

Health and Safety Practices during COVID-19: Comparison Chart

Please note: The Child Care Health Program (CCHP) of Public Health Seattle & King County (PHSKC) compiles recommendations based on information from a number of sources, including Washington Administrative Code (WAC) standards for early learning programs, recommendations from the Centers for Disease Control (CDC), Washington State Department of Health (DOH), guidance from our local health officer and governor, and *Caring for our Children* (CFOC), a collection of national standards that represent the best practices, based on evidence, expertise, and experience, for quality health and safety policies and practices for today's early care and education settings.

Unless noted elsewhere, WACs still apply to licensed child cares and early learning programs during the COVID-19 pandemic.

The CCHP has a longstanding history of providing best practice guidelines. In our effort to continue this practice, we believe child care and early learning programs in Seattle & King County should follow our recommendations and suggested protocols and procedures to best prevent the spread of illness and keep the child care community safe. However, we are not an enforcing body and do not *mandate* or *require* any program to do so.

Practice	WAC standards and CCHP recommendations pre-COVID-19	CCHP recommendations during COVID-19
Cleaning, sanitizing, and disinfecting	<p>WAC requires programs develop and adhere to a cleaning schedule.</p> <p>See CCHP's Cleaning Schedule for a sample schedule.</p>	<ul style="list-style-type: none"> Per CDC guidelines, replace the Body fluids/Bathroom/ Diapering solution you used to mix with a higher concentration of bleach disinfecting solution: 4 teaspoons bleach per 1 quart of water, or 1/3 cup bleach per 1 gallon of water (for bleach with 6% sodium hypochlorite.) Because the risk of COVID-19 transmission from touching surfaces is low, and frequent exposure to disinfectants/ chemicals may worsen certain respiratory conditions (like asthma), the current recommendation is to thoroughly clean and disinfect high touch surfaces at the end of each day, after children leave (DOH, pg. 19). <p>Same guidance: Follow regular cleaning schedule. Use the normal sanitizing solution for items that may come into contact with food (e.g., prep surfaces) or children's mouths (e.g., pacifiers).</p> <p>See CCHP's Changes to Cleaning and Disinfecting during COVID-19 handout for more information.</p>
Ventilation		<p>Good ventilation can reduce the risk of COVID-19 transmission. Offer more outside time, open outside windows often, and adjust the heating, ventilation, and air conditioning (HVAC) systems to allow the outside air to enter the program space. Use of fans for cooling is acceptable, but they should blow away from people (DOH, pg. 20).</p> <p>See PHSKC's new Indoor Air Ventilation Guide or the Environmental Protection Agency's tips for more information.</p>

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Group size/ratios	Ratio should be maintained for the youngest child in the classroom (WAC): Infants – 1:4 ratio Toddlers – 1:7 ratio Preschool – 1:10 ratio School-aged – 1:15	<ul style="list-style-type: none"> • Keep children and staff in the same small groups or cohorts every day reduces the number of close contacts they have. • Do not mix groups during daily activities. • Limit combining of groups at the beginning and end of the day to the extent possible. If groups are combined, track which groups (including children’s and staff’s names) and the timeframe.
Staffing/Breaks		<p>Staff should be assigned to individual groups/classrooms and should not mix with other groups. Avoid having float staff visit multiple rooms to reduce the spread of germs from group to group.</p> <p>Breaks: It is best if the staff to child ratio allows for one staff member to take a break without having to bring another individual into the small group space. If a group only has one staff member and a float person is brought in to give staff a break, to minimize close interactions with children not in their group, consider giving staff their breaks:</p> <ul style="list-style-type: none"> • during children’s nap time so the float staff can remain 6 feet away from the children while they rest. • when the children have just started a new, engaging activity that does not require much adult interaction. • when the group is having outside time (where the risk of transmission is lower). <p>For further information See DOH guidelines for Providing staff required breaks.</p>

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Communicable Disease Reporting/Notifiable Conditions	Report notifiable conditions on list AND any communicable disease that affects >10% of population to Public Health CD/Epi at (206) 296-4774 (WAC).	In addition to pre-COVID-19 guidance, please report to King County Coronavirus Call Center at (206) 477-3977 , and identify yourself as a child care program if: <ul style="list-style-type: none"> • one or more individuals who have spent time in your facility have tested positive for COVID-19.
Illness Log	In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness (WAC).	<ul style="list-style-type: none"> • Plan for and keep track of children <u>and staff</u> who do not attend child care. • Call families of children who are absent and collect information about reason for absence on log. • Document illnesses and symptoms that develop while in care on the log.
Exclusion criteria	<p>See CCHP Health Policy or WACs for full exclusion guidelines.</p> <p>Fever: Exclude children older than 2 months who have a temperature of 101°F <u>with</u> diarrhea, vomiting, earache, headache, sore throat, rash, tiredness, or other behavior change (WAC/CCHP Health Policy).</p>	<p>Please follow the CCHP Keep Me Home If (for COVID) poster, as WAC exclusion criteria still apply.</p> <p>Fever threshold has changed to 100.4°F or higher and added additional symptoms to be in alignment with the CDC.</p> <p><i>In addition to the WACs for illness exclusion</i>, the current guidance is that any child or staff with a temperature of 100.4°F or higher, shortness of breath or difficulty breathing, cough, chills, muscle pain, headache, sore throat, nasal congestion or runny nose, new loss of taste or smell, or other signs of <i>new</i> illness unrelated to a preexisting condition should remain at home. To learn more about COVID-19 symptoms, visit the CDC website.</p>

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Health screenings upon arrival	Observe children for signs of illness daily (WAC)	<ul style="list-style-type: none"> • To conduct health screenings at arrival, develop a system for drop off 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 times for different groups, one-way traffic flows, greeting families at their vehicle, or placing distancing markers on walkways (DOH). Even though staff or parents may be vaccinated, the health screening guidance hasn't changed. • Upon arrival, ask parent if child or household members have any symptoms. See DOH's guidance for drop off and pickups for questions to ask. Any child with symptoms of COVID-19 cannot attend. • Staff person conducting screenings at arrival will need to document temperature and symptoms for each child based on parent's report. If temperature was not taken, please see "Checking temperatures" below.
Checking temperatures	<ul style="list-style-type: none"> • Use a digital forehead scan thermometer (temporal scan) or digital thermometer placed under the arm (axillary method) (CCHP Health Policy). • Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer (WAC). • No rectal or ear temperatures are taken (WAC). 	<ul style="list-style-type: none"> • Parents/guardians should check child's temperature <i>before</i> arriving to care each day. If temperature was not taken or reported, please ask parent to do so upon arrival and keep a distance of 6 ft. while parent is doing so. Any child with a temperature $\geq 100.4^{\circ}\text{F}$ cannot attend. • Checking temperature if child becomes sick during the day: <ul style="list-style-type: none"> ▪ Use a temporal scan thermometer or no-contact infrared thermometer. ▪ Digital thermometers are still ok if taking temperatures under the arm or orally (if child is pre-school age), but a single-use, disposable cover must be used each time a temperature is taken. • See CCHP's thermometer handout for more information on cleaning and disinfecting thermometers, when to use gloves, and hand hygiene when taking temperatures. • Document any fevers, date and times on an Illness Log.

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Cloth face coverings	No previous guidance	<p>Staff</p> <ul style="list-style-type: none"> • Regardless of vaccination status, staff must wear a face covering indoors when children are present. <ul style="list-style-type: none"> ○ Vaccinated staff do not need to wear a face covering indoors if children are not present and vaccination status has been verified (DOH) (for example, a staff meeting). ○ Unvaccinated staff must wear face coverings indoors, even if children are not present. • Staff may temporarily remove their face covering when eating on their breaks, away from children . • A higher level of protection (i.e. when caring for a symptomatic child) under Department of Labor & Industries safety and health rules and guidance may be needed. <p>Children</p> <ul style="list-style-type: none"> • Children between 2 and 4 years old are strongly encouraged to wear a cloth face covering when indoors. • Children and youth age 5 years or older must wear cloth face coverings at child care or preschool when indoors (DOH). This age group may temporarily remove their face coverings when they are eating, and sleeping. • Masks are not required outdoors, regardless of vaccination status. (DOH) <ul style="list-style-type: none"> ○ Masks may be recommended or required for public health protection in certain circumstances, such as an outbreak. • In rare circumstances when a cloth face covering cannot be worn, children and staff may use a clear face covering or a face shield with a drape as an alternative. Face shields should extend below the chin, to the ears, and have no gap at the forehead (DOH, pg. 11).

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Cloth face coverings (cont'd)		<p>Exceptions: Cloth face coverings should not be worn by:</p> <ul style="list-style-type: none"> • Children younger than age 2 years. • Those with a disability that makes it hard for them to wear or remove a face covering. • Those with certain respiratory conditions or trouble breathing. • Those who are deaf or hard of hearing and use facial and mouth movements as part of communication. • Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person. <p>See child care posters for your facility (available in multiple languages).</p>
Handwashing	<p>Children:</p> <ul style="list-style-type: none"> • Upon arrival at site/classroom • After outside play time/being outdoors • Before <u>and</u> after meal times • Before and after water play • After coming in contact with bodily fluids • After using the restroom/diaper change <p>Teachers:</p> <ul style="list-style-type: none"> • Same as above, plus • Diaper changing: before, during (can use a wet wipe for this step only), and after • Before and after giving medication or diaper ointment • After taking a break, eating, smoking or vaping • Before preparing or serving food or bottles • After using chemicals, such as bleach solutions • After taking out garbage • After helping children use restroom (WAC) 	<p>Same handwashing frequency as usual per WAC, <i>except:</i></p> <ul style="list-style-type: none"> • CDC recommends <u>CHILDREN</u> wash hands <u>BEFORE and after</u> diaper change. <p>Children and staff should wash hands before leaving the child care facility at the end of the day (CCHP Health Policy).</p> <p>Add extra handwashing to the daily schedule for teachers and kids (CCHP).</p>

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Glove use	<p>Use gloves when touching ready-to-eat food (WAC).</p> <p>Glove use is required during food preparation (DOH Food Worker Regulations).</p> <p>Optional glove use during diaper changes (DOH).</p> <p>Recommended when administering medication or non-medical items (i.e. diaper creams or sunscreen) (CCHP Health Policy).</p> <p>Required when administering first aid/may come in contact with blood or bodily fluids (Bloodborne Pathogen Control Plan).</p>	<p>In addition, wear gloves when:</p> <ul style="list-style-type: none"> • Checking an individual’s temperature if using a thermometer that requires direct contact (like a temporal scan thermometer or digital thermometer). Hand hygiene between children is an acceptable alternative if gloves aren’t available. • Doing laundry on-site (CDC). Wear gloves when putting dirty laundry in washing machine. Perform good hand hygiene before putting clean laundry into dryer and before removing it from dryer. • Cleaning, sanitizing and disinfecting. <p>Exceptions: Changing diapers (no longer optional, CDC). Use a new, clean pair of gloves if applying diaper cream.</p>
Indoor play time		<ul style="list-style-type: none"> • Utilize the space you have, including lunch space, to spread kids out in different areas of the classroom. Aim for a distance of at least 3 feet between children, if feasible, and at least 6 feet of physical distance between groups and when masks can’t be worn, such as eating and sleeping (DOH pg. 7). • Incorporate more individual work into the classroom such as art, math, and puzzles. • Books and other paper materials are not considered high risk to transmit the virus and do not need to be cleaned more than normal. (DOH).
Water tables/ sensory bins	<p>If an early learning provider uses water tables or similar containers, the tables or containers must be emptied and sanitized daily, or more often if necessary (WAC).</p>	<ul style="list-style-type: none"> • 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. • Empty and sanitize sensory/water tables after each use.

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Toys	<p>Only washable toys are used (CCHP Health Policy).</p> <p>When a toy comes into contact with a child's mouth or bodily fluids it must be removed from use until it can be cleaned and sanitized prior to reuse (WAC).</p>	<ul style="list-style-type: none"> • Same guidance: Toys that cannot be cleaned and sanitized should not be used (CDC). For example, playdough and dress-up clothes cannot be cleaned or sanitized between uses, so consider individual containers labeled with names, or discontinue use (DOH). • Books and other paper materials are not considered high risk to transmit the virus (DOH). • Repeatedly clean and sanitize any shared toys and sporting equipment throughout the day. • Same guidance regarding mouthed toys but be vigilant about setting aside for cleaning and sanitizing.
Outside time	<ul style="list-style-type: none"> • Infants spend 20 minutes per every 3 hours of programming outdoors, as tolerated. • Toddlers spend 20 minutes per every 3 hours of programming outdoors. If they are in care for a full day, they are allowed 60 to 90 minutes of moderate to vigorous activity, of which 30 minutes may be indoor activities. • Preschool-age and older spend 30 minutes per every 3 hours of programming outdoors. If they are in care for a full day, they are allowed 90-120 minutes per day of moderate to vigorous activities, of which 30 minutes may be indoor activities. (CCHP Health Policy) 	<p>Increase outside time for kids of all ages.</p> <p>Try adapting projects normally done in the classroom to an outdoor setting. For example, try doing circle time or art projects outside in order to increase distance between each child.</p> <p>Stagger, or alternate, outdoor playtime to help limit the number of children in play space. If two or more groups are outside at the same time, they should have at least six feet of open space between them. Use cones, flags, tape, or other signs to create boundaries between groups. If you can, have equipment such as balls and jump ropes for each group.</p> <p>Outdoor play equipment, such as climbers and slides, should be cleaned between use by each group. It is not necessary to disinfect outdoor play equipment.</p> <p>Outdoor sandboxes may be used along with proper hand washing after outdoor play (DOH, pg. 20).</p>

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Meal times	Foods are served family style and children are encouraged to self-serve (as appropriate for age) to promote self-regulation, build social skills, and develop fine motor skills (CCHP Health Policy).	<ul style="list-style-type: none"> Discontinue family style meals at this time. Staff should serve all children so that multiple children are not using the same serving utensils. Staff should not eat while children are eating. Child care providers should sit with children at the table and engage in conversation with the children and wear their masks while doing so. Consider having children eat their meals outside. Use a washable plastic table cloth for wooden tables. Stagger, or alternate, lunchtime to help limit the number of children in each classroom. <p>See CCHP's food preparation handout for more information.</p>
Toothbrushing	Once daily toothbrushing activity (WAC).	Discontinue actual toothbrushing at this time due to saliva/respiratory droplet exposure and sanitary concerns. Consider incorporating toothbrushing activities instead (book, song, demonstration, etc.).
Nap mats	Sanitize weekly. Nap mats need to be at least 18 inches apart.	Sanitize daily (CDC). If there is space, increase the distance between nap mats to 6 feet, if possible. If spacing is tight, remember to place children head-to-toe, or toe-to-toe.
Bedding/sheets/sleep sacks	Laundry bedding weekly, or more often if it becomes soiled or is going to be used by another child (WAC).	Same guidance. As stated above, use gloves when doing on-site laundry.
Carpets/large area rugs	Vacuum daily when children are not present. Clean at least once every 6 months using a carpet shampoo machine or steam cleaner. For infant rooms, clean at least once per month.	Same guidance for routine cleaning.
Sofas/upholstered furniture	Clean at least twice each year using a carpet shampoo machine or steam cleaner.	Same guidance for routine cleaning.
Staff belongings		Consider bringing a change of clothing to keep on-site or wear a large long-sleeve button-down shirt or smock, in case child's bodily fluids get on clothes (DOH).