

COVID-19 Child Care Health Policy Addendum

Updated 12/28/2021

During the COVID-19 pandemic, the following procedures should be followed in addition to your signed health policy. In sections where this addendum and the health policy conflict, the COVID-19 addendum policies supersede general guidance. Remember that COVID-19 guidance changes periodically.

If have not done so already, be sure to [sign up](#) to receive our Health Alerts for Child Care Providers and monthly Child Care Health Outreach Program newsletter for important COVID-19 updates. It is the expectation that child care programs follow the guidance set forth in the [Washington State Department of Health Child Care, Youth Development, and Day Camps during the COVID-19 Outbreak guidance](#). Child cares should review this document periodically as it is frequently updated.

Section 1: General Health and Illness Practices

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

- **Excluding Ill Children and Staff:** During a pandemic, exclusion criteria and procedures are more strict. In addition to following usual exclusion guidelines, a child should also be excluded from care if they have **one or more** [COVID symptoms](#). Fever is defined as 100.4°F or higher. In order to determine when a child can return to care, see the [Washington State Department of Health flow chart](#)
- **Health Screenings:** parents should screen their children for signs of illness before bringing them to the child care. Children exhibiting symptoms should not be in care..
- **Close Contacts:** Children or staff that are considered a close contact of COVID-19 should quarantine per DOH and local health department guidance. Close contacts are those that have been within 6 feet of a COVID-19 case for 15 minutes or more cumulative minutes (regardless of whether a mask was worn) or obvious exposure such as being coughed or sneezed on. Please work with your local health department to determine when a child can return to care after an exposure. **Note:** if the close contact lives in the same home as the case, the quarantine period for the close contact typically starts at the end of the case's isolation period.
- **COVID-19 Case:** Children or staff that test positive with COVID-19 need to stay in isolation until 24 hours after fever is gone without using medicine **and** other symptoms have improved **and** 10 days have passed after the symptoms started. Cases without symptoms must quarantine for 10 days from their test date.

COMMUNICABLE DISEASE REPORTING

- **Communicable Disease Reporting:** COVID-19 is a reportable disease and must be reported to your local health department. For Snohomish Health District call 425-252-5415 to report.

GENERAL HEALTH PRACTICES

- **Sleep arrangements:** Children should sleep at least 6 feet apart and in a head-to-toe or toe-to-toe arrangement.
- **Ventilation:** Keep windows open for air circulation whenever possible. HVAC systems should be adjusted to allow for the maximum amount of fresh air intake. Upgrade filters to MERV-13 if allowed by the system and change filters regularly. Consider adding HEPA filters to indoor spaces. Consult a heating/ventilation specialist for guidance. More information can be found [here](#).
- **Cohorting:** It is best to keep children and staff in the same small groups or cohorts every day. Avoid mixing children from different groups during the day. Follow the Washington State Department of Health guidance around [cohorting](#).
- **Daily outside activity:** Indoor activities have higher transmission risk, so consider outdoor activities whenever possible. Staggered shifts can be used to maintain appropriate distancing.
- **Masks** are required for children age 5 and older and are recommended for children age 2 and up. Children should not wear masks while sleeping.

IMMUNIZATIONS

- **Immunizations:** Your policies on vaccination requirements for eligible children should be written and included in your health plan.

STAFF HEALTH

- Consult with the [Department of Labor and Industries](#) for additional information on staff protection.
- **Staff immunizations:** Per state mandate, all child care providers must be vaccinated for COVID-19 unless they have a medical or religious exemption (see [WaDOH website](#) for more information).
- Appropriate masks are to be worn at all times.
- Staff considered high-risk for health problems related to COVID-19 should consult with their health care provider.

Section 2: Sanitation and Environment

HANDWASHING

- **Hand Hygiene:** Children and staff should meet all recommended hand hygiene standards including handwashing when entering the facility, before eating, after being outside or using the restroom, after diapering or assisting a child with toileting, after nose blowing or touching bodily fluids, and before leaving the facility at the end of the day. Wash hands before and after playing with sensory/water tables.
- When soap and water are not available, an alcohol-based hand gel with at least 60% alcohol can be used. Before using alcohol-based hand gels with children, make sure

that proper parent permission forms are signed and on file. Remember that washing hands with soap and water is better than using hand gels and that the use of hand gels (i.e. hand sanitizers) should be used to supplement handwashing, not replace it.

GENERAL CLEANING, SANITIZING, AND LAUNDRY

- Continue with routine cleaning, sanitizing, and disinfecting practices. Make sure that the product you use for disinfecting is effective against COVID-19. You can check this on the [EPA's N-List](#). If you are using a bleach and water mixture, here are the [correct labels for disinfecting](#).
- Avoid overuse of chemicals. If possible, choose a safer disinfectant product and make sure areas are well ventilated when using chemicals. Whenever possible, only use chemical products when children are not present. More information on safer products can be found [here](#).
- Do not use ionization, fogging, fumigation, or wide-area spraying to control the spread of COVID-19. Follow [WaDOH guidance](#) on electrostatic sprayers.
- Avoid toys that are not easily cleanable, such as stuffed animals and playdoh unless assigned to an individual child. Toys should be rotated so that appropriate cleaning can take place in between use. Paper materials can be cleaned as normal as are not considered high risk for spreading the virus.

FOOD SERVICE

- Family style meal service should not be used at this time. Please plate each child's food.
- Space children as far apart as possible during mealtime.

TRANSPORTATION

- Avoid transporting children as much as possible. If transportation must be provided by the child care, space riders as far apart as possible in the vehicle, don't mix groups, keep windows open, and wear face coverings as advised. Remember there are virtual field trip opportunities for facilities.

Section 3: Infant Care and Toddler Care

Because infants and toddlers still need to be held, precautions should be taken to prevent spread of the virus when holding a small child. Face coverings must be worn by staff at all times. If infants and toddlers are pulling on your mask as you hold them, you can use a face shield as well. However, it is not adequate to use a face shield without a mask. You may want to turn your head slightly to the side as you hold or hug a young child. It is advisable for staff to wear a smock or large oversized shirt on top of their regular clothes when holding infants and toddlers. Infants and toddlers can also be wrapped in a blanket when being held. Additionally, information on clothing, handwashing, and coverings can be found in the [Department of](#)

[Health](#) guidance.

Section 4: Nutrition and Physical Activity

- Adults should sit with the children during mealtimes for supervision and social interactions but should leave their masks on. Adults should eat at a separate time rather than eating with the children.
- Space children as far apart as possible at the table and have tables are at least 6 feet apart.
- Toothbrushing should not be done at child care at this time. Education about toothbrushing and oral health is still appropriate and encouraged.
- Physical activity should be modified to accommodate physical distancing. Click [here](#) for more information on physically-distanced physical activity ideas for child care.

Section 5: Social, Emotional, and Behavioral Health

The pandemic has led unprecedented effects on children's mental health. There are many great resources to assist caregivers as they help children deal with the stress, anxiety, and ongoing changes to once normal routines. Here are a few resources:

- American Academy of Pediatrics (AAP): [Mental Health During COVID-19: Signs Your Child May Need More Support](#)
- Centers for Disease Control and Prevention (CDC): [COVID-19 Parental Resources Kit: Ensuring Children and Young People's Social, Emotional, and Mental Well-being](#)
- Seattle Children's Hospital: [Mental Wellness Resources and Support](#)
- Boston Children's Hospital: [Keeping kids emotionally healthy during COVID-19](#)
- National Association of School Psychologists: [Helping Children Cope with Changes Resulting from COVID-19](#)