Updated COVID-19
Public Health Recommendations

Implications for child care

COVID-19 is spreading in King County, with hundreds of cases having been reported to date. We expect the case count to double every 5–7 days. Public Health is implementing community mitigation strategies to slow the spread of COVID-19. We are asking individuals, child care programs, businesses, schools, healthcare providers, and community-based organizations to take steps to help everyone comply with the recommendations. We have also released guidance for anyone who develops symptoms of COVID-19 and their contacts on how to prevent the spread to others. The goals for using mitigation strategies for communities with local COVID-19 transmission are to protect:

- Individuals at risk for severe illness, including older adults and people of any age with underlying health conditions like diabetes, heart disease, weakened immune system, asthma and other lung diseases.
- The healthcare workforce and critical infrastructure workforces so that sick people can get the medical care they need and other aspects of the community can continue to function

These approaches are used to minimize the illnesses and deaths caused by COVID-19 and also the social and economic impacts.

New Directives from the Governor and Health Officer

School closures (March 12, 2020)

Governor Jay Inslee announced that all schools in King, Snohomish and Pierce counties will be closed from March 17-April 24.

At this time, this order does not include child care and early learning programs. Child care and early learning serve a vitally important function in allowing parents to continue working, which has significant public health and social benefits. Parents still need to work and children need safe and enriching spaces to spend their days. Compared to schools, child care settings have lower risks for exposure and spread of COVID-19 because there are typically fewer children in a child care setting. The available evidence from the COVID-19 outbreak has shown that the risk of serious illness to young children is low.

While the guidance below is appropriate for both schools and child care, it is currently meant to address child care settings due to the state-ordered public and private school closures.

Mandates on public events (March 11, 2020)

In light of the increasing COVID-19 outbreak, in King County the following directive applies until rescinded by the Health Officer:

- Prohibits events with more than 250 attendees
- Permits events with fewer than 250 attendees if event organizers take steps to minimize risk:
  - People at high risk for severe illness from COVID-19 are encouraged not to attend (aged 60 or over, those with underlying health conditions, and pregnant people).
  - Close, face-to-face contact is limited.
  - Proper hand washing facilities are available and surfaces are cleaned.
Neither of these mandates on events is intended to prohibit the normal operations of child care.

**Child care mitigation strategies**

Follow community mitigation strategies for schools and child cares as outlined in the CDC community mitigation guidance:

- Social distancing measures (e.g., stagger entry/dismissal times; alter schedules to reduce interactions among children; cancel activities that bring large groups into close contact; postpone sporting events and inter-school competitions)
- Monitor for illness in children, staff and volunteers
- If your child care has a case of COVID-19, consider short-term dismissals as needed for cleaning, and while you are identifying close contacts of the ill person

Increased frequency of cleaning, sanitizing, and disinfecting your school or child care center (refer to the King County Child Care Health standard guidelines but with increased frequency).

**Guidance for decision-making for child care closures**

We are providing the following guidance to child cares about how to respond if they identify a case of COVID-19 in a child, staff member, or volunteer at their facility and to inform their decision making.

When making decisions about whether and for how long to close a child care, weigh the potential benefits gained by reducing the potential for COVID-19 transmission in the child care with the impacts of closing. Child care and early learning serve a vitally important function in allowing parents to continue working, which has positive public health, economic and social impacts.

**We do not currently have a case in our child care. What should we do?**

Child care administrators can take the following steps to help prepare for cases of COVID-19 in the child care setting as well as more widespread community transmission during which child care closures might be recommended or required by Public Health:

- Implement social distancing measures to limit close contact, such as choosing activities that minimize close contact and allow for more physical space between children.
- Review, update, and implement emergency operations plans (EOPs).
- Monitor and plan for absenteeism.
- Establish procedures for identifying and sending home children and staff who are sick at child care.
- Perform routine environmental cleaning.
- Create communications plans for use with the child care community. (See appendix for fact sheets.)

We have a case of COVID-19 in our child care community. What should we do?

Consider closing if:

- The individual infected with COVID-19 spent time in the child care setting and had close contact with others while ill. Close contact includes scenarios like being within 6 feet of a confirmed case for about 10 minutes, or if someone with COVID-19 has coughed on you, kissed you, shared utensils with you or you have had direct contact with their body secretions.
- You are observing that high rates of absenteeism among staff and/or children hinders your ability to meet provide adequate services.

If our child care decides to close, how long should we remain closed for?

Consider an initial temporary closure for 2–5 days to assess whether there is a single isolated case of COVID-19 with minimal close contact with others or if there are multiple children or staff ill or exposed contacts of the case (for whom home isolation or quarantine would be recommended). If widespread illness or clusters of illness are detected or if isolation and quarantine recommendations result in significant absenteeism so that the child care cannot provide adequate services, consider extending the length of closure to at least 14 days.

Alternatively, child cares can consider an initial closure for 14 days, which represents the incubation period for COVID-19. Within that timeframe, most individuals infected with COVID-19 would begin to develop symptoms, although healthy persons especially children can have very mild illness. Symptomatic individuals should be advised to contact their healthcare provider and self-isolate for 7 days OR until 72 hours from the time that fever has resolved (and symptoms get better) – whichever is longer. Other children and staff who are well should self-quarantine at home and should not be gathering in other locations. Children and staff who do not develop illness may return to child care at the end of the 14-day quarantine.

The COVID-19 situation is rapidly evolving and we expect continued community transmission. Administrators should expect that additional cases will occur when the child care reopens.

What steps should be taken during a closure?

- Conduct routine environmental cleaning of frequently touched surfaces.
- If possible, assess what close contacts the case had while ill. Notify close contacts and ask that those with symptoms contact their healthcare provider and self-isolate for 7 days OR until 72 hours from the time that fever has resolved (and symptoms get better) – whichever is longer. Those who do not have symptoms should self-quarantine for 14 days and monitor for symptoms.
- Discourage children from gathering or socializing in large groups elsewhere such as at places like a friend's house. This reduces the potential for transmission.
- Work on communication to families and staff to ensure that when child care re-opens, ill people know to remain home until well and that those with COVID-19-like symptoms self-isolate for 7 days OR until 72 hours from the time that fever has resolved (and symptoms get better) – whichever is longer. (See appendix for fact sheet.)
If we dismiss child care, what steps do we need to take when re-opening the facility to children?

- Advise parents to keep their children home as well as staff if they have cough, fever, or shortness of breath, or are otherwise ill. Parents should also avoid entering the child care if they are ill.

- Continuously communicate with all parents, children, staff, and volunteers about **steps everyone can take to protect themselves and prevent further spread**, including: avoiding ill people, minimizing non-essential activities in the community, frequent handwashing for at least 20 seconds, implement health monitoring practices to detect illness and prevent exposures in child care:
  
  - Advise staff to monitor for children who may be exhibiting COVID-19 or other respiratory symptoms, and notify healthcare personnel (if available) within the child care. Separate ill children and staff from others, immediately send ill persons home, and advise them to call their healthcare provider.

  - Consider asking parents to check their children’s temperature and asking staff to check their own temperature daily before arrival at child care. If the temperature exceeds 100.4°F or if the person has cough, advise the parents to isolate their child to the extent possible at home or staff member to isolate at home.

- Consider collecting information about the reason for each child's absence. This information can help determine whether absence is due to illness or other causes.

- Perform routine environmental cleaning by regularly disinfecting frequently touched surfaces (e.g. doorknobs, light switches, countertops). **Refer to guidance from the CDC**.

- Continue to review and update your emergency operations plan so that you can be best prepared for the possibility of more local cases.

### Sharing resources with families and staff

Child care administrators can also support their community by sharing resources with parents (if resources are age-appropriate), their families, and staff:

Child care administrators can also support their community by sharing **resources** with parents (if resources are age-appropriate), their families, and staff:

- Information about COVID-19 from [www.kingcounty.gov/covid](http://www.kingcounty.gov/covid)

- Subscribe to our blog, Public Health Insider ([publichealthinsider.com](http://publichealthinsider.com))

- General CDC fact sheets to help staff and children's families understand COVID-19 and the steps they can take to protect themselves:

- CDC information for staff, students, and their families who have recently traveled back to the United States from areas where CDC has identified community spread of coronavirus:
  - A list of countries where community spread of COVID-19 is occurring can be found on the CDC webpage: [Coronavirus Disease 2019 Information for Travel](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

These recommendations may be updated as the outbreak evolves. Public Health appreciates your patience and partnership as we respond to the daily challenges that COVID-19 presents to our community. Frequent updates on this emerging situation: [www.kingcounty.gov/covid](https://www.kingcounty.gov/covid)

**Appendix: Communication fact sheet**

[Download a template](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html) that your child care may use to communicate accurately with parents and guardians for informational purposes or if staff or children at our child care have been exposed to novel coronavirus.