

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

Updated April 29, 2021

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-19¹ or a confirmed case² of COVID-19 in our child care community. What should we do?

If you become aware of a child, staff member or volunteer who has spent time in your facility that has tested positive for COVID-19:

- Notify Public Health - Seattle & King County by calling the COVID-19 Call Center at 206-477-3977 between 8 a.m. and 7 p.m. (Select option 5 and identify yourself as a child care provider) or by completing a [COVID-19 Intake Survey](#). Public Health will respond with an email or phone call.
- 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).

What do we do for staff and children who had close contact³ with a person who tested positive for COVID-19?

1. **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.

¹A **suspected case** is a person who shows symptoms of COVID-19 but has not yet been tested or is waiting for test results.

²A **confirmed case** is a person (with or without symptoms) who tested positive for COVID-19.

³ **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 even if masks were worn. 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.

- 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.

Public Health can help you determine who is a close contact of the person who has COVID-19, using the Centers for Disease Control and Prevention's (CDC) definition.

2. **Get Tested.** 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 have COVID-19 symptoms, whether they are fully vaccinated** or not
- If they are NOT vaccinated (with or without symptoms)

**** People are considered fully vaccinated for COVID-19:**

- *2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines; **OR***
- *2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine; Please note: If it has been less than 2 weeks since your shot, or if you still need to get your second dose, you are NOT fully protected. Keep taking all prevention steps until you are fully vaccinated, including the quarantine guidance below.*

It is best to wait 5 days after last contact to a positive case to be tested UNLESS the child/staff member develops symptoms. If they develop symptoms, they should seek testing as soon as possible.

- 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.

3. **Quarantine.** Close contacts who ARE NOT fully vaccinated should stay home, away from anyone who does not live with them, and watch for symptoms.

Public Health recommends a 14-day quarantine (safest option) for people who ARE NOT fully vaccinated, but decisions to use a shorter quarantine period should be based on operational needs to ensure the safety and well-being of children and staff. It will be up to the child care program to work with their employees and children's families to determine which of the quarantine options below they will require for their program. Public Health can work with programs to make the best determination for their situation.

If you are a close contact with NO SYMPTOMS and ARE NOT fully vaccinated:

- Stay in quarantine for 14 days after your last contact. **This is the safest option.**
- If this is not possible, stay in quarantine for 10 days after your last contact.

- If the first two options are not possible, stay in quarantine for 7 full days beginning after your last contact **and** after receiving a negative result (get tested no sooner than 5 days after last contact). This option should only be used in limited circumstances.

If you are a close contact WITH SYMPTOMS, whether you are fully vaccinated or not, (even with a negative test):

- Stay in quarantine for 14 days after your last contact. **This is the safest option.** OR
- Isolate until at least:
 - 10 days since symptoms began
 - **AND** 24 hours since fever has resolved (without fever-reducing medication)
 - **AND** symptoms have improved (whichever is longer).

If you are a close contact with NO SYMPTOMS and ARE fully vaccinated:

- You do not need to quarantine after an exposure to someone with suspected or confirmed COVID-19, but you should watch for symptoms for 14 days after your last close contact.
- If you develop symptoms within 14 days after an exposure, isolate yourself from others. Contact your healthcare provider and let them know you have been vaccinated for COVID-19.

4. Child care staff who ARE NOT fully vaccinated are not permitted to work after a known exposure. Prior to December 2020, essential workers who had been exposed to a person with COVID-19 were allowed to continue working through their quarantine period as long as they had no symptoms. Child care providers are considered part of the [essential workforce per the Governor's orders](#).

5. Close contacts may return to the child care program the day after their quarantine ends, if they haven't developed symptoms and are not sick.

What if staff and children had close contact with a person who has symptoms of COVID-19 but has not been tested yet?

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 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 a.m. 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.

What actions should we take during a closure?

1. 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.

2. 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 or tests positive.
- Make sure materials given to families about COVID-19 are in the language parents best understand.
- 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).

3. Continue to provide meal programs, when possible.

- 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.

4. 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?

Refer to the [Checklist for Child Care Administrators: Steps to Prevent COVID-19](#)

- Screen staff and children for signs of sickness at entry each day. Refer to the “Steps to Prevent COVID-19” checklist (above) for screening questions and instructions on how to take and record temperature.
- Plan to maintain the same group of children and staff from day to day.
- 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.
- Print [Illness Logs](#) to help monitor absences or children who develop symptoms while in 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](#).