Guidance for Child Care Administrators:
What to Do When You Have a Suspected or Confirmed COVID-19 Case in Your Facility
October 28, 2020

Public Health—Seattle & King County’s guidance reflects our commitment to protecting the health and safety of our residents in light of our local circumstances. You may find that there are differences in the guidance issued by local, state, and national entities.

As the COVID-19 pandemic evolves, the number of King County cases continues to increase. Your partnership and many contributions to the COVID-19 response are enormously valued during this challenging time.

We have a person with symptoms of COVID-19\(^1\) or a confirmed\(^2\) case of COVID-19 in our child care community. What should we do?

If you become aware of a child, staff member, or volunteer at your facility who tests positive for COVID-19 or two or more individuals who have symptoms of COVID-19, please notify Public Health - Seattle & King County:
- Call the COVID-19 Call Center between 8:00 AM and 7:00 PM PST at 206-477-3977. Select option 3. Identify yourself as a child care provider. Interpreters are available.
  OR
- Complete a COVID-19 Intake Survey using this online form. Public Health will respond with an email or phone call.

Encourage anyone with COVID-19 symptoms or anyone who has had close contact for 15 minutes or more with someone who has the virus to get tested by contacting their healthcare provider or going to a free testing site.

Make sure that children or staff who have symptoms of COVID-19 or test positive for COVID-19 stay home.

Examples of COVID-19 symptoms include: cough, shortness of breath or difficulty breathing, fever (100.4° F / 38° C or higher), chills, fatigue, muscle pain or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea or other signs of new illness that are not related to a preexisting condition (such as seasonal allergies).

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\(^1\) A “suspected case” = a person who shows symptoms of COVID-19 but has not yet been tested or is waiting for test results.

\(^2\) A “confirmed case” = a person (with or without symptoms) who tested positive for COVID-19.
What do we do for staff and children who had close contact with a person who tested positive for COVID-19?

Inform all staff and families in your child care community who had close contact with the individual who has COVID-19. Provide families of close contacts a copy of the COVID-19 Exposure Notification Letter for Families.

- Maintain confidentiality: do not tell families or staff anything that can identify the individual who is or may be sick.
- You may also choose to provide a copy of the COVID-19 Fact Sheet For Families for informational purposes to other families of children who were not close contacts.

“Close contact” means being within 6 feet (2 meters) of a person who has COVID-19 for a combined total of 15 minutes or more within a 24-hour period.* Close contact also happens if someone with COVID-19 coughs on you, kisses you, shares utensils with you, or you have contact with their body fluids.

*Public Health will help you determine who is a close contact of the person who has COVID-19, using the Centers for Disease Control and Prevention’s definition.

Ask staff and children who had close contact with the person who has COVID-19 to call their healthcare provider to get tested for COVID-19 or go to a free testing site. If they know when they were exposed to COVID-19, it is best to wait 5 – 7 days to be tested UNLESS the child/staff member develops symptoms. If they develop symptoms, they should seek testing as soon as possible.

Close contacts should stay home away from others (quarantine) and watch for symptoms for 14 days from their last contact with that person.

- The purpose of quarantine is to wait and see if a person who has been exposed to someone with COVID-19 will get infected. A negative test during this quarantine period only means that they did not have COVID-19 at the time of testing, but they may develop symptoms or test positive for COVID-19 later within the 14-day period. Close contacts must complete the full 14 days of quarantine even if they test negative during this time period. They may return to the child care program the day after their quarantine ends, if they are well.
- Advise families to not send their children to other child care facilities while watching for symptoms or recovering from illness.
- Advise staff to not work at other child care facilities watching for symptoms or recovering from illness.
- Child care providers are considered part of the essential workforce per the Governor’s orders. Per Washington Department of Labor & Industries (see pages 8-9, under DOSH Directives), essential workers are allowed to work during the 14-day symptom watch period if they:
  - Do not have any COVID-19 symptoms
  - AND wear a cloth face covering at all times while working in the child care facility.
What if staff and children had close contact with a person in our facility who has symptoms of COVID-19?

It is not necessary to exclude close contacts of people who have COVID-19 symptoms at this time, unless those close contacts develop symptoms or the individual with COVID-19 symptoms tests positive. However, all child and staff in child care should continue to monitor their health on a daily basis.

When can children or staff return to child care after being excluded for COVID-19 symptoms or having COVID-19?

A person who got tested and has COVID-19 (a confirmed case) may return to child care when it has been:

- 10 days since symptoms began
- AND at least 24 hours since fever has resolved (without fever-reducing medication)
- AND symptoms have improved
- AND Per Washington Administrative Code 110-300-0205 (8), a health care professional provides a written note stating that the individual may safely return after being diagnosed with a contagious disease.

People who test positive for COVID-19 but never develop symptoms should remain at home and away from others for at least 10 days after the date of their first positive COVID-19 test.

A person with COVID-19 symptoms who tests negative for COVID-19 may return to child care when it has been:

- at least 24 hours since fever has resolved (without fever-reducing medication)
- AND symptoms have improved
- AND family provides documentation of the negative test result to the child care program.

A person with COVID-19 symptoms who does not get tested (a suspected case) may return to child care when it has been:

- 10 days since symptoms began
- AND at least 24 hours since fever has resolved (without fever-reducing medication)
- AND symptoms have improved

What about a child or staff member who has only a single symptom (from list below) that lasts less than 24 hours?

A person may return to child care the next day without having to be tested* for COVID-19 if they:

1. have no known exposure to a confirmed COVID-19 case AND
2. have only one of the following symptoms that begins and resolves within a 24-hour period:
   - Headache
   - Muscle pain or body aches
   - Sore throat
• Fatigue
• Congestion or runny nose
• Nausea or vomiting (2 or more in 24 hours)
• Diarrhea (2 or more loose stool in 24 hours)

Example: A child is sent home from child care at 10:00 AM on Monday for a sore throat. Child has no other symptoms. Child wakes up on Tuesday with no sore throat or other symptoms. Child can return to child care that day.

Do we need to notify Public Health about COVID-19 cases in our facility?

YES! Please notify Public Health if:

• One or more individuals who have spent time in your facility have tested positive for COVID-19; OR
• Two or more children or staff in your child care have symptoms of COVID-19.

To notify Public Health:

• Call the COVID-19 Call Center between 8:00 AM and 7:00 PM PST at 206-477-3977. Select option 3. Please identify yourself as a child care provider. Interpreters are available. OR
• Complete a COVID-19 intake survey using this online form. Public Health will respond with an email or phone call.

What actions should we take during a closure?

Clean and Disinfect your facility

• Refer to the CDC’s Environmental Cleaning and Disinfection Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019.

Maintain communication with staff and families.

• Remind families to keep you updated on their health and well-being and to notify child care if anyone they live with develops symptoms.
• Include messages to address potential stigma and discrimination.
• Maintain confidentiality of children, students and staff members as required by the Americans with Disabilities Act (ADA) and the Family Education Rights and Privacy Act (FERPA).

Continue to provide meal programs, when possible.

• Consider ways to distribute food to students.
• Do not distribute meals where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery. Find additional meal resources in King County.

Consider alternatives for providing essential medical and social services for students.

What steps do we need to take when re-opening the facility to children?

Continuously communicate. Advise all parents, children, staff, and volunteers about steps everyone can take to protect themselves and prevent further spread. These include staying home and away from the facility while sick; wearing a face covering that covers their mouth and nose when they are in a public place.
and cannot stay 6 feet away from others (including in child care); reducing non-essential activities in the community; frequent handwashing for 20 seconds; and avoiding sick people.

Refer to the Checklist for Child Care Administrators: Steps to Prevent COVID-19

- See section, “Education and Preparation”
  - Review CDC guidelines, “Screen children upon arrival.” Decide which type of arrival health screening your child care program will implement.
  - Plan to maintain the same group of children and staff from day to day. Use a separate classroom or group for the children of health care workers, first responders, and other essential workers, if possible.
  - Print Illness Logs to help monitor absences or children who develop symptoms while in care.

The Washington State Department of Health (DOH) has ordered all people in Washington to wear a face covering in indoor public spaces and outdoors whenever they cannot stay 6 feet apart from others. DOH and the Department of Children, Youth and Families (DCYF) have issued specific guidance on how this requirement applies to staff and children in child cares.

- Staff and all children ages 5 years and older must wear a face covering unless medically directed not to.
- Children ages 2-4 are strongly encouraged to wear a face covering.
- Face coverings should NOT be put on babies and children under age two.

All staff and children should follow the Keep Me Home If illness guidelines during this COVID-19 pandemic.

- Ask parents/guardians to take their child’s temperature before coming to child care.
- Throughout the day:
  - Visually inspect children for signs of illness. These could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
  - Perform routine environmental cleaning. Frequently clean, rinse, and sanitize or disinfect commonly touched surfaces (for example, doorknobs, light switches, countertops, and toys). Use the 3-step method.

How do I find a COVID-19 testing location nearby?

- For a list of locations that provide free COVID-19 testing, regardless of immigration or insurance status, visit: www.kingcounty.gov/covid/testing.
- Call Public Health’s COVID-19 hotline (206-477-3977) for help finding a testing site.
- For more information about what to do if you have confirmed or suspected COVID-19 or are worried that you may have COVID-19, visit www.kingcounty.gov/depts/health/covid-19/care.

These recommendations may be updated as the pandemic continues. Public Health appreciates your patience and partnership as we respond to the daily challenges that COVID-19 presents. For frequent updates on this emerging situation, visit: www.kingcounty.gov/covid and subscribe to our blog, the Public Health Insider.