

06/23/2021

Dear Childcare, Daycare, Early Learning, and Preschool Partners,

The purpose of this letter is to provide you with updated guidance related to COVID-19 management in the childcare and preschool settings. The Education team at the Spokane Regional Health District (SRHD) is working together with the Washington State Department of Health (DOH) to provide resources and clarity regarding applicable guidance.



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Resources SRHD provides for childcare, daycare, and preschool facilities:

- One-on-one consultations
- Care coordination
- Local guidance and clarity regarding statewide guidance
- Notification letters in English, Arabic, Marshallese, Russian, and Spanish
- A dedicated team to address questions and concerns
- Free COVID-19 PCR test kits for staff (by request and application)
- COVID-19 test result verification



As a friendly reminder, all COVID-19 positive and possible cases within Spokane County should be reported to SRHD as soon as you are made aware (WAC 246-101-425). When you find out about a confirmed or possible COVID-19 positive staff, student, or family member, please send us an encrypted (or otherwise secure) email at education@srhd.org with information about the case and your contact information for follow-up. If you do not wish to include the information via email, please either email us your contact information or give us a call. Our priority is to provide you with guidance to help you make decisions that will keep your staff, students, and their families healthy while also trying to keep you open. Your cooperation is paramount in helping us meet these goals.

When communicating with us about a confirmed or possible COVID-19 positive, please include the full name, date of birth, last day at the facility and any other pertinent information (e.g., symptom start date, test date, number of staff/students in the class or potentially exposed, etc.). Either an SRHD or DOH staff member will call or email you to discuss the details of that specific incident and help you plan the best course of action moving forward. Timely notification to SRHD of positive and possible cases is crucial for contact tracing to reduce spread of the virus. Delays can mean more infections and increase the likelihood of needing to close an entire classroom or facility which are counter to our goals. We are here to support you and our community.

We encourage you to continue to screen and watch for *all* symptoms of COVID-19 in your staff and students. Those symptoms could include *any* of the following:

- | | |
|--|---|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea/vomiting/diarrhea |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Congestion/runny nose |
| <input type="checkbox"/> Fever of 100.4°F or higher | <input type="checkbox"/> Unusual fatigue |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Chills | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Muscle or body aches | |

While many of these symptoms can be seen with other conditions, such as allergies or colds, we ask you to seek medical evaluation if you identify *any* of these symptoms, even a runny nose. If anyone becomes ill, please send them home *immediately*, have them contact their doctor for evaluation (and testing if indicated), and notify us.

While fewer children have been sick with COVID-19 compared to adults, children can also spread the virus to others. Children, staff, and family members with underlying medical conditions are at increased risk for severe illness from COVID-19. Although the number of children who have been hospitalized with COVID-19 is low compared to adults, one



third of hospitalized children with COVID-19 are admitted to the ICU. Additionally, a small number of children might develop a rare, but serious condition associated with COVID-19 called Multisystem Inflammatory Syndrome in Children ([MIS-C](#)). Although the risk for death among children is low compared to adults, some children have died from COVID-19.

SRHD recognizes the critical role childcare programs provide to children and the community. They support children's social-emotional, behavioral, and mental health while fostering early learning development. They can also help serve children in need through nutrition programs, special education services, and after-school programs. In addition, these programs support parents with reliable and safe care so they can return to work. The benefits of keeping childcare programs open are weighed against the risks posed by COVID-19 spread in the childcare program and ability for childcare facilities to mitigate risk.

COVID-19 is mostly [spread through close contact and inhalation of respiratory droplets](#) released when people talk, sing, breathe, sneeze, or cough. Although less likely, it is possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own eyes, nose, or mouth. To slow the spread of COVID-19 in your facility, your program should fully implement and adhere to multiple [prevention strategies](#). Prevention strategies are the actions taken to reduce the risk of spreading COVID-19 (e.g., [staying home when sick](#), [wearing a mask](#), [physical distancing](#), avoiding crowds, avoiding poorly ventilated spaces, frequent [handwashing](#), [cohorting](#), and regular and consistent [cleaning and disinfecting](#)).

Vaccines are also an important tool to help stop the COVID-19 pandemic. Early care and education providers hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. As essential frontline workers, childcare providers and those who work in pre-K-12 schools as well as Head Start programs should prioritize receiving the vaccine. New CDC resources are available to help:

- [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#)
- [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#)

Prevention measures like masking, physical distancing, and enhanced cleaning may be required for the foreseeable future, but the risks of COVID-19 illness and outbreaks within these settings can be greatly diminished.

General Guidelines:

- **Please immediately isolate and send home everyone who has COVID-19 symptoms and/or tests positive.** The earliest someone could return is 10 days after their symptoms started (or after they were tested if they are symptom free) provided they have *not* had a fever in the last 24 hours (without using fever-reducing medications) and their symptoms have improved.
 - If they have *no known exposure AND* a) test negative while symptomatic (except for loss of taste/smell), b) have symptoms (except for loss of taste/smell) that resolve within <24 hours, or c) get a doctor's note stating a different diagnosis that accounts for *all* of their symptoms, then they may return before the end of the 10 days, provided they are symptom free and have been fever-free for at least 24 hours (without fever-reducing medication).
 - Regardless of exposure, if someone is symptomatic and either receives a positive test or doesn't get tested, they should remain home for the full 10 days minimum.
- **Please send all close contacts, siblings, and household members home if exposed to a COVID positive person.**
 - All close contacts should quarantine at home and can return after 14* days provided they haven't had any symptoms or tested positive. If they develop symptoms and/or test positive they would need to follow the COVID positive guidance above and their household members would need to follow the rolling household quarantine guidance below.

- “Rolling” Household Quarantine: All household members of a COVID positive person should quarantine at home for 24* days. 24* days is due to the positive household member being contagious for 10 days and household members needing to quarantine for 14* days *after* their last exposure to the COVID positive person while they were contagious (10 + 14* = 24* days).
 - Any household member(s) who can completely isolate from the COVID positive person during their entire contagious period (10 days minimum), can follow a reduced quarantine of 14* days (instead of 24* days).
 - If another household member becomes positive, that household member must start a new 10-day isolation period the day after their symptoms started (or they tested positive if they are symptom free) and all other household members who have been in contact with that person must restart their rolling quarantine.
 - There is no testing out of quarantine early for close contacts/household members.
- **Keep sick persons home:** If anyone feels sick for any reason regardless if symptoms are minor, they should stay home, contact their healthcare provider, get tested if appropriate, and monitor/record any symptoms (including temperature checks) daily. Develop policies that encourage sick employees to stay home without fear of negative consequences and clearly communicate these policies to staff.
- **Protective equipment:** Regardless of vaccination status, everyone in childcare/school [aged 2, 3 or 4 is recommended to wear a face covering with adult supervision and everyone in childcare/school aged 5 and older is required to wear a face covering](#) when around others except when eating, sleeping, or brushing teeth. Staff in low and medium risk settings may forgo wearing a smock on top of their clothes provided they bring and change into clean clothes and a smock if their clothes get dirty.
- **Cohorts:** Conduct all activities in small groups that remain together over time with minimal mixing of groups/staff. Record attendance, maintain seating charts, and stagger time in common areas to prevent overlap.
- **Physical distancing:** Kids should maintain at least 3 feet of distance from other kids within their cohort and 6+ feet of distance from all staff and other kids outside of their cohort. Staff should maintain 6+ feet of distance from all staff and kids as much as possible.
- **Hand hygiene:** Frequently wash hands with soap and warm water (or alcohol-based hand gel) for 20 seconds especially before eating, after using the restroom, and touching anything that is shared or not disinfected.
- **Cleaning and disinfection:** Regularly clean high-touch surfaces (e.g., light switches, doorknobs, handles, tables, whiteboard markers, restrooms, toys, etc) with soap and water or an alcohol-based disinfectant.
- **Improve indoor ventilation:** Open windows to the outside whenever possible; use air filtration systems.
- **Outdoor spaces:** Consider outdoor activities whenever possible.

Exceptions and Special Circumstances:

- ***Reduced quarantine option***
 - A reduced quarantine period of 10 days is an option if 14 days is too burdensome and the exposed person remains symptom free, does not test positive, strictly adheres to mask wearing, physically distances from others, and continues to monitor for symptoms through day 14. This option can also reduce a household member quarantine from 24 to 20 days.
- **Exemptions from masking and physical distancing**
 - Full vaccinated *staff who are 18 or older* may take off their facial covering and not need to physically distance as long as all the following criteria below are met:
 - They are *fully* vaccinated; AND
 - Their employer observes/follows/accepts this exemption; AND
 - Their employer verifies their vaccination status; AND



- They are either working alone or there is no one under the age of 18 present in the same room (no children or adolescents can be present or able to easily enter).
- **Exemptions from quarantine and testing**
 - If a close contact/exposed individual was previously infected with the Coronavirus within the past 90 days, they are exempt from needing to test and/or quarantine provided they meet all the following:
 - They had a positive COVID-19 test result during their previous infection; AND
 - They have fully recovered from their previous COVID-19 infection; AND
 - They do not currently have any COVID-like symptoms (if they do have symptoms, they should be sent home to quarantine, evaluated by their healthcare provider, and retested).
 - If someone is fully vaccinated against COVID-19, they are exempt from needing to test and/or quarantine following a COVID-19 exposure provided they meet all the following:
 - They are fully vaccinated: it has been at least two weeks since they received either their second dose of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine); AND
 - They do not currently have any COVID-like symptoms (if they do have symptoms, they should be sent home to quarantine, evaluated by their healthcare provider, and tested).
 - Special notes
 - Regardless of exemptions, everyone who is exposed to COVID-19 should watch for symptoms of COVID-19 for 14 days following an exposure.
 - If symptoms develop (regardless of previous exposure or vaccination), isolate and go home immediately and seek health care evaluation for COVID-19 (including testing if indicated).
 - Regardless of previous exposure or vaccination, continue to follow all [travel](#), masking, and physical distancing recommendations.
- **Working quarantine option (single case guidance)**
 - If there is only one COVID-19 positive person in a cohort/room at a facility, that group may continue to come to school/childcare during a 14-day working quarantine *as long as* they:
 - Continue to be symptom free (monitor and track symptoms daily including temperature); AND
 - Continue to adhere to recommended masking, hand washing, and distancing guidelines; AND
 - Get tested twice (days 5-7 and 10-14) and do not receive a positive test result; AND
 - Cohort in the same room with the other exposed children/staff; AND
 - No one else in that classroom becomes positive during those 14 days (if anyone else becomes positive, the classroom should close/everyone stay home for 14* days since the last exposure).

Additional Resources:

- Statewide requirements:
 - [WA DOH/OSPI/DCYF | Childcare, Youth Development, and Day Camps Guidance](#)
 - [DOH WA | Secretary of Health Statewide Face Coverings Order 20-03.2](#)
 - [WA GOV | COVID-19 Safe Start – Stay Healthy Proclamation 20-25.6](#)
- [SRHD Education COVID-19 website](#)
 - Letters for School Use (some have been translated into Arabic, Marshallese, Russian, and Spanish)
 - [COVID General Notification Letter](#) (for facility wide notifications, not close contacts or cases)
 - [COVID Class Notification Letter](#) (for classroom wide notification, not close contacts or cases)
 - [COVID Staff Letter](#) (for staff cases)
 - [COVID Ill Student Letter](#) (for student/child cases)
 - [COVID Quarantine Letter](#) (for close contacts)

- [COVID Level 2 \(Classroom Closure\) Letter](#) (for everyone, except cases, from closed classrooms)
- [COVID Level 3 \(Facility Closure\) Letter](#) (for everyone, except cases, from closed facilities)
 - [Flowchart for Symptomatic/Not Exposed](#)
- [SRHD | Testing, Quarantine, and Return to Work Guidance](#)
- [SRHD | School COVID-19 Flow Chart](#)
- [SRHD | What Am I Sick With?](#)



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Sincerely,

The SRHD COVID-19 Epidemiology Education Team
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<https://srhd.org/programs-and-services/school-communicable-disease-manual/covid-19-school-guidance>