## DOH Updated Child Care COVID-19 Guidance

May 10, 2021



Welcome to today's webinar.



Please remember to mute your phone and computer upon entry. We will begin shortly. Thank you!

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## Virtual Meeting Protocols

#### Audio and Video Connection

- You will remain on mute throughout the webinar.
- We will pause for Q & A throughout the meeting, but feel free to use the chat box to post questions or comments at any time.
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- Individuals using a webcam or video option will be displayed throughout the meeting.

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#### UPDATED COVID-19 GUIDANCE FOR CHILD CARE

COVID-19 Guidance & External Affairs Team

#### Updated COVID-19 Guidance for Child Care Virtual Monday, May 10, 2021



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

#### Summary of Changes from April 14, 2021

- Program types that are included and not included in this document
- Physical distancing recommendations
- Group sizes and cohorting guidance
- Use of sensory materials
- Hygiene, transportation, and health screening questions
- Reporting cases and working with local public health
- Recommendations for those who are fully vaccinated, travel, quarantine, and direct service providers

#### Program types included

- DCYF licensed programs and the ECEAP
- Licensed-exempt programs operated in a manner that complies with the child and staff group size recommendations in this guidance
- Federally funded Head Start & Early Head Start programs
- Day camps, including specialty camps like sports camps
- Outdoor preschool programs, including part day license exempt programs
- Parent cooperatives
- Programs providing child care assistance to children/youth access to remote K-12 instruction
- Expanded learning opportunities, including programs for youth that complement academic and/or social emotional learning
- Programs funded under the Nita M. Lowery 21<sup>st</sup> Century Community Learning Centers program
- Enhanced learning academies, such as formal mentoring programs or tutoring centers
- 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, stores, etc.



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

- Overnight camps
- Activities included as part of K-12 basic education or special education programs
- Fitness training and activities, including group and independent activities
- Performing arts, including music and dance
- Play and Learn groups where parents and caregivers remain on-site

## **General guidance**

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

• Show symptoms of COVID-19



- 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
- 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

## Staff training

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



#### Group sizes

Keeping children and staff in the same small groups 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.
- If groups are combined, track which groups (including children's and staff's names) and the timeframe.

#### Group size chart

Keep group sizes to **no more than 30 children**, or the maximum group size allowed for a given age per DCYF licensing rules.

Age Group	Max # of 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	14	1:7	16
or Mixed age children 12 to 36 months	15	1:5	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



Both DOH and CDC recommend that children and youth be physically distanced by **at least three feet or more** within groups and in rooms as much as possible. Your ability to do this will depend on children's ages and on their developmental and physical abilities.

Staff must continue to maintain **six feet of physical distance** from other staff and from children and youth in rooms and otherwise, regardless of vaccination status.

## Hygiene

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



- Wash their hands frequently
- Wash 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 and then wash hands
- Wash hands before and after handling infant bottles prepared at home or in the facility

## Cloth face coverings/masks

• All staff, children, and youth five years of age or older must wear cloth face coverings or an acceptable alternative when indoors and when outdoors where a minimum of six feet distancing cannot be maintained.



- A cloth face covering is anything the completely covers your mouth and nose and fits securely on the sides of your face and under your chin
- Guidance from the CDC recommends strategies to improve mask fitting to more effectively slow the spread of COVID-19. These strategies include wearing a cloth mask over a medical procedure mask, knotting the ear loops of a medical procedure mask, using a mask fitter, or using a nylon covering over a mask.

## Cloth face coverings/masks

Keep in mind that 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
- Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person

## Transportation

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



- Riders and staff members must wear properly fitted cloth face coverings
- Keep riders as far apart as possible on the bus
- Require assigned seating
- Seat children and youth with household members or members of their small group
- Maximize outside air flow and keep windows open
- Clean and disinfect frequently touched surfaces at the end of the day with an EPA registered product. Do not fog/mist the bus with disinfectant as it is not recommended. Leave windows open to air out the bus after runs and cleaning.

#### Screening

Screen all staff and children for sickness at entry each day. 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) or chills	Unusual fatigue	Recent loss of taste/smell	Nausea or vomiting
Cough	Muscle or body ache	Congestion or runny nose	Diarrhea
Shortness of breath	Headache	Sore throat	

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## Screening

2. Within the past 14 days, has your child been in close contact with anyone with a confirmed case of COVID-19?

3. Has your child had a positive COVID-19 test in the past 10 days, or is your child awaiting results of a COVID-19 test due to possible exposure or symptoms?

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."



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## Child care closures

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

- STAY HOME
- The child care experiences a rapid increase in COVID-19 cases
  - This may be exacerbated when children and staff have not been kept in small groups
- 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

#### Quarantine

• Quarantine should last for **14 days after** the child or staff member's last close contact with the COVID-19 positive person.



 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.

#### Travel

• Travelers who are not fully vaccinated should get tested 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.

## Reporting

All cases of COVID-19 and outbreaks in licensed child care programs must be reported to the local health department per Washington State law. 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
- The cases are not identified as close contacts of each other in another setting during the investigation



#### https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

When a child care program learns of a child or staff member with COVID-19 or an outbreak of COVID-19 on the premises, the child care program must immediately notify the local health jurisdiction and provide LHJs with information for all children and staff with COVID-19.

# For those who are fully vaccinated

The 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 (Pfizer or Moderna), or
- 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine



## Sensory bins

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

# People at high risk for serious health problems from COVID-19

When serving children or youth with disabilities, refer to the <u>CDC guidance for Direct Service Providers for</u> <u>people with disabilities.</u>



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.

#### AS A REMINDER

#### Key Principles for Reducing Potential Exposures

- Keep ill persons out of child care
- Use small groups
- Physical distancing
- Hand hygiene
- Protective equipment
- Environmental cleaning and disinfection
- Improve indoor ventilation
- Isolation
- Low risk spaces

#### **KEEP UP THE 4 W's** And help stop the spread of COVID-19



CovidVaccineWA.org





Vaccinelocator.doh.wa.gov 833-VAX-HELP www.doh.wa.gov/testing 2-1-1



For additional questions please reach out to CovidExternalAffairs@doh.wa.gov



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