

DOH Child Care Provider Guidance Updates

Webinar Q&A

Face Coverings and Social Distancing

Q: What is the recommended distancing for eating, napping, and for children too young to wear a mask?

A: Both the Department of Health (DOH) and Centers for Disease Control and Prevention (CDC) recommend that children and youth be physically distanced by at least three feet or more within groups and in rooms as much as possible. Your ability to do this will depend on the children's ages and their developmental and physical abilities. Staff must continue to maintain six feet of physical distance from other staff and from children and youth in rooms and otherwise, regardless of vaccination status.

Q: What about disposable masks for school-age children?

A: A cloth face covering 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. Disposable masks are acceptable if they meet the above. Click here to access the **cloth face covering guidance during COVID-19**.

Q: Once a teacher is vaccinated, can they remove their mask outdoors, even within six feet if pods are maintained?

A: Guidance highly recommends that adults wear face coverings when not able to social distance outdoors regardless of vaccination status. See the **Washington State Department of Labor & Industries (L&I) Guidance on Masks and Respiratory Protection** and **CDC Recommendation Regarding the Use of Cloth Face Coverings** for more information.

Q: We currently wear KN95. Do teachers need to wear KN95 masks, or are they okay if they wear the surgical masks instead? What about staff who are choosing not to be vaccinated? Should they remain wearing KN95?

A: KN95 masks are not required by the CDC, but all staff, children, and youth 5 years of age or older must wear a cloth face covering or acceptable alternative when indoors and when outdoors where a minimum of six feet distancing cannot be maintained. Child Care staff must follow L&I's **Which Mask for Which Task? COVID-19 Prevention at Work: When to Use Face Coverings and Respirators**.

Guidance from the CDC recommends **strategies to improve mask fitting** to more effectively slow the spread of COVID-19. These strategies include wearing a cloth mask over a medical

procedure mask, knotting the ear loops of a medical procedure mask, using a mask fitter, or using a nylon covering over a mask.

Q: What about face coverings in family child care with mixed age?

A: All staff, children, and youth 5 years of age or older must wear a cloth face covering or acceptable alternative when indoors and outdoors where a minimum of six feet distancing cannot be maintained. See the **L&I Guidance on Masks and Respiratory Protection** and **CDC Recommendation Regarding the Use of Cloth Face Coverings** for more information.

Q: If we have a child with a disability who is having a hard time wearing a mask, do we need to have a doctor's note?

A: Children with certain disabilities are not required to wear a mask. We do not have any guidelines regarding whether you need to have the family provide a doctor's note. You will need to make a determination about what is best for your child care setting and the child in regards to mandating doctor's notes.

Q: Is the spacing guideline such that all of their bodies need to be six feet apart or just their heads? I'm thinking specifically about napping.

A: Both DOH and CDC recommend that children and youth be physically distanced by at least three feet or more within groups and in rooms as much as possible. When napping, DOH recommends increasing space between cribs and nap mats to six feet. Sleeping head to toe can help increase the distance between heads for napping children. Find more information at the **DOH Child Care, Youth Development, and Day Camp Guidance**.

Q: Can teachers wear shields instead of face masks?

A: A face shield alone is not an acceptable alternative to a cloth face covering. A face shield with a drape can be used by people with developmental, behavioral, or medical conditions that prevent them from wearing a face covering. See the **L&I Guidance on Masks and Respiratory Protection** and **CDC Recommendation Regarding the Use of Cloth Face Coverings** for more information.

Symptoms, Quarantine, and Outbreaks

Q: What if staff are ill but do not test positive?

A: Ill persons without known exposure to a confirmed COVID-19 case should follow DOH guidance for **what to do if they 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**. This guidance applies regardless of COVID-19 vaccination status.

Q: For fully vaccinated and not having to quarantine after exposure, is there any different guidance if they care for a household member who has tested positive?

A: The **CDC recommendation for fully vaccinated people** states that fully vaccinated people with exposure to someone with COVID-19 are not required to quarantine or get tested for

COVID-19 if they are fully vaccinated and have not had symptoms since current COVID-19 exposure. People are considered fully vaccinated: two weeks after their second dose in a two-dose series, like the Pfizer or Moderna vaccines, or two weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine. If it has been less than two weeks since their shot, or if the individual still needs to get their second dose, they are **not** fully protected and must keep taking all prevention steps until fully vaccinated. Fully vaccinated persons should still watch for symptoms for 14 days after their exposure. They should also continue to wear masks, practice social distancing, keep their social circles small, and get tested if they experience COVID-19 symptoms. Persons who do not meet both criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Q: What about taking temperature?

A: All staff and children should be screened 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. For more information on checking temperature, see the **CDC guidance** subheading Recognize Signs and Symptoms of COVID-19.

Q: How do folks differentiate between COVID-19 symptoms and allergy symptoms?

A: DOH has an infographic titled "**Is it COVID-19?**" that may be helpful. The CDC also has a **symptoms self-checker** that can be used to help one make decisions about seeking appropriate medical care.

Q: Our school has an exemption for more than 20 children in a classroom. When is that going to be allowed? In the Fall or only after younger children can be vaccinated?

A: Child care providers must follow licensing ratios. If you have questions about a waiver, contact your licensor.

Q: Can we take a group of children on a local city bus ride under 15 minutes, following mask and hygiene guidelines?

A: DOH Child Care, Youth Development and Day Camps during COVID-19 Guidance recommends avoiding transportation, if possible. If you must provide transportation, riders, and staff members must wear properly fitted cloth face coverings, keep riders as far apart as possible, assigned seating, seat household members together, maximize outside air flow and keep windows open, clean and disinfect frequently touched surfaces, and leave windows open to air out the bus.

Q: How frequently are multiple positive cases occurring in child care? Does it seem to be initiated by the staff or by the kids?

A: Child care and pre-k are number three in outbreaks. We have had 273 outbreaks reported. An outbreak is two or more cases. Our report does not break down sectors by age groups to determine whether outbreaks are initiated by staff and kids. We can work to get more specific numbers. Here is the statewide outbreak report, which is updated weekly:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/StatewideCOVID-19OutbreakReport.pdf>

Q: Is there any guidelines around people going in and out of centers and not knowing who is vaccinated or not. Could it spread?

A: Yes, COVID-19 could spread at your center. The purpose of **DOH guidance** is to minimize the risk of spreading.

Travel

Q: If a fully vaccinated family member comes to visit from outside the state, does the fully vaccinated staff member have to quarantine?

A: Per **CDC Updated Guidance on Travel for Fully Vaccinated People**, travelers who are fully vaccinated against COVID-19 can travel within the United States and do not need COVID-19 testing or post-travel self-quarantine as long as they continue to take precautions while traveling.

Q: What if a family friend visits from out of the country?

A: The state will not necessarily mandate how you should respond to every situation. This question is an example of that. You will need to decide about what is best for your child care.

Q: We have a lot of households where parents may be vaccinated and following guidelines and recommendations, but children under 5 are not able to be as careful. Are there recommendations we can give them?

A: Restrictions and recommendations are here: <https://coronavirus.wa.gov/travelers-commuters>

Q: How is travel defined? Is a traveler someone who travels out of state? Out of the county? Someone who leaves their home overnight?

A: The travel guidance is for travelers within the United States.

Other Questions

Q: How are others handling screening for exposure when someone is fully vaccinated? Do you ask about vaccination status or have them answer no to the close contact screening questions?

A: The **CDC recommendations for fully vaccinated people** states that fully vaccinated people with exposure to someone with COVID-19 are not required to quarantine or get tested for COVID-19 if they meet all the following criteria:

- Are fully vaccinated.
- Have not had symptoms since current COVID-19 exposure.

It is up to the child care program to decide how to inquire about/confirm vaccination status.

Q: Is there updated guidance to outside individuals, such as ESD staff, speech therapists, etc., coming into the classrooms to serve children?

A: There is no mention of guidance for outside service providers coming into the program. However, the CDC has issued **guidance for Direct Service Providers**, which includes what they need to know about COVID-19, how to protect themselves and the people they work with, what to do if they have been exposed, what to do if they become sick, and more.

Q: We have had our second staff member, fully immunized plus two weeks, test positive for COVID-19 while being asymptomatic. What are the stats for this?

A: According to the CDC, **vaccine breakthrough cases** are expected. COVID-19 vaccines are effective and are a critical tool to bring the pandemic under control. However, no vaccines are 100% effective at preventing illness. There will be a small percentage of people who are fully vaccinated who still get sick, are hospitalized, or die from COVID-19.

More than 95 million people in the United States had been fully vaccinated as of April 26, 2021. Like other vaccines, symptomatic vaccine breakthrough cases will occur, even though the vaccines are working as expected. Asymptomatic infections among vaccinated people also will occur.

Q: Our staff is wearing medical-grade disposable masks instead of cloth masks. We understood this was L&I guidance. Can staff still wear cloth masks?

A: According to L&I **Guidance on COVID-19 Prevention in the Workplace**, employers must provide and pay for cloth face coverings, masks, and respirators for employees when their use is required. Employees may choose to wear their own cloth face covering at work if it meets minimum requirements. See L&I's **Which Mask for Which Task?** or use the mobile-friendly eTool **Selection Guide for Face Coverings, Masks, and Respirators**.