

Child Care, Youth Development, and Day Camps During the COVID-19 Outbreak

Summary of February 10, 2021 changes:

- Clarified program types addressed in this guide to include license-exempt programs operated in a manner that complies with the child and staff cohorting and group size recommendations within this document.
- Clarified program types **not** covered in this guide, including license-exempt child care programs where parents remain on-site for purposes other than employment and Play and Learn groups where parents and caregivers remain on-site.
- References to Safe Start updated to Governor Inslee’s Healthy Washington – Roadmap to Recovery plan where appropriate.
- Adjusted language for screening questions and quarantine recommendations to align with recent updates to related guidance.

Introduction

Many parents and guardians need child care and youth development opportunities for their children. As Washington State progresses through the Governor Inslee’s [Healthy Washington – Roadmap to Recovery](#) phases of reopening, more families will return to work. This means the availability of child care and youth development opportunities are critical.

Authorization to open specific types of programs is governed by the governor’s Roadmap to Recovery Plan and the [ongoing guidance](#) issued under the Plan. The Roadmap to Recovery plan for reopening Washington State does not address child care or education. Child care has remained open and may continue to operate.

This guidance focuses on practices for children and youth activities that lower the risk for spread of COVID-19.

- The more people interact with others from outside their own household, the closer that interaction, and the longer that interaction, the higher the risk of COVID-19 spread.
- Families who can safely keep their children home should continue to do so, but we understand this is not always possible.
- Children should only attend programs in their local, geographic area.

This health and safety guidance is based on existing science, expert public health opinion, current policies, and stakeholder input. As a business, child care, youth development, and day camp providers must follow industry specific requirements and policies to maintain licensure as outlined by local, state, and federal entities.

Program Types Included in this guide:

- DCYF licensed programs and the Early Childhood Education and Assistance Program (ECEAP).
- Licensed-exempt programs operated in a manner that complies with the child and staff cohorting and group size recommendations in this guidance.
- Day camps, including specialty camps like sports camps.
- Outdoor preschools, 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, such as Boys & Girls Clubs, YMCA programs, and other culturally-based and identity-based programs.
- Programs funded under the federal Nita M. Lowery 21st Century Community Learning Centers program.
- Enhanced learning academies, such as formal mentoring programs, tutoring centers, and college preparatory schools.
- Child care, youth development, and day camps held in K-12 facilities.

Not included in this guide:

- Overnight camps.
- Activities included as part of K-12 basic education or special education programs.
- Businesses organized for the primary purpose of offering lessons, training or activities to children and youth in art, dance, gymnastics, martial arts, music, and other non-academic and recreational pursuits.
- License-exempt child care programs where parents remain on-site for purposes other than employment.
- Play and Learn groups where parents and caregivers remain on-site.

Key Principles for Reducing Potential Exposures

- **Keeping ill persons out of child care.** Educate children, families and staff to stay home when sick, and use screening methods.
- **Cohorts.** Conduct all activities in small groups that remain together over time with minimal mixing of groups.
- **Physical distancing.** Minimize close contact (less than six feet) with other people.
- **Hand hygiene.** Frequently wash with soap and water or use alcohol-based hand gel.
- **Protective equipment.** Use face coverings or shields, and other barriers.
- **Environmental cleaning and disinfection.** Prioritize the cleaning of high-touch surfaces.
- **Improve indoor ventilation.** Open windows to the outside when possible.
- **Isolation.** Isolate sick people and exclude exposed people.

- **Outdoor spaces.** Consider outdoor activities when possible as they have less transmission risk than indoor activities.

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General Guidance

Do not allow children, staff, vendors, parents/guardians, or guests on-site if they:

- Show [symptoms of COVID-19](#).
- Have been in close contact with someone who has a confirmed or suspected case of COVID-19 in the last 14 days.
- Note: health care providers and EMS workers who wore proper personal protective equipment (PPE) are OK.

Ensure staff are trained in health and safety protocols for your site. This includes:

- How to screen for symptoms.
- How to maintain physical distance.
- The use of appropriate personal protective equipment (PPE).
- Understanding and practicing frequent cleaning and handwashing.

How to Handle Situations when Someone Develops Signs of COVID-19

All children age 5 years and older, staff, volunteers, and guests must wear cloth face coverings or acceptable alternatives. Staff working alone at a location such as an office or vehicle do not need to wear a mask. There may be some situations where staff need to wear a higher level of protection, based on Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

Communicate regularly with families and staff. Emphasize the importance of staying home when sick, maintaining six feet of physical distance, hand hygiene, and the use of cloth face coverings.

Monitor child and employee attendance and absences, have flexible leave policies and practices, and have access to trained substitutes to support employee absences.

People at High Risk for Serious Health Problems from COVID-19

Those at [high risk](#) for health problems from COVID-19 should consult with their health care provider when considering whether to provide or participate in child care, youth development opportunities, or day camps.

Protections for employees at high risk for health problems remain in place under [Proclamation 20-46](#).

Drop-Off and Pick-Up

- Develop a system for dropping off and picking up children that keeps families physically distant from each other and reduces their need to enter the program space. This may

include staggering drop off and pick up times for various groups, one-way traffic flows, greeting children at their vehicle, or placing distancing markers on walkways.

- Everyone should wash their hands or use hand gel before and after signing in and out. Place hand gel near the sign-in station. Use hand gel with at least 60% alcohol, and keep it out of the reach of children. Use gel without fragrance if possible.
- Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes with 70% alcohol to clean screens or keyboards often.
- Suggest families use the same adult to drop off and pick up their child each day. Avoid carpooling whenever possible.

Health Screening at Entry

Screen all staff and children for sickness at entry each day. Ask the parent or guardian to take the child's temperature at home, or at the site check-in station. Keep at least a 6-foot distance during drop-off and pick-up times with the child's family.

For more information on checking temperature, see the [CDC guidance](#).

Staff or children sick with any illness must stay home. Ask the parents or guardians of sick children the following questions:

1. Does your child have any of the following [symptoms](#) within the last day that are not caused by another condition? (If it is the first day after a break or for a new child, please ask about the past 3 days).
 - Fever (100.4°F) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Unusual fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. Within the past 14 days, has your child been in close contact with anyone with a confirmed case of COVID-19 or COVID-like symptoms? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).
3. Has your child had a positive COVID-19 test for active virus in the past 10 days, or is your child awaiting results of a COVID-19 test?

4. Within the past 14 days, has a public health or medical professional told your child to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Do not care for the child if the answer to any of the above questions is “yes.” Refer to the “Returning to a site after suspected COVID-19 symptoms” guidance below.

If the answers to all above questions are “no,” check the child for signs of being sick. Signs may include flushed cheeks, tiredness, and in the case of infants and toddlers, extreme fussiness. Keep a distance of at least 6 feet or have a physical barrier between you and the child during assessment.

Reducing Transmission

Cohorting/Assigning Staff and Children to Groups

Keeping children and staff in the same small groups or cohorts every day reduces the number of close contacts they have. Assign children to small groups and try to keep them the same every day. Staff should be assigned to individual groups and should not mix with other groups. Do not mix groups during daily activities, including during the beginning and end of the day.

Keep group sizes to no more than 20 children, or the maximum group size allowed for a given age according to Department of Children, Youth, and Families (DCYF) licensing requirements, whichever is less. Child care providers, youth development, and day camps may choose to have smaller groups of children because of their physical space. Refer to Table 1 below. Groups should keep the same staff, and the staff-to-child ratios must adhere to the licensing rules by provider type. DOH recommends that all programs follow the group sizes and ratios listed in Table 1 regardless of their licensing status.

For preschools and school age programs with groups of more than 15 children, form two subgroups within the shared space if you are not able to ensure 6 feet of physical distancing between children and staff the for the duration of the program, aside from very brief passing (e.g., when transitioning to restroom or outdoors). The staff member from one subgroup may briefly supervise the other subgroup to facilitate breaks, but children from different subgroups should not interact.

Table 1: Grouping and Staff Ratios by Age Group

Age Group	Max # Children in Group	Staff: Child Ratio	Max # Total People in Group
Infants aged 0 to 11 months	8	1:4	10
--or-- Mixed age children 0 to 36 months	9	1:3	12
Toddlers aged 12 to 29 months	14	1:7	16

--or-- Mixed age children 12 to 36 months	15	1:5	18
Preschoolers aged 30 months to 6 years, not enrolled in school --or-- Mixed age children 36 months to 6 years, not enrolled in school	20*	1:10	22
School-aged children (5 to 12 years, enrolled in school) --or-- Mixed age children 4.5 to 9 years	20*	1:15	22
	*Groups larger than 15 should be split into 2 subgroups within their program area. The adult from one subgroup may briefly supervise the other subgroup to facilitate breaks but children from different subgroups should not interact.		

Licensed family home child care providers are limited to caring for 12 or fewer children in the family living quarters. These providers must also adhere to their group size and staff-to-child ratios as determined by DCYF.

Example A: In a class of 17 young children, there must be at least two staff. Because there are more than 15 children and the children are not developmentally able to understand and maintain 6 feet of distance consistently, this group should break into two subgroups of 8 and 9 children. Staff A would work primarily with the group of 9 children and Staff B with the group of 8 children. These two groups could use the same room or outdoor program space but effort should be made to keep the subgroups of children from mixing.

When disease levels are **below 350 cases per 100,000 over 14 days**, programs with more than 15 children that can consistently physically distance for the duration of the program (for example children are seated in desks or at stations that are at least 6 feet apart from each other) or whose children are developmentally able to self-monitor and consistently follow distancing guidance do not need to subdivide into subgroups. Programs should carefully consider that the CDC definition of close contact is within 6 feet of a confirmed case for 15 cumulative minutes in a 24-hour period.

Example B: In a Montessori program that is attended by 17 children, the classroom space allows each child and adult to be at least 6 feet away from each other during individual and small group activities. This program could remain as one group of 17 (not divide into subgroups) when the community case rate is below 350 cases per 100,000 over a 14-day period.

Example C: In an after-school youth program that is attended by 19 youth, the programming is seated at least 6 feet apart. This program could remain as one group of 19 (not divide into

subgroups) when the community case rate is below 350 cases per 100,000 over a 14-day period.

Physical Distancing

Practice physical distancing of at least 6 feet between people within a group as much as possible (note: if your program has groups of greater than 15 and you cannot maintain 6 feet of distance the majority of the time, the program should subdivide into two smaller subgroups).

Programs must ensure physical distance of at least 6 feet between different groups. You can divide large spaces, like full-size gyms or cafeterias, into separate group areas by creating barriers. Use equipment such as cones, chairs, or tables to maintain 6 feet between groups. You can divide a typical classroom space for up to two subgroups, but there should be an effort to keep the two subgroups separate. Using barriers in classrooms can also help to maintain distance.

Create space between children and reduce the amount of time they are close to each other within groups. Your ability to do this will depend on children's ages and on their developmental and physical abilities.

Practical tips to maintain physical distancing:

- Limit the number of children in each program space.
- Increase the distance between children during table work and meals.
- Plan activities that do not need close physical contact.
- Follow the [Governor's Guidelines for Sporting Activities](#) and [CDC Guidance for Youth Sports for any sports activity](#). For example, in Phase 2, youth sport activities must be conducted in groups of no more than 5. In this case, a day camp group of 20 children must be split into smaller groups of 5 anytime they are doing sports-related activities.
- Children should have their own set of items to limit the sharing of supplies or equipment.
- Remove any items that cannot easily be cleaned and disinfected, including sand or water tables, stuffed animals, and play dough.
- Maintain 6 feet of distance and reduce time standing in lines.
- Increase space between cribs and nap mats to 6 feet. Sleeping head to toe can help increase distance between heads for napping children.
- Increase fresh air as much as possible. Use the ventilation system and/or open windows where safe.
- Go outside more.
- Do not bring separate groups together for activities or other interactions.

Providing Staff Required Breaks

Staff who are taking breaks should keep a physical distance of at least 6 feet from other staff.

It is best if the staff to child ratio allows for one staff member to take a break without having to bring another individual into the small group space.

If a group only has one staff member and a float person is brought in to give staff a break, follow these practices:

- The substitute staff must wash their hands immediately upon entering and upon leaving the space.
- The substitute staff must wear a cloth face covering at all times when they are in the group space.
- Consider timing when bringing in staff who are not normally part of a group to minimize close interactions with children. For example, give staff their lunch break during children's nap time so the float staff can remain 6 feet away from the children while they rest. Give 10 minute breaks when the children have just started a new, engaging activity that does not require much adult interaction. Give breaks when the group is having outside time where the risk of transmission is lower.

Outside Play

Offer outdoor play in staggered shifts. If two or more groups are outside at the same time, they should have at least 6 feet of open space between them. Use cones, flags, tape, or other signs to create boundaries between groups. If you can, have equipment such as balls and jump ropes for each group. Always wash hands right after outdoor play time.

Consider the use of sunscreen. Be familiar with the specific guidance in place for your program, as licensed providers must have annual authorization from the parent or guardian to administer sunscreen. If approved, apply topical sunscreen to children when it has been provided by the parent or guardian. The sunscreen must be regulated for over the counter use and not as a prescription.

More information for licensed providers can be found in [WAC 100-300-0215\(3\)\(iv\)](#). Topical sunscreen guidelines for other programs can be found in [RCW 28A.210.280](#). Older children can self-apply sunscreen with proper supervision. Staff who apply sunscreen must wear gloves.

Meals and Snack Time

Provide meals and snacks in the program space and avoid large group gatherings. If you provide meals or snacks in a lunchroom or dining hall, stagger meal times, create space between groups and avoid mixing. Space children as far apart as you can at each table and make sure tables are at least 6 feet apart. Consider having children take their meals outside. Clean and sanitize tables before and after each group eats. Use a washable plastic tablecloth for wooden tables.

Eliminate family style and buffet meals where food is shared. Serve children their snacks and meals on individual plates, and ensure they are not sharing food with each other. The

provider should handle utensils and serve food to reduce spread of germs. Consider using disposable plates and meal supplies if items can't be properly washed, rinsed, and sanitized.

Infant and Toddler Care

Infants and toddlers need to be held. To protect themselves, child care providers who care for infants and toddlers should wear a long-sleeved, button down, oversized shirt over their clothing and tie back long hair. As noted above, staff must wear cloth facial coverings unless their exposure dictates a higher level of protection. See the Cloth Face Coverings section for more information.

Staff should change their outer clothing if body fluids from a child get on it. Change the child's clothing if body fluids get on it. Place the soiled clothing in a plastic bag until it is washed. Wrap infants in a thin blanket when staff hold them. Child care providers should wash their hands and anywhere else the child touched them after holding a child.

Hygiene Practices

- Wash hands often with soap and water for at least 20 seconds. Children and adults should wash hands when they enter the program space, before meals or snacks, after outside time, after going to the bathroom, after diapering or helping children with toileting, after nose blowing or sneezing, and before leaving to go home. Help young children wash their hands correctly.
- All programs, including outdoor programs, should be in areas that have adequate handwashing facilities on site. Set up temporary handwashing stations with running water if a program must operate without sufficient facilities.
- Use an alcohol-based hand gel with at least 60% alcohol when soap and water are not readily available. Alcohol-based hand gel is not a substitute for handwashing when hands are dirty, after diapering or toileting, or before eating. Wash hands with soap and water as soon as possible. Do not use alcohol-based hand gels for children under age 2 per child care rules.
- Children, families, and staff should not touch their eyes, nose, and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Clean hands with soap and water, or hand gel.

Cloth Face Coverings

Wearing cloth face coverings may help prevent the spread of COVID-19. See the [Washington State Department of Health Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information.

Cloth facial coverings must be worn by every staff member not working alone at the location. In some cases, staff may need a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to the [Coronavirus Facial Covering and](#)

[Mask Requirements](#) for additional details.

Children age 5 years or older must wear cloth face coverings at child care, preschool, or day camp when indoors. Children age 2 to 4 years may wear cloth face coverings with adult supervision.

- Cloth face coverings should not be worn by:
 - Children younger than age 2 years.
 - Those with a disability that prevents them from comfortably wearing or removing a face covering.
 - Those with certain respiratory conditions or trouble breathing.
 - Those who are deaf or hard of hearing and use facial and mouth movements as part of communication.
 - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
- In rare circumstances when a cloth face covering cannot be worn, children and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. Face shields should extend below the chin, to the ears, and have no gap at the forehead.
- Younger children must be supervised when wearing a cloth face covering. These children will need help with their masks and getting used to wearing them.
- Continue physical distancing while wearing cloth face coverings.
- Children may remove cloth face coverings to eat and drink and when they can be physically distanced outside. If children need a “mask break,” take them outside or to a large, well ventilated room where there is sufficient space to ensure more than 6 feet of physical distance between people.

Transportation

Avoid transporting children as much as possible. If your program must provide transportation, create space between riders. For example, have one rider per seat in every other row. Avoid transportation that mixes groups of children. Keep windows open to help reduce the spread of the virus. Everyone should wear cloth face coverings. Clean buses with a third party certified, fragrance-free green cleaner and microfiber cloths. Clean and disinfect handrails. Keep windows open during cleaning to prevent the buildup of chemicals that cause eye and respiratory problems.

Per CDC guidance, avoid activities and events such as field trips and special performances.

What to do if Someone Develops Signs of COVID-19

To prepare for the potential of program attendees or staff showing symptoms while at the program, programs should have a response and communication plan in place that includes communication with staff, families, and their [local health jurisdiction](#).

Every facility or program should have an identified space for isolating ill persons until they

can be sent home. This space would ideally have multiple rooms with doors that can close and windows that vent to the outside to improve ventilation. Alternatively, use a room with a few cots spaced at least six feet apart with privacy curtains between cots. Ideally, the isolation unit would have a private bathroom for use only by persons being evaluated for COVID. If a private bathroom for ill persons is not available, the ill person should wear a face mask when traveling to and from the communal bathroom. Clean all high touch areas between the patient room and bathroom, as well as in the bathroom. Thoroughly clean and disinfect the communal bathroom immediately after use. Increase ventilation in the bathroom by keeping a window open and/or turning on a fan that vents to the outside.

If a child or staff member develops signs of COVID-19 (see list under health screenings on page 5), separate the person and supervise them from a safe distance until the sick person can leave. Staff caring for ill persons should use appropriate medical grade PPE. While waiting to leave school, the individual with symptoms should wear a cloth face covering or mask if tolerated. Air out, clean, and disinfect the area after the ill person leaves.

Returning to a Program after Suspected Signs of COVID-19

For ill persons **without known exposure** to a confirmed COVID-19 case, follow DOH guidance for [what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#) and the [symptom evaluation and management flow chart](#).

People who are ill **and had known exposure** to COVID-19 should be encouraged to be tested for COVID-19. They should stay out of child care, youth development, and day camps until at least 10 days after symptom onset, and at least 24 hours after their fever has resolved and symptoms have improved. People with severe disease or who are immunocompromised may need to [isolate for up to 20 days](#).

Ask staff and caregivers to inform the program right away if the ill person is diagnosed with COVID-19.

For more information, review DOH's [symptom evaluation and management flow chart](#) which outlines recommendations following a positive COVID-19 symptom screen.

If a child, youth, or staff member tests positive for COVID-19, it is possible that many of children, youth, and staff in the same space will be considered close contacts and need to be quarantined for 14 days especially if they have not adhered to physical distancing and mask use. Consult with the local health jurisdiction to determine the correct course of action. Refer affected children, youth, and staff to DOH guidance for [what to do if you were potentially exposed to someone with COVID-19](#).

Returning to a Program after Testing Positive for COVID-19

A staff member, child, or youth who had confirmed COVID-19 can return to the program

when at least 24 hours have passed since recovery. A person is recovered when they have no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath. Additionally, at least:

- 10 days since symptom onset, AND
- 24 hours after fever resolves without use of fever-reducing medications, AND
- Symptoms have improved

For more information, review DOH's [symptom evaluation management flow chart](#) which outlines recommendations following a positive COVID-19 symptom screen.

Returning to a Program after being in Close Contact to Someone with COVID-19

If a person believes they have had close contact to someone with COVID-19, but they are not sick, they should watch their health for COVID-19 symptoms. This should last for 14 days after the last day they were in close contact with the person sick with COVID-19. They should not go to work, child care, school, or public places for 14 days. If a person develops symptoms of COVID-19 during their quarantine, they should seek testing for COVID-19.

The CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.

Quarantine should last for 14 days after your last contact. **This is the safest option.** Monitor your symptoms during this time, and if you have any COVID-19 symptoms during the 14 days, get tested. Certain high-risk settings or groups **should** use the 14-day quarantine option:

- People who have recently been in [countries where the new variant of the SARS-CoV-2 virus, 501Y.V, has been identified](#).
- People who work or stay in an acute or long-term healthcare setting.
- People who work or stay in a correctional facility.
- People who work or stay in a shelter or transitional housing.
- People who live in communal housing such as dormitories, fraternities or sororities.
- People who work in crowded work situations where physical distancing is impossible due to the nature of the work such as in a warehouse or factory.
- People who work on fishing or seafood processing vessels.

If this is not possible, stay in quarantine for 10 days after your last contact, without additional testing. If you have any COVID-19 symptoms during the 10 days, stay in quarantine the full 14 days and get tested. **Keep watching for symptoms until day 14.**

Under special circumstances it may be possible to end quarantine after 7 full days beginning after your last contact **if** you have been without symptoms **and** after receiving a negative result from a test (get tested no sooner than 48 hours before ending quarantine). This will depend on availability of testing resources. **Keep watching for symptoms until day 14.**

Consult with your local health jurisdiction to determine the best option for your individual circumstances.

Environmental Cleaning after Identifying a Suspected or Confirmed Case

When a program sends a person with COVID-19 [symptoms](#) home, or learns a confirmed case of COVID-19 has been on the premises, clean and disinfect the areas where the ill person spent time.

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls) used by the ill persons, focusing especially on frequently touched surfaces.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

General Cleaning and Disinfecting Procedures

Clean, sanitize, and disinfect throughout the day. Follow licensing guidance but increase how often you clean. A good resource is [Cleaning for Healthier Schools – Infection Control Handbook](#).

These are basic cleaning definitions:

- Cleaning removes germs, dirt, food, body fluids, and other material. Cleaning increases the benefit of sanitizing or disinfecting.
- Sanitizing reduces germs on surfaces to safe levels.
- Disinfecting kills germs on surfaces of a clean object.
- The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current [CDC guidance for cleaning and disinfection](#) for COVID-19 states that disinfectants should be registered by the EPA for use against the novel coronavirus. Also reference [List N: Disinfectants for Use Against SARS-CoV-2](#). Disinfectants based on hydrogen peroxide or alcohol are safer. The University of Washington has a handout with [options for safer cleaning and disinfecting products](#) that work well against COVID-19.

If you use a bleach and water mixture for disinfection, mix it at a concentration of 4 teaspoons of 6% bleach per quart of cool water or 5 tablespoons 6% bleach (1/3 cup) per gallon of cool water (1000 ppm). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet for at least one minute. An emergency eye wash station is required at the location where bleach is mixed from concentrate.

Always follow the disinfectant instructions on the label:

- Use disinfectants in a ventilated space. Heavy use of disinfectant products should be done when children are not present. The indoor area should have enough time to air out before the program continues.
- Use the proper concentration of disinfectant.
- Keep the disinfectant on the surface for the required wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children.
- Programs must have a Safety Data Sheet (SDS) for each chemical used by the program.
- Parents should not supply disinfectants and sanitizers.

Find more information about cleaning, disinfecting and choosing safer products on the [DOH COVID-19 website](#). Clean and sanitize toys, equipment, and surfaces in the program space. Clean and disinfect high touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Outdoor areas generally require normal routine cleaning and do not require disinfection. Wash hands after you clean.

If groups of children are moving from one area to another in shifts, finish cleaning before the new group enters this area. Clean and disinfect high touch surfaces each night after children leave.

Carpets

Vacuum daily when children are not present. HEPA (high efficiency particulate air) filter equipped vacuums or HEPA vacuum bags will help remove dust and particles. Use a blanket or towel on carpeted floors under infants or young toddlers. For licensed child care programs, follow child care standards for how often you should shampoo the carpet. See [WAC 100-300-0241\(11\)](#) cleaning schedules for more information.

Outdoor Areas

Outdoor areas, like playgrounds and parks, require routine cleaning but do not require disinfection.

- Do not spray disinfectant on outdoor playgrounds. This is not an efficient use of supplies and does not reduce risk of COVID-19 to the public.
- Clean high-touch surfaces made of plastic or metal, such as grab bars and railings, routinely.
- Cleaning and disinfection of wooden surfaces such as play structures, benches, or tables is not recommended.
- Cleaning and disinfection of groundcovers such as mulch or sand is not recommended.

Ventilation

Ventilation is important for good indoor air quality. Offer more outside time, open outside windows often, and adjust the HVAC system to allow the outside air to enter the program space. Use of fans for cooling is okay, but they should blow away from people. Reference DOH [ventilation guidance](#) for more information.

Hands-On Materials and Equipment

Limit shared materials to those you can easily clean, sanitize and disinfect. Clean and sanitize hands-on materials and equipment often and after each use. Use individually labeled containers or bins for each child. Use separate bins of toys for each infant or toddler as they tend to put toys in their mouths.

Some items cannot be cleaned and sanitized. This includes things like playdough and sensory or water tables, stuffed animals, and dress up clothes. Remove these items from the program unless they are individually assigned and labeled. Rotate toys for use, and clean and sanitize toys currently not in use. Books and other paper-based materials are not high risk for spreading the virus and do not need to be cleaned more than normal.

COVID-19 Resources for Child Care, Youth Development and Day Camps

- DOH: [K-12 School Nurse and Administrator Resources & Recommendations](#)
- DOH: [Handwashing to Prevent Illness at School](#)
- DOH: [Classroom Cleaning - Tips for Teachers](#)
- DOH: [Cleaning and Disinfection for Asthma Safe Schools](#)
- DOH: [Recommend or Order Closure of Child Care Facilities](#)
- L&I: [Workplace Safety and Health Requirements for Employers](#)
- L&I: [Which Mask for the Task?](#)
- CDC: [Interim guidance for Schools and Child Care](#)
- CDC: [Supplemental Guidance for Childcare Programs that Remain Open](#)
- CDC: [Considerations for Youth and Summer Camps](#)

- AAP: [Cloth Face Coverings for Children during COVID-19](#)
- [Just For Kids: A Comic Exploring the New Coronavirus](#)
- [Public Health Seattle-King County Child Care Recommendations](#)
- [Snohomish Health District COVID-19 Information for Schools and Child Care](#)

More COVID-19 Information and Resources

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

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that 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.

- [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 \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, 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.