



# COVID-19 Guidance for Child Care and Early Learning, School-age Care, Youth Development Programs, and Summer Day Camps

*Updated June 4, 2020*

## Updates to this guidance:

- Combined child care and school-age care guidance and included youth development programming (through high school age) and summer day camps – general guidance for all these child and youth programs is consistent across programming types and ages
- Removed statement that child care is for essential workers only.
- Clarified that children should only attend programs locally and for whom this guidance is intended
- Added statement about the need for staff training to ensure protocols are followed and emphasis is placed on the importance of attendance tracking
- Added clarity for drop off and pick up times
- Added link to [CDC website for COVID-19 symptoms](#) – the list of symptoms from CDC changes periodically. Checking the direct link is the best way to stay informed.
- Isolation period for symptomatic individuals changed from 7 to 10 days.
- Changed “social distancing” to “physical distancing” – emphasis needs to be on maintaining physical distance between people but staying connected to each other socially.
- Clarified wearing of cloth face coverings for staff and older children when they cannot be 6 feet apart.
- Added information about providing staff breaks, sunscreen application, and transportation.

Physical distancing is essential to slow the spread of COVID-19. Child care settings, including summer camp and youth development programs operating after , are open for all who need it, provided that the program can meet all the safety requirements. Children and youth should only attend programs in their local, geographic area. Child care is particularly important and must be available for our medical workers, first responders, and others serving vital functions during this public health emergency, as well as for those who cannot work from home and do not have other child care options. For the time being, programs should engage in a discussion with parents and encourage those parents who are able to keep their children at home to do so.

The COVID-19 situation is rapidly evolving, so we encourage you to monitor the Snohomish Health District’s website at [www.snohd.org/ncov2019](http://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>.

In the meantime, this document is intended to provide some guidance for child care and early learning facilities to follow.

### **Who is this guidance for?**

In alignment with [Washington State Department of Health guidance](#), this document is intended for DCYF licensed programs, ECEAP programs, license-exempt programs such as part-day preschools, summer day camps, outdoor preschools, youth development programs, and expanded learning opportunities through high school-age. Child care, youth development, and summer day camps held in K-12 school facilities are included, but activities that are part of K-12 basic or special education programs are not. Overnight camps and youth sports/athletics are not included.

### **What should we be doing to prepare?**

It is important that all staff are trained in the health and safety protocols for your site. Make sure staff are aware of how to conduct health screenings, how to practice physical distancing, and what to do if someone develops symptoms of COVID-19. Have substitutes available in the event there are staff absences and ensure staff have flexible leave policies should they become ill.

It is important that programs are talking to families and staff about the importance of staying home when sick, handwashing, and maintaining physical distance and wearing cloth face coverings as appropriate. Parents should be made aware of the possibility of extended closures and have back up plans for care if they are unable to stay home from work. The Centers for Disease Control and Prevention (CDC) has developed checklists for child care providers and parents to help them prepare. Please review these lists and share them with parents:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/checklist.html>

Check to make sure that all appropriate 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. Child care providers should ensure programs will be able to meet all the COVID-19 public health guidance.

Setting up a very clear and accurate attendance system is critical. Staff must track which children are in care, which groups they are in and on which days, and which adult staff members work with each group. This will make identification of close contacts easier should a case arise. Also, an increase in absences should be a signal to further pursue what the absences are due to.

### **What are things that my child care can be doing to prevent the spread of illness?**

#### **Exclude Ill and High Risk Individuals**

- Any child, youth, or staff member who is sick must stay home. Symptoms of COVID-19 can be found on the [CDC website](#). 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. For more information about COVID-19 symptoms, please see [our general FAQ](#).
- Staff should ensure they are fever-free and asymptomatic before leaving home and reporting for work. Here is an [employee screening checklist from Washington State Department of Health](#). If staff do not have any symptoms of COVID-19 or other illnesses, they may report to work. While at work, if they develop fever (measured temperature

>100.4 F or subjective fever), respiratory symptoms like a sore throat, cough, or difficulty breathing, or other symptoms of COVID-19 they should:

- immediately self-isolate (separate themselves from others);
  - notify their supervisor if applicable;
  - go home and stay home until 10 days after symptom onset or 72 hours after symptoms resolve, **whichever is longer**; and
  - call their health care provider for further guidance and to pursue testing for COVID-19.
- Conduct daily health checks of children and youth when they arrive.
    - Parents should be asked to check the child's temperature before leaving home or should bring a thermometer and take the child's temperature upon arrival at the program. Parents should report the temperature to the program staff.
    - Staff conducting the screening should remain at least 6 feet away from the child and parent or conduct the screening from behind a physical barrier, such as a window, Plexiglas panel, or glass door. For additional instructions on conducting health screenings, see the [CDC guidance](#).
    - Staff should ask parents about symptoms, including cough, fever/chills, shortness of breath, difficulty breathing, sore throat, muscle or body aches, headache, fatigue, new loss of taste or smell, nausea, vomiting, diarrhea and any other symptoms of illness which may have begun since the last time the child was in attendance, or for the previous 3 days for new programs. Children and youth with symptoms should go home and stay home until 10 days after symptom onset or 72 hours after symptoms resolve, **whichever is longer**. If symptoms persist or worsen, the parent should contact the child's health care provider for further guidance.
    - Parents should be asked if anyone in the household has symptoms or if the child has been in close contact with a confirmed or suspected case of COVID-19 and whether the child was given any fever-reducing medications.
  - Programs should set up a separate space to isolate children who become ill with respiratory symptoms until families can pick them up. Children must be supervised at all times. While waiting to leave the program, the individual with symptoms should wear a cloth face covering or mask if tolerated (over age 2 only).
  - Ask parents at drop off if there are family members sick with symptoms consistent with COVID-19 at home. If yes, the child should also stay home.
  - Ill family members, those providing care for ill family members, or home care providers should not enter the facility or program space.
  - 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.
  - Staff in [high risk categories](#), including those age 60 or over, those with compromised immune systems, and those with underlying health conditions, should consider staying home or being excluded from daily operations. Individuals should consult their health care provider and employer for further guidance.

- NOTE: Small child cares or in-home providers who have owners/operators in high risk categories that cannot be excluded and who do not have licensed staff on hand in order to remain operational should strongly consider closing for the protection of their own health. If a child care center or youth program has a large percentage of employees in high risk categories who stay at home, they may need to close due an inability to meet ratios.
- Children and youth who have family or household 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 facility or program space. Restrict visitors and volunteers. Develop a plan to hand off children to families at the entrance to the program space. If parents are ill, the child or youth should not be admitted to the program and should return home with the parent.
- Monitor child, youth, and employee attendance, have flexible leave policies, and have access to trained substitutes to support employee absences.

### Physical Distancing

- Develop a system for drop off and pick up that keeps families physically distant from each other and reduces the need for families to enter the program space. This may include staggering drop off and pick up times for various groups, one-way traffic flows, greeting children and youth at their vehicle, or placing distancing markers on walkways.
- Incorporate physical distancing into your programming, aiming for at least 6 feet between children as much as feasible. This includes things like:
  - eliminating all large group activities
  - limiting the number of children at each learning center or station in the classroom
  - incorporating more individual work into the programming
  - increasing the distance between children in circle time, meals and snacks, or during table work
  - planning activities that do not require close physical contact between individual children. Sports-related activities must follow forthcoming DOH guidance on youth sports. Until this guidance is released, such activities must be low risk, no contact, and focus on individual skill building versus competition.
  - increasing space between nap mats and cribs to six feet if possible; If that is not possible, space nap mats as far apart as possible and place children in a toe-to-toe or head-to-toe arrangement
  - incorporating additional outside time and opening windows frequently or adjusting the HVAC system to allow for more fresh air to enter indoor spaces
- Reduce the group size and mixing of children/youth and staff. Keeping children/youth 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/youth and staff in each group or classroom as low as possible, with no more than **10 people** total in a group (e.g. two adults and eight children)

- keeping staff consistent within each group for the duration of the outbreak event as much as possible
- not combining groups for any reason, including at opening and closing
- alternating drop off and pick up times for each classroom or group (if your program has a set start time) to avoid a large number of people congregating outside
- 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
- having groups eat in their individual program space. If a central area like a cafeteria or dining hall must be used, stagger group eating times.
- thinking carefully about how staff breaks are managed. It is best if staff can be kept consistent within each group without the use of a float staff person. If a staff person who is not a normal part of the group must enter the group space to provide required breaks, they should wash hands immediately upon entering and leaving the program space, wear a cloth face covering at all times, and have minimal direct physical contact with group members if possible. More details will be posted on our website in an [SHD FAQ document](#).

### **Minimize the Spread of Germs**

- Increase frequency of handwashing and routine cleaning, sanitizing, and disinfecting throughout the day. Require handwashing upon entering the program space, before meals, after time outside, after going to the bathroom, after diapering or helping children with toileting, after nose blowing or sneezing, and prior to leaving for home. Monitor children's handwashing to make sure they are doing it effectively.
- All programs, including outdoor programs, should be in areas that have adequate handwashing facilities on site. If a program must operate where there are not sufficient plumbed facilities, temporary handwashing stations with running water must be set up.
- When soap and water are not readily available, use an alcohol-based hand gel with at least 60% alcohol and preferably fragrance-free. 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. Per child care rules, parent permission must be obtained prior to using alcohol-based hand gels and they are not allowed for use with children under age 2.
- Minimize the potential for the spread of germs in the environment by:
  - temporarily removing toys that are not easily cleanable such as stuffed animals and pillows, playdough and slime, and sand and water toys
  - removing sensory and water tables from use; individual containers labeled with a child's name are ok
  - providing children and youth with their own set of items to limit sharing of supplies, equipment, etc
  - rotating the toys that are out at any one particular time so that they can be adequately cleaned and sanitized
  - temporarily suspending family or buffet style meal service
  - discontinuing toothbrushing activities

- In infant rooms, using a separate blanket to hold each baby and using individual blankets on the floor. Avoid getting close to babies' and toddlers' faces when holding them.
  - encouraging physical activity that allows for adequate physical distancing and doesn't rely on materials that will need disinfecting. See our [guidance document](#) for ideas.
  - if groups of children are moving from one area to another in shifts, clean and disinfect the area between groups.
- Minimize the potential for the spread of germs when playing outside by:
    - staggering outdoor time for each individual classroom or group of children
    - ensuring there is a corridor of at least 6 feet of open space between groups that are outside
    - having separate equipment (balls, jump ropes, etc.) for each group or clean and disinfect outdoor toys between use by different groups
    - not using outdoor play structures, such as climbers and slides, as they do not encourage distancing between children and are difficult to clean and sanitize
    - when applying sunscreen, older children/youth can self-apply with proper supervision. Staff applying sunscreen must wear gloves and change them between each application. Thoroughly wash hands.
  - Staff members, older children and youth should wear cloth face coverings, especially when they cannot be 6 feet apart. This can reduce the risk of individuals who may be infectious but not showing symptoms from spreading the illness to others. Cloth face coverings should not be used on children under the age of 2 or by anyone with a medical condition or disability which would make it hard to wear or remove it. All physical distancing and sanitation guidance must still be followed and face coverings must be [cared for properly](#). More information on cloth face coverings can be found in the [child care health alerts](#) and on the [DOH website](#).

### Take Special Care with Infants and Toddlers

- Infant and toddler teachers should wear long hair tied back and wear a long-sleeved, button down oversized shirt over the top of their clothing when holding children.
- The outer clothing should be changed if it becomes contaminated with bodily fluids (saliva, nasal discharge, spit-up) from the child. Change children's clothing also if it becomes contaminated.
- Place any contaminated clothing in a plastic bag until it can be washed.
- Wash hands after holding a child and also wash any bare skin that the child may have touched (such as the neck, face, or arms).

### Transportation

- Child care programs should not be transporting children at this time.
- Field trips are not advised at this time.
- Avoid travel. Children should attend programs in their local, geographic area.
- Carpooling amongst different families is discouraged.
- If transporting children is necessary, refer to the [DOH guidance](#).

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

Continue with your normal cleaning, sanitizing, and disinfecting procedures throughout the day following licensing guidance, but increasing the frequency of cleaning/disinfecting high touch surfaces.

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>

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>) 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. The disinfectant should be used on high touch surfaces throughout the day when children are not in the immediate area and when proper ventilation can be ensured. Surfaces must remain wet for at least 1 minute. Labels can be found [here](#). The University of Washington has developed a handout with options for [safer cleaning and disinfecting products](#) effective against COVID-19.

Always follow cleaning and disinfectant product label instructions and use products only in well ventilated spaces. Keep all chemical products out of reach of children and do not use when children/youth are present. Allow adequate time for indoor spaces to air out before allowing children back in.

If the program is operating in a public school building, using the school district's disinfectant products may be a preferred option. Contact the school district to see if this is available for use or if custodial staff are on site to assist with disinfection of high-touch surfaces.

More information on cleaning and disinfecting can be found in the [DOH guidance](#).

### **What if there is a confirmed or suspected case associated with the program?**

Programs experiencing a confirmed case of COVID-19 among their population, or having a high rate of absenteeism (more than 10%) due to symptoms consistent with COVID-19, should [contact the Snohomish Health District for guidance](#). Depending on the extent of exposure, part or all of your program may need to close 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, youth, or staff. It is important that we prevent children, youth, or staff moving to another facility or program, potentially exposing others. Those individuals who were in close contact with a confirmed case (such members of the case's small group) will need to quarantine for 14 days.

If an individual with confirmed or suspected COVID-19 spent minimal time (i.e. 15 minutes or less) in contact with others in the program or if there are multiple individuals who were close contacts of a known case who spent time in the program but were not symptomatic, the program may consider closing for 2-5 days to do a thorough cleaning and disinfecting and check for ill individuals. Contact Snohomish Health District for further guidance.

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 or children are sick and/or are being tested.

### **What should I do if I think I may have been exposed or may be sick with coronavirus?**

A document from the Snohomish Health District provides guidance (in multiple languages) on what to do if you were exposed to someone with COVID-19 at:

<https://www.snohd.org/502/What-to-do-if-you-were-exposed>

The Washington State Department of Health also 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). Additional resources and previous health alerts for child care facilities are posted at <https://www.snohd.org/491/COVID-19-Info-for-Schools-Child-Cares>.

You can also find helpful information and resources at:

CDC

- General information: <https://www.cdc.gov/coronavirus/2019-ncov/>
- Schools and Child Care: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- Guidance for Child Care that Remain Open: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
- Considerations for Youth and Summer Camp: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

Washington State Department of Health:

- General Information: <https://www.doh.wa.gov/Emergencies/Coronavirus> and <https://coronavirus.wa.gov>
- Schools and Child Care: <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/ResourceandRecommendations>  
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/DOH-OSPI-DYCF-SchoolsChildCareGuidance.pdf>