

# Requirements and Guidance to Mitigate COVID-19 Transmission in K-12 Schools and Child Care

## Highlights of August 5, 2022 Changes

- Updated [exposure notification](#) requirements for students and children.
- Updated outbreak [definition and reporting requirements](#).
- Revised return to school after [isolation](#) requirements to align with CDC.
- Clarified that the [required isolation protocol follows any positive viral COVID-19 test](#).
- Updated and divided recommendations section into:
  - [Recommended Strategies to Mitigate COVID-19 Transmission in Schools and Child Care](#)
  - [Responding to Outbreaks in Schools and Child Care to Outbreaks](#)
- Added [Considerations for Child Care Providers](#) section.

As Washington K-12 schools enter the 2022-2023 academic year, this document outlines the requirements for K-12 schools and child care providers, early learning, youth development, and day camp programs, along with recommendations to minimize the risk of exposure and transmission in educational and child care settings. Governor’s proclamation 20-09, currently [20-09.4 “K-12 Schools”](#) authorizes the requirements outlined in this document and are supported by the emergency proclamation 20-25, currently [20-25.19 “Washington Ready.”](#)

- [Section 1](#) outlines Requirements
- [Section 2](#) outlines Recommended Mitigation Strategies
- [Section 3](#) addresses Responding to Outbreaks in Schools and Child Care
- [Section 4](#) contains Additional Considerations for Child Care
- [Section 5](#) shares Additional Considerations
- [Section 6](#) lists Information and Resources
- [Glossary](#)

For the purposes of this document:

**K-12 Schools** refers to public and/or private schools serving kindergarten through 12th grade (K-12).

**Child Care Providers** refers to child care, extended care, early learning, youth development, and day camp programs. For a list of programs and providers included in this group, see the [Glossary](#).

Schools and child care providers are an important part of the infrastructure of communities as they provide safe, supportive learning environments for students and children and enable parents and caregivers to be at work. This guidance from the Washington State Department of Health (DOH) can help K-12 school and child care administrators support safe, in-person learning for K-12 schools, and keep child care open, while managing the spread of COVID-19.

## Section 1: Requirements

**Schools and child care providers must adhere to the requirements in this section. Schools, school districts, child care providers, programs, and/or local health jurisdictions (LHJs) may put more protective policies in place, which are also required to be followed.**

### Employee COVID-19 Vaccination

All employees, volunteers and indoor contractors in educational settings are **required** to be [fully vaccinated](#) or have a medical or religious exemption per [Governor's proclamation 21-14.3](#).

See [Vaccine Mandate](#) in the Glossary for full requirements or see [Vaccine Mandate Frequently Asked Questions](#).

### Exclusion of Individuals with COVID-19 Symptoms of COVID-19

Students, children, and staff who have [symptoms of COVID-19](#) are **required** to stay home and should get tested and/or see a health care provider and follow the return to work/care/school guidance accordingly. Follow the DOH [What to do if a Person is Symptomatic](#) flowchart and [Isolation Protocol](#) below.

### At-Home Isolation Protocol and Returning to School, Child Care, or Program

An individual who tests positive for COVID-19 with a viral test (Molecular (PCR/NAAT) or antigen, including self-tests) is **required** to follow isolation guidelines outlined below.

A student, child, or staff who tests positive for COVID-19 is **required** to isolate at home or where they are currently residing, regardless of vaccination status. The individual may return after 5 full days of isolation if they are asymptomatic or their [symptoms](#) have improved **and** they have had no fever for the past 24 hours without the use of fever-reducing medications.

Day 0 is the first day of symptoms. For people without symptoms, day 0 is the day of the positive viral test. See [Isolation and Quarantine Calculator](#).

Repeating initial tests does not change the isolation protocol; a positive test initiates the isolation protocol. Additionally, individuals who test positive using antigen or at-home tests towards the end of the full 5 days of isolation, and/or on days 6-10, are **required** to complete the 10 full days of isolation. Testing after day 10 is not recommended.

For additional considerations, please see section below: [Staying Home When Sick](#).

### Isolation of COVID-19 Cases within a Facility

Any student, child, or staff who reports or has COVID-19-like symptoms is **required** to be

immediately isolated from others, sent home or where they are currently residing, and referred to diagnostic testing as soon as possible, regardless of vaccination status. While waiting to leave the school or child care, the individual with symptoms is **required** to be isolated and wear a well-fitting face mask, if two years of age or older and not exempted from wearing a mask. Schools and child care should provide masks and other appropriate personal protective equipment (PPE) to staff, students, and children as needed or desired. Anyone providing care or evaluation to the isolated individual is **required** to wear [appropriate PPE](#).

All children, staff, and visitors aged two years and older are **required** to wear masks in the nurse/health room and in the isolation area, as these are considered health care settings. Staff may require a certain level of respiratory protection when working with individuals in isolation who are known or suspected to have COVID-19. Refer to Labor and Industries (L&I) [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

It is recommended the designated isolation space for individuals with COVID-19-like symptoms is separated from the space used for those needing general first aid or medicine distribution in a school setting, or from shared spaces with other children in a child care setting, where feasible. For schools, if the nurse's office has an exam room designed with a negative air flow and directly exhausted air, this room should be given priority as an isolation space. If this is not available, the isolation space would ideally be a room with a door that can close, with a properly sized HEPA air cleaner (air purifier) used to increase filtration. See [DOH ventilation guidance](#) for more information.

If no appropriate indoor space is available and the student or child can be supervised and made comfortable, a secure outdoor setting is an acceptable alternative if weather and privacy permit.

### Notifying Groups or Individuals of Potential Exposure

Schools and child care providers are **required** to have a process in place to inform students, children, and their families when there are cases and outbreaks in the school or child care.

Options for keeping families informed of cases and outbreaks include but are not limited to:

- Weekly newsletters or online dashboards of cases and outbreaks.
- Group notification (e.g., by email or messaging system). Groups could include classes, teams, other extracurricular activities, or the school or child care community.

Schools and child care providers are encouraged to include details such as the number of cases and locations in the school or child care where students may have been exposed.

The Health Emergency Labor Standards Act (HELSEA) **requires** employers to notify staff of exposure. See the L&I resource for [Questions and Answers: Reporting and Notification Requirements of HELSEA and PPE Usage](#).

### Ensure Access to Diagnostic Testing for COVID-19

K-12 schools are **required** to ensure access to timely diagnostic testing for students and staff with symptoms or who were potentially exposed and want to test. This can be done at the

school (including distributing self-tests for home use), at a centralized site for the district or organization, and/or in partnership with a trusted and accessible [community-based testing provider](#)\* and local public health. Timely testing of symptomatic students and staff helps reduce lost days of in-person instruction.

DOH's [Learn to Return](#) testing program is available to help K-12 schools meet diagnostic testing requirements. Schools or districts that would like more information about COVID-19 testing programs should contact [schools@healthcommonsproject.org](mailto:schools@healthcommonsproject.org). See the [DOH Testing in Schools](#) page for more information. School districts must receive permission from parents or guardians for students to receive school-based testing.

Child care providers may point staff and families to testing options through [community-based](#) sites, through a medical provider, or at-home tests.

\*“Accessible community-based testing provider” means the testing is both free and no more than a 30-minute drive from the school and may include a clinic, pharmacy, fixed or mobile testing site, etc.

### Reporting COVID-19 Cases and Outbreaks and Working with Public Health

Schools and child care providers play an important role in identifying COVID-19 cases and limiting the spread of COVID-19. All COVID-19 cases, outbreaks, and suspected outbreaks in schools and child care settings are **required** to be reported to the [Local Health Jurisdiction](#) (LHJ) in accordance with Washington State law ([WAC 246-101](#)). COVID-19 test results should be reported to DOH in accordance with guidance available at the [Reporting COVID-19 Test Results](#) webpage. In addition, schools, child care providers, and the general public are **required** to cooperate with public health authorities in the investigation of cases and outbreaks that may be associated with the school or child care.

All cases in schools or child care that meet the criteria below are **required** to be reported to the LHJ as a suspected outbreak of COVID-19 ([WAC 246-101](#)):

- At least **3 cases within a specified core group** meeting criteria for a COVID-19 case from a positive viral test  
OR
- Multiple COVID-19 cases from positive [viral tests](#) comprising at least **10% of students, teachers, or staff within a specified core group**  
AND
- Cases have a symptom onset or positive test result within 14 days of each other.

Communication about COVID-19 cases may include private information that falls under the Family Educational Rights and Privacy Act. [FERPA](#) allows schools to share personally identifiable information with local public health without consent when responding to a health emergency.

Employers are **required** to notify L&I about outbreaks of 10 or more staff members at a facility. See the L&I resource [Questions and Answers: Reporting and Notification Requirements of HELSA and PPE Usage](#).

## Section 2: Recommended Strategies to Mitigate COVID-19 Transmission in Schools and Child Care

Lessons learned over the past two and a half years of the pandemic have identified the following strategies as key to protecting school and child care communities and preventing COVID-19 transmission and related outbreaks.

The Washington State Department of Health (DOH) encourages schools and child care providers to coordinate with their local health jurisdiction (LHJ) for any decisions related to the strategies outlined here. Local health officials have the authority to put health orders or requirements in place to lessen the impact of disease in school and child care settings, and to ensure continuation of in-person instruction within their jurisdiction. These orders or requirements may be more protective than statewide requirements but cannot be less protective.

The following information is based on existing science<sup>1,2</sup> and information from the Centers for Disease Control and Prevention's (CDC) [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#).

### Staying Up to Date on Vaccination

Vaccination is the most effective strategy to protect vaccine-eligible children and adults from severe disease, including hospitalization and death, due to COVID-19 illness. All employees and volunteers in educational settings must be fully vaccinated or have a medical or religious exemption per [Governor's proclamation 21-14.3](#).

Schools and child care providers are encouraged to promote staying [up to date](#) on all vaccinations for eligible students, children, staff, and families – including COVID-19 vaccination. DOH created the COVID-19 Vaccine School Toolkit to help schools answer parent questions and promote COVID-19 vaccination. DOH also created a COVID-19 Vaccine Clinic Toolkit for Schools to help schools coordinate vaccine clinics with community partners and promote COVID-19 vaccination. Both toolkits can be found on DOH's [School and Child Care Immunization](#) page.

COVID-19 vaccinations are now available for children 6 months and older and are recommended by CDC and the American Academy of Pediatrics. Vaccination is the best way to protect children from becoming severely ill or having long-lasting health impacts due to COVID-19. Schools and child care providers should encourage families to vaccinate their young children in consultation with their health care provider.

See also the [CDC's guidance](#) on how schools can promote vaccinations. Visit [DOH's Vaccine Information](#) webpage for general information about COVID-19 vaccines, including the [vaccine locator](#) tool. See also information on [Vaccinating Youth](#).

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<sup>1</sup> [Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs - Updated | CDC](#) [https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission\\_k\\_12\\_schools.html](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html) (Accessed 03/06/2022)

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/indicators-monitoring-l-levels.html> (Accessed 03/06/2022)

## Staying Home When Sick

Preventing exposure to COVID-19 is the first line of defense against transmission. Students, children, and staff who have [symptoms of COVID-19](#) are **required** to stay home and should get tested. Follow the DOH [What to do if a Person is Symptomatic](#) flowchart.

Any student, child, or staff member who tests positive for COVID-19 is **required** to isolate at home following [At-Home Isolation Protocol](#) as outlined in this document.

Individuals should continue to wear a well-fitting mask for an additional 5 days (day 6 through day 10) if they return to school after the end of their 5-day isolation period. If an individual is unable to wear a well-fitting mask, they should continue to isolate for a full 10 days. See the [Masking](#) section below for additional considerations.

To further protect their school or child care community, individuals who test positive using antigen or at-home tests towards the end of the full 5 days of isolation, and/or on days 6-10, are **required** to complete the full 10 days of isolation. Testing after day 10 is not recommended. See the [COVID-19 Testing](#) section below for additional information.

## Masking

Correct use of well-fitting masks protects the wearer as well as others which reduces the risk of spreading the virus that causes COVID-19. When the [COVID-19 Community Level](#) is high, CDC recommends universal indoor masking in schools and child care.

While masks are no longer required universally in schools or child care settings, there may be situations when a school, child care provider, LHJ, or DOH temporarily recommends or requires wearing well-fitting masks. Consult your LHJ to determine when universal masking is recommended.

Students, children, and staff may choose to wear a mask at school and in child care settings, with the expectation that others' choices will be respected. Some may need to wear a mask because they or a member of their household are at high risk for severe COVID-19 disease.

- Individuals who are immunocompromised, medically fragile, or otherwise at high risk for severe disease should consult their health care provider about whether to wear well-fitting masks or respirators in schools or child care settings. CDC recommends masking for high-risk individuals when [CDC COVID-19 Community Levels](#) are medium or high. In addition, people who spend time indoors with individuals at risk for getting very sick with COVID-19 should wear a well-fitting mask. It is strongly recommended that staff who provide care for students and children with disabilities that requires close contact (especially those that are medically fragile) wear appropriate personal protective equipment (PPE) when providing care. See [Considerations for Individuals at High Risk and Those with Disabilities](#).
- Schools and child care providers should provide masks and other appropriate PPE to staff, students, and children as needed or desired. Additionally, staff who provide care for students and children with disabilities that requires close contact (especially those that are medically fragile) should wear appropriate personal protective equipment (PPE) when providing care.

While correct use of well-fitting masks helps prevent the spread of COVID-19, there are specific exceptions to mask recommendations based on age, development, or disability. See [DOH's Guidance on Face Coverings](#) and [CDC Recommendation Regarding the Use of Face Coverings](#) for more information. Employees have the right to choose to mask or select more protective masks. Refer to [L&I's Coronavirus Facial Covering and Mask Requirements](#).

### Monitoring, Masking, and Testing after Exposure

DOH no longer requires exposed students, children, and staff to quarantine. To protect their school or child care community, students, children and staff, regardless of vaccination status, who are potentially exposed to COVID-19 should:

- Monitor for [symptoms](#), AND
- Test\* as soon as possible after exposure and then repeat testing every 24-48 hours through at least the first 5 days after exposure AND
- Students, children, and staff who spend time indoors with individuals at risk for getting very sick with COVID-19 should wear a well-fitting mask for 10 days after exposure.

Follow the [Symptom Decision Tree](#) flowchart.

Exposed students, children, and staff may continue to take part in all in-person instruction and care, including sports, performing arts, and other extracurricular activities, as long as they do not have symptoms or test positive. If an exposed student, child, or staff member develops symptoms, they should test and are **required** to immediately isolate at home, or where they currently reside, and follow the guidance outlined in the [Exclusion of Individuals with Symptoms of COVID-19](#) section.

\*Individuals who have been recently infected (within the past 90 days), should use an antigen test, as PCR results may remain persistently positive even if there is not a new, active infection.

### Household Exposures

Household exposures often result in prolonged and repeated contact with positive individuals. When possible, a student, child, or staff member, who is continuously exposed at home, regardless of vaccination status, is recommended to test every 24-48 hours until 5 days after the last positive household member's isolation has ended.

### COVID-19 Testing

Testing allows people to take precautions, like isolation, in a timely manner to stop the virus from spreading. Timely testing of symptomatic students, children and staff helps reduce lost days of in-person instruction and child care. Schools can ensure direct access to diagnostic testing or provide information on where to find testing. There are options to access COVID-19 testing in Washington State, including:

- Learn to Return school testing program: DOH's [Learn to Return](#) testing program is available to help K-12 schools meet diagnostic testing requirements. Schools or districts that would like more information about COVID-19 testing programs can visit the [DOH](#)

[Testing in Schools website](#). School districts must receive permission from parents or guardians for students to receive school-based testing.

- At-home tests:
  - Schools and child care providers may be able to obtain at-home tests from their Local Health Jurisdiction.
  - Households in Washington State can get at-home tests from retail stores or the [Say Yes! COVID Test](#) program. Most insurance covers the costs of up to 8 at-home tests per individual per month.
- Community testing: Families can access COVID-19 testing at community testing locations around Washington State. For locations visit [Testing Locations](#) or call the DOH Hotline at 833-829-4357.
- Medical providers and clinics: Families may be able to access COVID-19 testing through their medical provider or local health clinic.

To align with state requirements around timely access to diagnostic testing, schools and child care are strongly encouraged to develop a resource to help families find diagnostic testing.

More information about testing for COVID-19 can be found at the DOH [Testing for COVID-19 website](#).

## Ventilation

Ventilation is one of the most important COVID-19 prevention strategy for schools and child care settings. Good ventilation can reduce the number of virus particles in the air, thereby reducing the likelihood of spreading COVID-19.

Good ventilation and indoor air quality are important in reducing airborne exposure to viruses and other airborne illnesses, chemicals, and odors. Buildings vary in design, age, heating, ventilation, and air conditioning (HVAC) systems, and their ability to provide adequate ventilation and air filtration.

For more detailed guidance, see the EPA's [Clean Air in Buildings Challenge](#)

DOH recommends the following ventilation practices:

- Upgrade filters to MERV 13 if the system can handle the air resistance.
- Bring in as much outside air as possible – through the HVAC or by opening windows.
- Consult with a professional engineer or HVAC specialist to determine the best way to maximize the system's ventilation and air filtration capabilities for each area in the building.
- Portable HEPA air cleaners can provide increased filtration in rooms with poorer ventilation or in isolation areas. Choose HEPA air cleaners certified by the California Air Resources Board to not emit dangerous levels of ozone. Do not use ozone generators, electrostatic precipitators and ionizers, negative ion air purifiers, etc. because they can produce harmful by-products. Do not use personal air purifiers.

For more information: [Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses](#).



## Handwashing and Respiratory Etiquette

Schools and child care providers should continue to encourage frequent handwashing and good respiratory etiquette to prevent spreading and contracting COVID-19 and other infectious diseases. Respiratory etiquette means practicing healthy habits that prevent the spread of germs, including:

- Covering your mouth and nose with a tissue when coughing or sneezing.
- Throwing used tissues in the trash.
- Coughing and sneezing into your elbow, not your hands, when you don't have a tissue.

Through ongoing health education, teach children proper handwashing and reinforce healthy behaviors. Support [healthy hygiene](#) behaviors by providing supplies, including soap, a way to dry hands, tissues, and no-touch trash cans. Ensure that staff also practice proper handwashing and respiratory etiquette.

For more information: [Handwashing to Prevent Illness at School | Washington State Department of Health](#)

## Cleaning and Disinfecting

Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, drinking fountains, and restrooms. In general, cleaning once a day with soap and water is enough to sufficiently remove virus that may be on surfaces. Clean desks with soap and water. Desks only need to be disinfected when there is vomit, blood, or feces, or during an outbreak. Wash your hands after you clean.

Sanitizers and disinfectants must be EPA registered anti-microbial pesticides. Do not use products that are not EPA registered. For COVID-19, choose a disinfectant registered for use against the [SARS-CoV-2 virus](#).

For more Information: [Cleaning and Disinfection guidance for public spaces](#).

## Bus Transportation

Maximize ventilation on the bus by keeping at least 2 front and 2 rear windows open a few inches.

Do not fog/mist the bus with disinfectant. Leave windows open to air out the bus after use and clean when visibly dirty.

## Maintain Awareness of CDC Community Levels

DOH encourages schools and school districts to maintain awareness of [CDC COVID-19 Community Levels](#) for their area and coordinate with local public health to inform their mitigation response.

## Section 3: Responding to Outbreaks in Schools and Child Care

**Schools and child care providers are required to respond to outbreaks.** Outbreaks represent situations where enhanced mitigation efforts are recommended **and may be required** by the Local Health Jurisdiction (LHJ) to prevent the spread of COVID-19.

As outbreaks in a facility show signs of growing or continuing, schools and child care providers should implement additional mitigation measures. Coordination with your LHJ will ensure this is done in the way to best protect students, children, employees, families, and the community.

Schools and child care providers, with help from LHJs, should consider local context when selecting strategies to prioritize. Availability of resources, such as funding, personnel, or testing materials, may vary by community.

### Masks During Outbreaks

**Masks are recommended indoors when there is an outbreak of COVID-19 in a core group at a school or child care, and masks are recommended indoors facility-wide when there are widespread outbreaks or cases at a school or child care.**

**When the [CDC COVID-19 Community Level](#) is high, CDC recommends universal indoor masking in schools and child care settings.**

Consult your LHJ to determine when facility-wide or universal masking is recommended.

DOH, LHJs, schools, or child care providers may require masks universally during outbreaks in classrooms or groups of students (e.g., a choir class or a sports team) or when there are widespread outbreaks at a school or child care to limit disease transmission and ensure continuation of in-person instruction and care. Masking recommendations during outbreaks extend to school buses.

### Testing During Outbreaks

Many schools, in coordination with their LHJ, established robust Test to Stay programs as an alternative to at-home quarantine for exposed individuals in an effort to keep children in school. While contact tracing and quarantine are no longer required, schools can use their existing testing program infrastructure to implement testing protocols that ensure safe, uninterrupted, full-time, in-person learning.

Recommended use of testing protocols in schools and child care include, but are not limited to:

- Testing people who are exposed during outbreaks in specific cohorts, such as classrooms, teams, performing arts and clubs.
- Testing during household exposures, which often result in prolonged and repeated contact with positive individuals.
- Exposure testing of individuals who are at high risk for severe disease.

Potentially exposed individuals can continue to attend work, class, child care, and participate in extracurricular activities while completing a testing protocol.

**During outbreaks, coordinate with LHJs to determine how often to test as these recommendations can change.**

Individuals completing a testing protocol should continue to monitor for symptoms and are encouraged to wear a well-fitting mask when around others. If an individual tests positive for COVID-19 at any time, they must isolate at home, or where they reside, and follow DOH [isolation guidance](#).

- Rapid or point of care (POC) antigen tests, POC molecular tests, or self-tests are acceptable and preferred, given the ability to get results within minutes and the need to identify positive individuals and have them isolate in a timely fashion.

Screening testing is an effective way to identify those with COVID-19 who do not have symptoms or known exposures, especially when [CDC COVID-19 Community Levels](#) are medium or high or when there are widespread outbreaks. The CDC recommends screening for events and after breaks, for higher risk activities like sports and performing arts, and for testing those working with vulnerable students or children. Schools and child care providers are encouraged to work with their LHJs for additional guidance in this area.

### Athletics and Performing Arts During Outbreaks

Testing in indoor athletics, performing arts, and other higher-risk activities is recommended if the team or group was exposed to COVID-19 or there is a team or group outbreak. School districts should work with local public health to determine when to test in an outbreak or after an exposure.

During athletic team outbreaks, athletes, coaches, athletic trainers, and other support personnel should wear masks when participating in indoor activities, to include training rooms, especially when playing or practicing indoor sports where aerosolization may occur or the indoor space is not well ventilated.

During a group outbreak in performing arts, high aerosol producing performers [e.g., singers, woodwinds and brass, speech/debate, dance (competitive and dance squads), and theatre] should wear appropriate masks and/or use appropriate bell covers while practicing or performing. See [National Association for Music Education](#) resource for more information.

The use of cohorts within teams and performing arts groups limits the potential for widespread transmission. During outbreaks, cohorts are recommended for practices, warm-ups, and when traveling.

Students, children, staff, and volunteers involved in other extracurricular activities (e.g., clubs, interest groups, STEM fairs, field trips) should consider the guidelines within this document when hosting or participating in school- or program-sponsored activities, contests, shows, etc., to minimize the risk for COVID-19 transmission.

### Moving Activities Outdoors

When there are ongoing outbreaks in a school or child care, moving activities such as lunch, physical education and large group gatherings outdoors is recommended if feasible.

## Section 4: Additional Considerations for Child Care

**All requirements and recommendations in the entirety of this guidance apply to child care settings unless otherwise specified.** This section includes additional considerations for child care providers.

Child care is a vital and essential resource for parents. Child care providers have made tremendous efforts to keep their facilities safe and continue to function since the arrival of COVID-19.

**Child care providers may choose to put more protective policies in place than the requirements listed in this guidance document.** In addition, early learning programs (e.g., Head Start) should review their program COVID-19 mitigation protocols and follow any additional measures that are required.

### Prevention Strategies: Special Considerations for Child Care

**Staying Home When Sick:** Following the [Symptom Decision Tree](#) is challenging for child care providers and families as common symptoms in young children can lead to staying home and/or getting tested. Additionally, testing young children can be difficult as at-home tests are not approved for children under two.

While recognizing these challenges, DOH **requires** that child care providers follow the [Symptom Decision Tree for Schools and Child Care](#) to prevent possibly exposing staff and children to COVID-19.

**Testing:** Children under two can get tested for COVID-19 at a testing site (for locations see [DOH webpage](#) or call DOH Hotline at 833-829-4357) or from a health care provider.

Families with children over the age of two and child care staff can get at-home tests from retail stores, pharmacies, and the free [Say Yes! COVID Test](#) program. Most insurance covers the cost of up to 8 at-home tests per individual per month.

**Vaccination:** COVID-19 vaccinations are now available for children 6 months and older and are recommended by CDC and the American Academy of Pediatrics. Vaccination is the best way to protect children from becoming severely ill or having long-lasting health impacts due to COVID-19. Families are encouraged to vaccinate their children, in consultation with their health care provider.

Washington State provides all recommended vaccines at no cost for children through age 18. Parents should ask their child's pediatrician or regular clinic if they carry the COVID-19 vaccine. Another resource is DOH vaccine locator: [Vaccinate WA: Find COVID-19 Vaccine Providers Near You](#). See also [CDC's COVID-19 Vaccination for Children](#) and [DOH's Vaccinating Youth](#).

**Ventilation:** Ventilation is an important COVID-19 prevention strategy for child care providers since many young children have difficulty or are unable to wear a mask. Good ventilation can reduce the number of virus particles in the air, reducing the likelihood of spreading disease. Child care providers without HVAC systems can improve ventilation by increasing the intake of outdoor air, opening windows and doors to create a cross draft when safe, and using portable HEPA air cleaners. See [Ventilation and Air Quality for Reducing Transmission of Airborne](#)

[Illnesses](#) for guidance on ventilating rooms without an HVAC system and choosing and placing portable HEPA air cleaners. See also CDC's [Ventilation in Schools and Child Care Programs](#).

## Responding to Exposures and Outbreaks: Special Considerations for Child Care

The unique challenges posed by care for young children make exposure and outbreak response more challenging. For example, masking reduces the chance of spreading COVID-19 but is especially challenging for young children. Young children may have difficulty wearing a well-fitting mask consistently and correctly and children under two should not wear masks. Many children are in care throughout the day and remove their masks for meals, snacks, and naps.

In addition, children and staff are often inside and close to each other throughout the day. Infants and toddlers need to be held and the social interaction at child care is vital to an infant and child's development. When cases and outbreaks occur, child care providers need to respond while balancing the needs of children and their families.

DOH no longer requires exposed staff and children to quarantine. However, child care providers may choose to implement additional measures in response to exposures or outbreaks.

Additional measures some child care providers should consider **in consultation with their LHJ** as appropriate for their situation include:

- Following [CDC quarantine guidelines](#) for quarantines in child care providers.
- Using cohorting of classrooms to limit transmission between groups.
- Recommending testing for staff or children with household exposures; coordinating with your LHJ to determine when to test after a household exposure.
- Recommending a negative test from staff and children to return to work/care after an exposure.
- Recommending a negative test to return to work/care after isolation requirements have been fulfilled.
- Recommending that children and staff returning to work/care from isolation wear masks on days 6-10.
- Using a 10-day isolation for all COVID-19 positive children who are unable to consistently mask.
- Recommending testing of all staff and children in response to an outbreak.
- Closing a classroom or the facility if an outbreak is growing; consult your LHJ if you are considering this option.

**Child care providers should consult with their LHJ on what measures may be appropriate for their situation.** Requiring a negative test result to return to work/care after 10 days of isolation after COVID-19 infection is not recommended.

## Section 5: Additional Considerations

### Considerations for Individuals at High Risk and Those with Disabilities

Those at risk for getting very sick with COVID-19 should talk to their health care provider

about the need to wear a well-fitting mask with a greater degree of protection and take other precautions. Refer to the [Mask/Face Covering Guidance During COVID-19](#) for more details. People at risk for getting very sick with COVID-19 who test positive should consult with a health care provider right away for possible treatment, even if their symptoms are mild.

Those at higher risk should monitor [CDC COVID-19 Community Levels](#) and consider taking additional precautions when community levels are medium or high.

See L&I's [FAQ for Protecting High Risk Workers](#) for more information.

When serving children or youth with disabilities, refer to the [CDC guidance for Direct Service Providers for people with disabilities](#).

## Behavioral & Mental Health

Feeling anxious about changes in school or child care routines, such as the discontinuation of masking, is normal and expected. The experiences of children, teens, families, and staff during the COVID-19 pandemic has frequently been complicated and challenging. As the community navigates the next phase of the pandemic, these factors may impact individual emotional functioning. Some people will be relieved and happy, but others may feel anxious and not ready for the changes. It will take time for everyone to adjust. It will be important to provide support and guidance for children and students to let them adjust to new guidelines. Giving permission for youth and staff to continue to wear masks or physically distance may help them adjust.

The [Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic](#) provides general information about common emotional reactions of children, teens, and families during disasters. It also has suggestions on how to help these groups recover from disasters and grow stronger.

The [COVID-19 Back-to-Classroom THINK Toolbox](#) provides behavioral health tips and resources for navigating some of the common emotional responses of children, teens, and adults during disasters.

Check the [DOH's Behavioral Health Resources & Recommendations](#) and the [Washington State COVID-19 Response: Mental and emotional well-being](#) webpages for additional resources.

## Equity

A person's race, ethnicity, or nationality does not put them at greater risk of COVID-19. However, data collected during the last two and a half years have shown that communities of color are disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism. This leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading. See the [Stigma and Reduction Resources webpage for more information](#).

## Section 6: COVID-19 Information and Resources

### Additional COVID-19 Resources for Schools and Child Care Providers

- DOH: [What to do if you test positive for COVID-19](#)
- DOH: [What to do if you were potentially exposed to someone with COVID-19](#)
- DOH: [Handwashing to Prevent Illness at School](#)
- DOH: [Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses](#)
- DOH: [Cooling Indoor Spaces Without Air Conditioning](#)
- DOH: [Cleaning and Disinfecting Public Spaces](#)
- DOH: [Classroom Cleaning Tips for Teachers](#)
- DOH: [Testing for Schools](#)
- DOH: [Self-Testing Guidance for K-12 Schools and Child Care](#)
- Operation Expanded Testing (OET): [Lets End This Together](#)
  - *OET is a no-cost testing program approved by DOH for testing in many settings, including child care. The program provides PCR self-test kits and there is no age restriction for testing. This program is scheduled to remain active through at least the end of 2022.*
- L&I: [Workplace Safety and Health Requirements for Employers](#)
- CDC: [Operational Guidance for K-12 Schools and Early Care and Education Programs](#)
- AAP: [Critical Updates on COVID-19](#)
- OSPI: [COVID-19 guidance and resources for schools](#)
- NFHS: [International Coalition of Performing Arts Aerosol Study Report 3](#)
- NAME: [National Association for Music Education](#)

### General COVID-19 Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), how and when people should [get tested](#), and where to find [vaccines](#). See our [Frequently Asked Questions](#) for more information.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)

**Have more questions?** Call our COVID-19 Information hotline at **1-800-525-0127**. Hotline hours:

- Monday from 6 a.m. to 10 p.m.
- Tuesday through Sunday from 6 a.m. to 6 p.m.
- observed state holidays from 6 a.m. to 6 p.m.

For interpretative services, **press #** when they answer and **say your language**. For questions about your own health or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

## Glossary

**Asymptomatic:** Asymptomatic means a person is showing no [symptoms of COVID-19](#).

**Child Care Providers:** In this document, “child care” includes the following program types:

- Department of Children, Youth, and Families (DCYF) licensed child care programs and the Early Childhood Education and Assistance Program (ECEAP), including extended care (before or after school programs at schools)
- Licensed-exempt programs operated in a manner that complies with the child and staff cohorting and group size recommendations in this guidance
- Federally funded Head Start programs
- Day camps, including specialty camps like sports camps
- Outdoor preschool programs, including part day license exempt programs
- Parent cooperatives
- Youth development programs providing child care and other basic supports to assist children and youth access to remote K-12 instruction
- Expanded learning opportunities, including programs for youth that complement academic and/or social emotional learning. Examples include Boys & Girls Clubs, YMCA programs, and other culturally-based and identity-based programs
- Programs funded under the federal Nita M. Lowery 21<sup>st</sup> Century Community Learning Centers program
- Enhanced learning academies, such as formal mentoring programs, tutoring centers, and college preparatory programs
- Child care, youth development, and day camps held in K-12 facilities

**Close contact:** A [close contact](#) is generally defined by the CDC and DOH as someone who was within 6 feet of a COVID-19 case for 15 cumulative minutes or more over a 24-hour time period when the case was considered infectious. CDC acknowledges an exception to the definition of a close contact in the classroom setting when masks are worn. See [Appendices | CDC](#) for more.

**Cohort:** A group of students or children with dedicated staff who remain together throughout most of the day or during an activity.

**Community Levels:** CDC measure of the impact of COVID-19 illness on health and health care systems. The CDC looks at the combination of metrics to determine the COVID-19 community level as low, medium, or high.

**COVID-19:** Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Infected individuals may not have symptoms (asymptomatic) or present with specific [symptoms](#). The virus is thought to spread mainly from person to person:

- Between people who are in close contact with one another, especially indoors and if spaces are crowded and/or have poor ventilation. Close contact is considered within six feet or two meters.
- Through droplets and airborne particles formed when a person who has COVID-19 coughs, sneezes, sings, talks, or breathes. These droplets and airborne particles can



remain suspended in the air and be breathed in by others. Droplets and particles can travel distances beyond six feet.

**COVID-19 case:** For the purposes of this document, a COVID-19 case is a person with a viral positive COVID-19 test. Consult with your local health jurisdiction (LHJ) to determine if they would like to expand the definition for contact tracing or when schools should report cases to LHJs. For example, an LHJ may consider probable cases who are close contacts of a molecular- or antigen-positive person, who have symptoms of COVID-19, or who have not been tested.

**COVID-19 outbreak in a school or child care:** All outbreaks or suspected outbreaks of COVID-19 in a school or child care setting are **required** to be reported to the local health jurisdiction (LHJ). This requirement is in WAC 246-101. The DOH defines an outbreak as follows:

- Multiple COVID-19 cases from positive viral tests comprising at least **10% of students, teachers, or staff within a specified core group**<sup>1</sup>

OR

- At least **3 cases within a specified core group**<sup>1</sup> meeting criteria for a COVID-19 case from a positive viral test;

AND

- The following three criteria are met:
  1. Cases have a symptom onset or positive test result within 14 days of each other, AND
  2. There is no evidence that transmission was more likely to have occurred in another setting (e.g., household or outside social contact) outside of the school or child care, AND
  3. Cases were epidemiologically linked<sup>2</sup> in the school or child care setting or a school- or child care-sanctioned extracurricular activity<sup>3</sup>.

<sup>1</sup> A “core group” includes but is not limited to an extracurricular activity<sup>3</sup>, cohort group, classroom, before/after school care, etc.

<sup>2</sup> **All groups of 10% or 3 cases within a specified core group that meet criteria 1 and 2 will be presumed to have an epi-link and must be reported to the LHJ as a suspected outbreak. The LHJ will make the final determination for classifying an outbreak.**

<sup>3</sup> A school- or child care-sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school, local education agency (LEA), organization sanctioned by the LEA, or child care. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.

**Disinfecting:** Disinfecting means using chemicals to kill germs that might be on a surface. The Environmental Protection Agency (EPA) has a [list of disinfectants](#) that can be used to kill the virus that causes COVID-19.

**Exposure Notification:** Exposure notification is the communication of a potential exposure by text, email, phone call, or other method. This notice may come based on contact tracing or more generally because a person was in an area (e.g., on a team or in a classroom) with

someone who tests positive for COVID-19. These notifications may occur regardless of length of exposure or distance between the individuals. As such, the notified individual may or may not meet the technical definition of a close contact.

**Fully Vaccinated:** An individual is fully vaccinated when they have received both doses in a two-dose COVID-19 vaccine primary series or one dose of a single-dose COVID-19 primary series approved or authorized for use in the United States. Staying [up to date](#) with all recommended vaccinations and boosters is the best option to protect from severe disease and hospitalization.

**Hand hygiene:** Frequent washing with soap and water for at least 20 seconds or using alcohol-based hand sanitizer with at least 60% alcohol.

**High risk for severe disease:** People who are more likely than others to become severely ill if they contract COVID-19 infection.

**Infectious period:** The time period when a person is most likely to spread the virus to other people. This term is synonymous with someone who is contagious. The infectious period of someone with COVID-19 starts two days before the start of symptoms. If someone with COVID-19 does not exhibit symptoms, their infectious period is estimated as starting two days before the test specimen collection date. The infectious period extends to the end of a person's isolation period.

**Isolation:** Isolation is when someone who has COVID-19 symptoms, or has tested positive, stays home and away from others (including household members) to avoid spreading their illness. ho has COVID-19 symptoms, or has tested positive, stays home and away from others to avoid spreading their illness.

**Local Health Jurisdiction (LHJ):** A [local health jurisdiction](#) is the local county or district agency providing public health services to persons within the area.

**Masks:** A well-fitting mask is anything that completely **covers your mouth and nose and fits securely on the sides of your face and under your chin**. It should be made of two or more layers of tightly woven fabric with ties or straps that go around your head or behind your ears. Respirators such as N95s may also be used. A face shield with a drape can be used by people with developmental, behavioral, or medical conditions that prevent them from wearing a mask. It should be acknowledged, however, that a face shield with a drape does not provide the same level of protection for the wearer as a well-fitting mask or respirator.

**Personal Protective Equipment (PPE):** Personal protective equipment, commonly referred to as PPE, is equipment worn to minimize exposure to hazards that cause serious injuries and illness. Specific PPE is used to prevent the spread of COVID-19. Certain PPE may be needed in different spaces depending on the level of exposure to others.

**Physical distancing:** This is the practice of minimizing close contact with other people.

**Outbreak:** See "COVID-19 Outbreak" above.

**Quarantine** is when someone who has been exposed to COVID-19 stays home and away from others for the recommended period of time in case they are infected and contagious. In an

effort to reduce days lost from essential education and care, quarantine is no longer **required** in schools or child care but is still recommended guidance for the general public.

**Serial Testing:** Serial testing involves testing the same person more than once over a few days to increase the chances of detecting an infection which a single test might not detect.

**SARS-CoV-2:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a virus that causes coronavirus disease 2019 (COVID-19). The virus has [variants](#) that have been identified. DOH conducts sequencing to track [variants in Washington State](#).

**Symptoms of COVID-19:** Initial common symptoms include new loss of taste or smell, fever (higher than 100.4 F or 38 C), cough, and shortness of breath, as well as chills, headache, fatigue, muscle aches, sore throat, congestion or runny nose, nausea, and diarrhea.

**Test to Stay (TTS):** A protocol used in K-12 schools in which a student or staff completed post-exposure testing at regular intervals over a limited period of time in order to remain in school/child care.

**Testing for COVID-19:** There are different tests available for COVID-19.

Two types of **diagnostic** tests can be used to confirm an active case of COVID-19:

- **Molecular test:** Molecular tests amplify bits of viral RNA so that viral infection can be detected. These tests are also referred to as nucleic acid amplification tests ([NAAT](#)). The most commonly used molecular test is the Reverse Transcription Polymerase-Chain Reaction, or **RT-PCR**. It is used to identify and bind to the genetic material of SARS-CoV-2, the virus that causes COVID-19 illness. This category of diagnostic test also includes loop-mediated isothermal amplification (LAMP), and clustered, regularly interspaced short palindromic repeat (CRISPR)-based assays. Molecular tests are used to diagnose cases of COVID-19 infection including when someone has been exposed.
- **Antigen test:** Antigen tests include point-of-care rapid antigen tests and over-the-counter rapid antigen tests. These tests bind to proteins on the surface of SARS-CoV-2, the virus that causes COVID-19. They detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests are currently authorized for use on nasopharyngeal or nasal swab specimens. Antigen tests are used to diagnose cases of COVID-19 infection and can be used in screening of individuals without infection, providing a more rapid turn-around time for results than RT-PCR tests.

A third type of test is an **antibody test**, which shows if a person has previously been infected with COVID-19. It identifies antibodies to SARS-CoV-2, the virus that causes COVID-19 illness. Antibody tests are not used to diagnose current cases of COVID-19.

Point-of-care (POC) tests are rapid diagnostic tests performed or interpreted by someone other than the individual being tested, such as a parent or guardian. These tests can be performed in a variety of settings. Rapid tests used in point-of-care settings can be NAAT, antigen, or antibody tests.

**Up to Date with Vaccinations:** You are [up to date](#) with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

**Vaccine Mandate:** [Per Governor's Proclamation](#) and [Vaccine Mandate Frequently Asked Questions](#) the mandate applies to K-12 and child care providers. It also applies to most contractors, volunteers and other positions that have any onsite presence in a workplace setting. The proclamation does not apply to contractors and volunteers who meet both criteria of working in outdoor settings and do not provide medical services.