – Roadmap to Recovery).
- Specifically, this update clarifies that face coverings/masks are not required outdoors. 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.
- A more comprehensive update in consideration of CDC recommendations will be completed later this summer.

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.
- Families who can safely keep their children home should continue to do so, but we understand this is not always possible.
- Children should only attend programs in their local, geographic area.
- While more children are back to school in person 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 aged 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 [testing](#) to monitor for asymptomatic infection.

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 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](#)

Key Principles for Reducing Potential Exposures

- **Keep ill persons out of child care.** Educate children, families and staff to stay home when sick, and use screening methods.
- **Use cohorts.** Conduct all activities in small groups that remain together over time with minimal mixing of groups.
- **Physical distancing.** Minimize close contact (less than six feet) with other people.
- **Hand hygiene.** Frequently wash with soap and water or use alcohol-based hand gel.
- **Protective equipment.** Use face coverings or shields, and other barriers as recommended.
- **Environmental cleaning and disinfection.** Prioritize the cleaning of high-touch surfaces.
- **Improve indoor ventilation.** Open windows to the outside when possible.

- **Isolation.** Isolate sick people and exclude exposed people.
- **Low risk spaces.** Consider outdoor activities when possible as they have less transmission risk than indoor activities.

Based on these principles, 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) and [Employer Health & Safety Requirements for School Scenarios](#) guidance.

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General Guidance

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

- Show [symptoms of COVID-19](#).
- Are not fully vaccinated and have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with someone who has a confirmed case of COVID-19 in the last 14 days.
- 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.
- 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 [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 staying home when sick, maintaining physical distance, and hand hygiene. Communication should be provided using multiple methods, such as posters, written letters, email, text message, phone, video conferencing; and in the language that parents best understand.

All children age 5 years and older, staff, volunteers, and guests must wear cloth face coverings or acceptable alternatives. Staff working alone at a location such as an office or vehicle do not need to wear a mask (see section on [Cloth Face Coverings/Masks](#)). There may be some situations where staff need to wear a higher level of protection, based on [L&I safety and health rules and guidance](#). Refer to [L&I Facial Covering and Mask Requirements](#) for additional details.

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

People at High Risk for Serious Health Problems from COVID-19

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. Protections for employees at high risk for health problems remain in place under [Proclamation 20-46](#).

Drop-Off and Pick-Up

Develop a system for dropping off and picking up children that keeps families physically distant from each other and reduces their need to enter the program space. This may include 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.

Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes with 70% alcohol to clean screens or keyboards often. Suggest families use the same adult to drop off and pick up their child each day. Avoid carpooling whenever possible.

Health Screening at Entry

Screen all staff and children for sickness at entry each day. Ask the parent or guardian to take the child's temperature at home, or at the site check-in station. Keep at least a six-foot distance during drop-off and pick-up times with the child's family. For more information on checking temperature, see the [CDC guidance](#).

Staff or children sick with any illness must stay home. Ask the parents or guardians of sick children the following questions:

1. Does your child have any of the following [symptoms of COVID-19](#) within the last day that are not caused by another condition? (If it is the first day after a break or for a new child, please ask about the past 3 days).
 - Fever (100.4°F) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Unusual fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Congestion or runny nose
 - Sore throat
 - Nausea or vomiting
 - Diarrhea
2. If not fully vaccinated, has your child been in close contact with anyone with a

confirmed case of COVID-19 within the past 14 days? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person.

3. Has your child had a positive COVID-19 test for active virus in the past 10 days, or is your child awaiting results of a COVID-19 test due to possible exposure or symptoms and not through routine asymptomatic COVID-19 screening or surveillance testing?
4. Within the past 14 days, has a public health or medical professional told your child to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Do not care for the child if the answer to any of the above questions is “yes.” Refer to the [Returning to a site after suspected COVID-19 symptoms](#) guidance below.

If the answers to all above questions are “no,” check the child for signs of being sick. Signs may include flushed cheeks, tiredness, and in the case of infants and toddlers, extreme fussiness. Keep a distance of at least six feet or have a physical barrier between you and the child during assessment.

Reducing Transmission

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 groups are combined, track which groups (including children’s and staff’s names) and the timeframe.

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 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 must still maintain six feet of distance:

- In common areas, such as auditoriums.
- 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.

Staff should consider maintaining six feet of 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.

Practical tips to maintain physical distancing:

- Limit the number of children in each program space.

- Increase the distance between children during table work to at least three feet while masked and at least six feet during meals while unmasked.
- Plan activities that minimize close physical contact.
- Follow the [DOH Sports and Fitness Guidance](#) and [CDC Guidance for Youth Sports for any sports activity](#) for recommendations around specific activities.
- Children should have their own set of items to limit the sharing of supplies or equipment.
- Remove any items that cannot easily be cleaned and disinfected such as stuffed animals and play dough. If using sensory materials, use items that can be disinfected or discarded and replaced between sessions.
- Maintain at least six feet of distance and reduce time standing in lines.
- Increase space between cribs and nap mats to six feet. Sleeping head to toe can help increase distance between heads for napping children.
- Increase fresh air as much as possible. Use the ventilation system and/or open windows where safe.
- Go outside more.
- Do not bring separate groups together for activities or other interactions.

Providing Staff Required Breaks

Staff who are taking breaks should keep a physical distance of at least 6 feet from other staff. 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 substitute 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 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 6 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.

Consider the use of sunscreen. Be familiar with the specific guidance in place for your program, as licensed providers must have annual authorization from the parent or guardian to administer sunscreen. If approved, apply topical sunscreen to children when it has been provided by the parent or guardian. The sunscreen must be regulated for over the counter use and not as a prescription.

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 while eating. Consider having children take their meals outside. Clean and sanitize tables before and after each group eats. Use a washable plastic tablecloth for wooden tables.

Eliminate family style and buffet meals where food is shared. Serve children their snacks and meals on individual plates, and ensure they are not sharing food with each other. The provider should handle utensils and serve food to reduce spread of germs.

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.

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.

- Children and adults should also clean their hands with alcohol-based hand gel, with at least 60% alcohol, if handwashing is not possible when they enter the program space, after nose blowing or sneezing, and before leaving to go home.

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.

Use an alcohol-based hand gel with at least 60% alcohol when soap and water are not readily available. 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. 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.

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 [Secretary of Health's Mask Order](#).

[L&I directives](#) to protect worker safety still apply. Programs, organizations, or businesses can choose to implement public health measures that are more protective but cannot be less protective. Employers cannot prevent employees from wearing a face mask if they choose ([SB 5254](#)). Any person who chooses to wear a mask should be supported in doing so.

Indoors

All staff, youth, and children five years of age or older must wear facial coverings, or an acceptable alternative, indoors regardless of vaccination status unless eating or sleeping. Unvaccinated staff must wear facial coverings indoors unless eating or sleeping. Fully vaccinated staff must wear facial coverings indoors if children under the age of 18 are present or expected to be present, but they do not need to wear facial coverings indoors if no children are present and vaccination status has been verified. Any person who chooses to wear a mask should be supported in doing so.

Outdoors

Masks are not required outdoors, regardless of vaccination status. 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.

There are specific exceptions based on age, development, or disability; outlined below. See the [DOH Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. 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. 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.

Children age 5 years or older must wear cloth face coverings at child care, preschool, or day camp when indoors. It is recommended that children age 2 to 4 wear cloth face coverings with adult supervision when indoors.

- Cloth face coverings should not be worn by:
 - Children younger than age 2 years.
 - Children while they are sleeping.
 - Those with a disability that prevents them from comfortably wearing or removing a face covering.
 - Those with certain respiratory conditions or trouble breathing.
 - Those who are deaf or hard of hearing and use facial and mouth movements as part of communication.
 - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
- 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 more than 6 feet of physical distance between people.
- The child care 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.

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.
- Require assigned seating.
- Seat children and youth with household members or members of their school group/cohort.
- Maximize outside air flow and keep windows open.
- 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 facility while infectious with COVID-19, programs should have a response and communication plan in place that includes communication with staff, families, and their [local health jurisdiction](#). Staff and parents or guardians of children who test positive for COVID-19 should notify the child care program immediately upon receipt of test results. Child care programs should report any cases of COVID-19 in the child care to their local health jurisdiction 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 symptoms or signs of COVID-19 (see list under [Health Screenings](#) section), separate the person and supervise them from a safe distance until the ill person can leave the child care. Staff or children with COVID-19 symptoms should be isolated and tested for COVID-19 regardless of COVID-19 vaccination status. Staff caring for ill persons should use appropriate [medical grade PPE](#). While waiting to leave child care, the individual with symptoms should wear a cloth face covering or mask if tolerated. 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. This space would ideally have multiple rooms with doors that can close and windows that vent to the outside to improve ventilation. Alternatively, use a room with a few cots spaced at least six feet apart with privacy curtains between cots. Ideally, the isolation unit 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. Thoroughly clean and

disinfect the communal bathroom immediately after use. Increase ventilation in the bathroom by keeping a window open and/or turning on a fan that vents to the outside.

Returning to a Program after Suspected Symptoms of COVID-19

Ill persons **without known exposure** to a confirmed COVID-19 case should follow DOH guidance for [what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#) and the [symptom evaluation and management flow chart](#). This guidance applies regardless of COVID-19 vaccination status.

People who are ill **and had known exposure** to COVID-19 should be encouraged to be tested for COVID-19 and follow [DOH guidance for what to do if you have confirmed or suspected COVID-19](#). This guidance applies regardless of COVID-19 vaccination status. They should isolate or quarantine according to the following recommendations:

- If the person tests positive or is not tested, they should isolate until at least:
 - 10 days since symptoms started or positive test specimen collection date if no symptoms are present ([up to 20 days for those who are severely ill or immunocompromised](#)), AND
 - 24 hours after fever resolves without use of fever reducing medications, AND
 - Symptoms have improved.
- If the person tests negative, they should:
 - Quarantine at home away from others until 14 days after last exposure, OR
 - Isolate until at least:
 - 10 days since symptoms started or positive test specimen collection date if no symptoms are present ([up to 20 days for those who are severely ill or immunocompromised](#)), AND
 - 24 hours after fever resolves without use of fever reducing medications, AND
 - Symptoms have improved.
 - Whichever is longer.

Ask staff and caregivers to inform the program right away if the ill person is diagnosed with COVID-19. For more information, review DOH's [symptom evaluation and management flow chart](#), which outlines recommendations following a positive COVID-19 symptom screen.

If a child, youth, or staff member tests positive for COVID-19, it is possible that many children, youth, and staff in the same space will be considered close contacts and need to be quarantined for 14 days, especially if they have not adhered to physical distancing and mask use (see [Reporting Cases and Outbreaks and Working with Public Health](#) for contact tracing details). Consult with the local health jurisdiction to determine the correct course of action. Child care programs must report any cases of COVID-19 in the child care to their local health jurisdiction (see [Reporting Cases and Outbreaks and Working with Public Health](#)).

Returning to a Program after Testing Positive for COVID-19

A staff member, child, or youth who had confirmed COVID-19 can return to the program

when they have recovered. A person is recovered when they meet the following criteria:

- 10 days since symptom onset or positive test specimen collection date if no symptoms are present ([up to 20 days for those who are severely ill or immunocompromised](#)), AND
- 24 hours after fever resolves without use of fever-reducing medications, AND
- Symptoms have improved

For more information, review DOH's [symptom evaluation management flow chart](#) which outlines recommendations following a positive COVID-19 symptom screen. Refer affected parents, guardians, or staff to DOH guidance for [what to do if you have confirmed or suspected COVID-19](#) infection.

Parents or guardians of children, and staff who test positive for COVID-19 should notify the child care program immediately upon receipt of test results. If a child, youth, or staff member tests positive for COVID-19, it is possible that many children, youth, and staff in the same space will be considered close contacts and need to be quarantined for 14 days, especially if they have not adhered to physical distancing and mask use (see [Reporting Cases and Outbreaks and Working with Public Health](#) for contact tracing details). Consult with the local health jurisdiction to determine the correct course of action. Child care programs must report any cases of COVID-19 in the child care to their local health jurisdiction (see [Reporting Cases and Outbreaks and Working with Public Health](#)).

Returning to a Program after Being in Close Contact with Someone with COVID-19

If a person believes they have had close contact with someone with COVID-19 or is identified as a close contact during contact tracing in the child care program, but they are not sick, they should still [quarantine](#), get tested for COVID-19, and monitor their health for [COVID-19 symptoms](#). Refer to DOH guidance for [what to do if you were potentially exposed to someone with COVID-19](#) for more information.

Quarantine

Quarantine should last for 14 days after the child or staff member's last close contact with the COVID-19 positive person. This is the safest option. The child's parent or guardian, or staff, should monitor for symptoms during this time, and if any COVID-19 symptoms develop during the 14 days, the exposed child or staff member should 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.

Under special circumstances, it may be possible to end quarantine after 7 full days beginning after the last close contact if you have been without symptoms and after receiving a negative

result from a test (get tested no sooner than 48 hours before ending quarantine). This will depend on availability of testing resources. Continue monitoring for symptoms until day 14.

Consult with your local health jurisdiction to determine the best quarantine option for your individual child care's circumstances. The local health jurisdiction has the authority to specify which quarantine strategy should be followed.

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 program immediately upon receipt of test results. Child care programs must report any cases of COVID-19 in the child care to their local health jurisdiction (see [Reporting Cases and Outbreaks and Working with Public Health](#)).

If Someone is Fully Vaccinated

The Centers for Disease Control and Prevention (CDC) recommendation for fully vaccinated people states that fully vaccinated people with an exposure to someone with COVID-19 are not required to quarantine or get tested for COVID-19 if they meet all the following criteria:

- Are fully vaccinated.
- Have not had symptoms since current COVID-19 exposure.

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. Fully vaccinated persons should still watch for symptoms for 14 days after their exposure. They should also continue to wear masks, practice social distancing, keep their social circles small, and get tested if they experience COVID-19 symptoms.

Persons who do not meet both criteria should continue to follow [current quarantine guidance](#) after exposure to someone with suspected or confirmed COVID-19.

Child Care Closure in Response to COVID-19 Cases

There may be instances where closure of a 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 child care program determine appropriate next steps, to extended closures to stop transmission of COVID-19. Child care programs should work with their local health jurisdiction to determine when it is necessary to close a program and when the program can reopen.

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

- The child care experiences a rapid increase in COVID-19 cases.
 - This may be exacerbated when children and staff have not been cohorted.
- The child care experiences multiple classrooms or activities with children or staff who test positive for COVID-19.
- There is a prolonged transmission occurring in the child care.
- The child care cannot function due to insufficient teaching or support staff.

Returning to a Program after Travel

Travelers should follow [CDC travel guidance](#). Travelers who are not fully vaccinated should get tested with molecular or antigen test 1-3 days before their trip, get tested with a molecular or antigen test 3-5 days after travel, and stay home and self-quarantine for a full seven days after travel, even if their test is negative. If the traveler is positive, they should isolate and follow DOH guidance on [what to do if you have confirmed or suspected COVID-19](#). If the traveler doesn't get tested, they should stay home and self-quarantine for 10 days after travel.

Travelers who are fully vaccinated against COVID-19 can travel within the United States and do not need COVID-19 testing or post-travel self-quarantine as long as they continue to take precautions while traveling: wear a mask when using public transportation and in accordance with all state and local recommendations and requirements, avoid crowds, and wash hands frequently. Fully vaccinated travelers entering the United States should get a molecular or antigen test 3-5 days after travel, self-monitor for COVID-19 symptoms, and isolate and get tested if they develop symptoms.

All air passengers coming to the United States, including U.S. citizens, are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States. This is required regardless of COVID-19 vaccination status.

Reporting Cases and Outbreaks and Working with Public Health

Child care programs and the general public must cooperate with public health authorities (e.g., local health jurisdictions and the Washington State Department of Health) in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks that may be associated with the child care program ([WAC 246-101](#), [Governor's Proclamation 20-25.14](#)).

Reporting Requirements

All child care programs should notify their local health jurisdiction 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 local health jurisdiction 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 [20-25.14](#)). Employers with more than 50 employees at a workplace or worksite must report to Labor and Industries 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](#)).

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

- There are two or more cases of laboratory positive COVID-19 (PCR or antigen test).
- At least two cases have symptom onset dates within 14 days of each other. If a case is asymptomatic, the specimen collection date of their first laboratory positive test (PCR or antigen) should be used instead of the symptom onset date for this calculation.
- The cases are not identified as close contacts of each other in another setting during the investigation.

Notify Public Health Authorities

When a child care program learns of a child or staff member with COVID-19 or an outbreak of COVID-19 on the child care premises, the child care program should immediately notify the local health jurisdiction of the child care program (see [Reporting Requirements](#)). A [list of local health jurisdiction \(LHJ\) contacts](#) can be found on the DOH website. Be prepared to provide LHJs with information for all children and staff with COVID-19. In accordance with the requirement to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks ([WAC 246-101](#), [Governor's Proclamation 20-25.14](#)), child care programs must release information about COVID-19 cases to public health authorities as part of a case or outbreak investigation. This information may include, but is not limited to:

- Name
- Date of birth
- 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
- Date of positive test
- Date of symptom onset
- Medical conditions

- Preferred language spoken
- 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 child care during their infectious period. A close contact is someone who was within six feet of the child or staff with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the child or staff with COVID-19 was infectious. A close contact may vary in some situations (e.g., less time spent in close proximity to an unmasked person who is coughing). The ultimate determination of close contact is made by local health jurisdiction during their investigation. The infectious period of someone with COVID-19 starts two days before the start of symptoms or is estimated as two days before the positive test date if a child or staff with COVID-19 is asymptomatic.

Notify Families and Child Care Staff

Child care programs can play an important role in identifying close contacts and communicating with parents, guardians, and staff.

- Inform staff and the parents or guardians of children who may have been in close contact with the child or staff member with COVID-19 without naming the person who tested positive. A close contact is someone who was within 6 feet of the child or staff with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the child or staff with COVID-19 was infectious. This may include, but is not limited to, siblings at the same child care, people in the same classroom, and people sitting close to the child on transportation. The infectious period of someone with COVID-19 starts two days before the start of symptoms or is estimated as two days before the positive test date if a child or staff with COVID-19 is asymptomatic.
- Advise close contacts to self-monitor for COVID-19 symptoms and quarantine for up to 14 days from the last exposure (see [Returning to a Program after Being in Close Contact with Someone with COVID-19](#) for recommendations). Child care programs may use the following DOH guidance: [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID- 19\)?](#)
- If a child care program needs to close in order to respond to a COVID-19 case or outbreak, the child care program must notify staff and the parents or guardians of children that a person with COVID-19 has been identified at the child care without naming the person who tested positive.

General Cleaning and Disinfecting Procedures

Clean, sanitize, and disinfect throughout the day. Follow licensing guidance but increase how often you clean. A good resource is [Cleaning for Healthier Programs – Infection Control Handbook](#).

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. Also reference [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.

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.
- Keep the disinfectant on the surface for the required 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.
- Programs must have a Safety Data Sheet (SDS) for each chemical used by the program.
- Parents should not supply disinfectants and sanitizers.

Find more information about cleaning, disinfecting and choosing safer products on the [DOH COVID-19 website](#). Clean and sanitize toys, equipment, and surfaces in the program space. Clean and disinfect high touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Outdoor areas generally require normal routine cleaning and do not require disinfection. Wash hands after you clean.

If groups of children are moving from one area to another in shifts, finish cleaning before the new group enters this area. Clean and disinfect high touch surfaces each night after children leave.

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 routine cleaning but do not require disinfection.

- Do not spray disinfectant on outdoor playgrounds. This is not an efficient use of supplies and does not reduce risk of COVID-19 to the public.
- Clean high-touch surfaces made of plastic or metal, such as grab bars and railings, routinely.
- Cleaning and disinfection of wooden surfaces such as play structures, benches, or tables is not recommended.
- Cleaning and disinfection of groundcovers such as mulch or sand is not recommended. Outdoor sandboxes may be used along with proper hand washing after outdoor play.

Ventilation

Ventilation is important for good indoor air quality. Offer more outside time, open outside windows often, and adjust the HVAC system to allow the outside air to enter the program space. Use of fans for cooling is acceptable, but they should blow away from people. There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems.

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](#).

Hands-On Materials and Equipment

Limit shared materials to those you can easily clean, sanitize and disinfect. Clean and sanitize hands-on materials and equipment often and after each use. Use individually labeled containers or bins for each child. Use separate bins of toys for each infant or toddler as they tend to put toys in their mouths.

Some items cannot be cleaned and sanitized. This includes things like playdough and some items in sensory bins or tables, stuffed animals, and dress up clothes. Remove these items from the program unless they are individually assigned and labeled. Rotate toys for use, and clean and sanitize toys currently not in use. If using sensory bins, fill them with items that can be sanitized easily or replaced between sessions. These items should be nontoxic and should not be of a size or material that could cause choking. All sensory table activities should be supervised for toddlers and preschool children. Hands should be washed before and after sensory table use. Books and other paper-based materials are not high risk for spreading the virus and do not need to be cleaned more than normal.

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: [Sporting Activities COVID-19 Requirements](#)
- GOV: [Outdoor Recreation 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.