COVID-19 Guidance for Interim School-Age Care Programs

Updated March 18, 2020

With the Governor’s Directive to close schools in Snohomish County in response to COVID-19 until at least April 24, many parents are trying to identify care sites for their school age children. Alternate care arrangements are particularly important for our medical workers, first responders, and others serving vital functions during this public health emergency.

It is important to note that schools were closed in an effort to prevent the coronavirus from spreading. Parents who are able should keep their children at home. This is important for keeping group sizes small and allowing child care to be available for those in our community who must work to keep us safe. For those school-age care sites that will be operating, it is crucial that steps are taken to minimize the risks for coronavirus to spread. This guidance is designed to help school-age care sites maintain health standards and social distancing directives while providing a much needed service.

The COVID-19 situation is rapidly evolving, so we encourage you to monitor the Snohomish Health District’s website at www.snohd.org/ncov2019. The Washington State Department of Children, Youth and Family (DCYF) is also providing updated information, guidance and resources on their website at https://www.dcyf.wa.gov/coronavirus-covid-19.

What should I do to set up a new or expanded school-age care site?

- Check to make sure that all child care licensing regulations are being met, including physical space requirements, child-to-adult ratios, and background checks for staff. The Department of Children, Youth, and Families (DCYF) is responsible for licensing child care and school-age care programs. You can reach the Everett DCYF office at 425-740-6871. DCYF has developed a form for use in requesting a waiver or exception to child care licensing rules.
- Consider your space and staffing to make sure you will still be able to meet the public safety guidance:
  - Older adults or people with underlying conditions are encouraged not to attend
  - Social distancing recommendations are in place. People should avoid being within 6 feet of each other for longer than momentary or minimal contact. Ideas for how to incorporate this into school-age programming are outlined below.
  - Employees and children are screened for coronavirus symptoms each day and excluded if symptomatic.
  - Proper hand hygiene and sanitation must be readily available to all attendees and employees. Handwashing sinks with running water, soap, and paper towels need to be easily accessible from the care space.
  - Environmental cleaning and disinfecting guidance must be followed (see below). Equipment, furnishings, toys, and equipment must be easily cleanable.
- Setting up a very clear and accurate attendance system is critical.
  - Child care providers must track which children are in care, which groups they are in on which days, and which adult staff members work with each group. This will make identification of close contacts easier should a case arise in the group care setting.
  - If children or staff are expected, follow up to find out why they are not in care and determine whether a heightened response is necessary.
What are things that my school-age care site can be doing to prevent the spread of illness?

- Any child or staff member who is sick must stay home. We have a poster available to inform parents: https://www.snohd.org/DocumentCenter/View/3406/Keep-Sick-Children-Home-COVID19---031020?bidId= Post this document at all entrances.

- Employees/workers should ensure they are fever-free and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. While at work, if they develop fever (measured temperature > 100.4°F or subjective fever) OR respiratory symptoms like a sore throat, cough, or difficulty breathing, they should:
  - immediately self-isolate (separate themselves from others);
  - notify their supervisor if applicable;
  - go home and stay home until 7 days after symptom onset or 72 hours after symptoms resolve, whichever is longer; and
  - If symptoms persist or worsen, call their health care provider for further guidance.

- Conduct daily health checks of children when they arrive. Look for signs of illness and ask parents about the child’s health. If they look feverish, take their temperature with a clean and disinfected thermometer. If they are coughing or have other significant respiratory symptoms, they should go home and follow steps as indicated above for employees.
  - School age programs should set up a separate space to isolate children who become ill with respiratory symptoms while at child care until families can pick them up.
  - Ask parents at drop off if there are sick family members at home. If so, the child should also stay home.
  - Ill family members or those who are providing care for ill family members should not enter the facility.

- Children at high risk for severe complications from COVID-19, such as those with compromised immune systems or respiratory conditions like severe asthma, should stay home. When in doubt, have parents consult the child’s doctor for guidance.

- School-age program staff in high risk categories, including those age 60 or over, those with compromised immune systems, those with underlying health conditions, and those who are pregnant, should stay home or be excluded from daily operations.

- Children who have family members in high risk categories should be encouraged to stay at home to avoid spreading the disease to vulnerable individuals.

- Limit the number of people who enter your program space. Restrict volunteers and visitors. Develop a plan to hand off children to families in the foyer or at the door. If parents are ill, the child should not be admitted to the program and return home with the parent.

- Incorporate social distancing into your programming, aiming for at least 3-6’ between children as much as feasible. This includes things like:
- eliminating all large group activities
- limiting the number of children at each learning center in the program space
- incorporating more individual work into the programming
- increasing the distance between children during table work, meals/snacks, etc
- planning activities that do not require close physical contact between individual children
- incorporating additional outside time and opening windows frequently or adjusting the HVAC system to allow for more fresh air to enter the program space

- Reduce the group size and mixing of children and staff. Keeping children and staff consistent during the duration of the outbreak will help reduce the potential exposures and may prevent an entire program from shutting down if an exposure does occur. Ways to do this include:
  - keeping the number of children and staff in each group to 10 or less and keeping staff consistent for the duration of the outbreak event as much as possible
  - not combining groups of children at opening and closing
  - alternating drop off and pick up times for each small group to avoid a large number of people congregating outside the facility
  - staggering outdoor time for each group
  - physically keeping groups separated in different spaces or, in a large space like a gym, having a barrier of cones or tape to separate the group areas by at least 6 feet

- Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable such as stuffed animals and pillows, rotating the toys that are out at any one particular time so that they can be adequately cleaned and sanitized, temporarily suspending family style meal service, etc.

- Increase frequency of handwashing and routine cleaning and sanitizing throughout the day. Require handwashing upon entering the classroom, before meals, after time outside, and prior to leaving for home. Monitor children’s handwashing to make sure they are doing it effectively.

**What cleaning and disinfection protocols should we be following?**

Regular cleaning, sanitizing, and disinfecting should be done frequently throughout the day as required by child care licensing. Conduct thorough cleaning and disinfection of high touch surfaces each night after the children leave. Current guidance for environmental cleaning and disinfection can be found on the CDC’s website: [https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)

This guidance specifies that disinfectants used should be registered by the EPA for emerging pathogens ([https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)) or, if a bleach water mixture is used, the disinfectant (green label) should be mixed at a concentration of 4 teaspoons per quart. (This higher level of bleach disinfecting solution can replace the normal diapering/bathroom solution at this time). Safer hydrogen peroxide or alcohol-based registered disinfectants are encouraged.

**What if there is a confirmed or suspected case associated with the school-age program?**

School-age programs experiencing a confirmed case of COVID-19 among their population, or having a high rate of absenteeism (more than 10%) due to flu-like symptoms, or those
consistent with COVID-19, should consider closing at least temporarily (e.g., for 14 days, or possibly longer if advised by local health officials). The duration may be dependent on staffing levels, outbreak levels in the community, and severity of illness in children. It is important that we mitigate against students or staff moving to another facility, potentially exposing others. Contact your local health department for guidance.

If the child care has an individual with confirmed or suspected COVID-19 who spent minimal time in close contact with someone in the child care setting or if there are multiple individuals who were close contacts of a known case who spent time in the child care but were not symptomatic, the child care may consider closing for 2-5 days to do a thorough cleaning and disinfecting and check for ill individuals.

The Snohomish Health District has also developed a table that provides guidance on what to do if employees or family members/close contacts of employees are being tested.

What should I do if I think I may have been exposed or may be sick with coronavirus?
The Washington State Department of Health has developed guidance for various situations.

- **What to do if you have confirmed or suspected coronavirus disease (COVID-19) (PDF)**
- **What to do if you were potentially exposed to someone with confirmed coronavirus disease (COVID-19) (PDF)**
- **What to do if you have symptoms of coronavirus disease 2019 (COVID-19) and have not been around anyone who has been diagnosed with COVID-19 (PDF)**

Where can I get the most current information?
The situation with COVID-19 is rapidly evolving. To ensure that you have the most up to date information please check the Snohomish Health District website frequently at [www.snohd.org/ncov2019](http://www.snohd.org/ncov2019).

You can also find helpful information and resources at:

**CDC**

**Washington State Department of Health:**
- General Information: [https://www.doh.wa.gov/Emergencies/Coronavirus](https://www.doh.wa.gov/Emergencies/Coronavirus)
- Schools and Child Care:
  - [https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/1-RecommendationsChildCareandSchools.pdf](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/1-RecommendationsChildCareandSchools.pdf)
  - and
  - [https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/ChildCare](https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/ChildCare)