

Guidance to Prevent and Respond to COVID-19 in K-12 Schools and Child Cares

Highlights of December 5, 2022 Changes

- Added information about use of [at-home COVID-19 rapid antigen tests](#) in children under 2 years of age

Introduction

This Washington State Department of Health (DOH) guidance supports K-12 schools, [child care/early learning](#), and school partners to achieve the shared goal of maintaining safe, in-person learning and mitigating the [spread of COVID-19](#). Section 1 outlines best practices based on current scientific knowledge and anticipated trends. These mitigation strategies help prevent COVID-19 in K-12 schools and child care/early learning settings. Section 2 includes requirements anchored by existing Washington State statute and the Washington State Department of Labor and Industry (L&I) to respond to cases and outbreaks of COVID-19. Section 3 outlines special considerations for child care/early learning, and Section 4 offers references and resources to support recovery.

- [Section 1: COVID-19 Prevention Strategies for Everyday Operations](#)
- [Section 2: Strategies to Respond to COVID-19 Cases and Outbreaks](#)
- [Section 3: Considerations for Child Care Providers](#)
- [Section 4: COVID-19 Information and Resources](#)

This guidance is subject to change, as COVID-19 conditions can shift rapidly and our shared efforts in schools and child cares must remain responsive.

Section 1: COVID-19 Prevention Strategies for Everyday Operations

A core set of infectious disease prevention strategies should be established as part of everyday operations for all K-12 schools and child cares.

K-12 schools and child care providers should coordinate with their [local health jurisdiction](#) (LHJ) for any decisions related to the strategies outlined below. Enhanced mitigating strategies may be necessary in response to a COVID-19 outbreak or an increase in cases. As defined in [RCW 70.05.070](#) and [WAC 246-110-020](#), local health officers may require implementation of more stringent practices to control the spread of COVID-19 in school and child care settings. These requirements or orders initiated by local health officers may be more protective than statewide requirements but cannot be less protective.

Employers are **required** to follow [L&I requirements regarding COVID-19 in the workplace](#).

Maintain Awareness of CDC Community Levels

DOH encourages K-12 schools and child care providers to maintain awareness of [CDC COVID-19 Community Levels](#) for their area to make decisions about when to add or layer COVID-19 prevention strategies. These levels consider COVID-19 hospitalization rates, healthcare burden, and case rates.

CDC recommends adding and layering COVID-19 prevention strategies when COVID-19 Community Levels are high or a school or child care is experiencing an [outbreak](#), including:

- Universal indoor masking
- [Screening testing](#), which is an effective way to identify those with COVID-19 who do not have symptoms or known exposures. When community levels are high, or there is a COVID-19 outbreak, consider screening testing before events and after breaks, before and after high-risk activities, such as sports and performing arts, and for those working with vulnerable students or children.

Staying Up to Date on Vaccination

Vaccination is the most effective strategy to protect children and adults from severe disease, including hospitalization and death, due to COVID-19 illness. Schools and child care providers are encouraged to promote staying [up to date](#) on all vaccinations for eligible staff, students, and children – including COVID-19 vaccinations. DOH recommends that K-12 schools and child care providers encourage families to vaccinate their children in consultation with their health care provider. DOH vaccination resources include:

- The [School and Child Care Immunization](#) page includes child care and K-12 vaccine resources, including the [COVID-19 Vaccines: Pediatric School Toolkit](#) to assist schools in answering questions and promoting COVID-19 vaccination.
- [WA DOH's Vaccine Information](#) webpage for general information about COVID-19 vaccines, including the [vaccine locator](#) tool, and [Vaccinating Youth](#).
- For additional vaccination promotion resources, see [CDC's guidance](#).

COVID-19 Testing Access

Many schools, in coordination with their LHJ and Education Service District (ESD), have established testing infrastructure and protocols that ensure safe, uninterrupted, full-time, in-person learning.

Testing allows people to take precautions, such as isolation, to prevent the spread of COVID-19. Timely testing of symptomatic students, children and staff helps reduce the spread of COVID-19 to maintain in-person instruction and child care. K-12 schools and child care providers should ensure direct access to timely diagnostic testing for students and staff with symptoms and for those who were potentially exposed and want to test, or provide information on where to find testing. Schools may distribute self-tests for home use, use a centralized site for the district or organization, and/or provide testing in partnership with a trusted and accessible [community-based testing provider](#) and local public health. Child care

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

COVID-19 testing resources in Washington State:

- Learn to Return school testing program: DOH's [Learn to Return \(LTR\)](#) testing program is available to help K-12 schools increase access to testing resources. Schools or districts that would like more information about LTR and other COVID-19 testing programs can visit the [DOH Testing in Schools website](#). School districts must receive permission from parents or guardians for students to get tested at school.
- At-home tests:
 - Households in Washington State may access free at-home tests from the [Say Yes! COVID Test](#) program. Say Yes! COVID Test enables households to order up to 10 free at-home tests per month.
 - At-home COVID-19 tests can be found at some retail stores. Most insurance covers the costs of up to 8 at-home tests per individual per month.
 - Schools and child care providers may be able to obtain at-home tests from their LHJ.
- At-home tests for children under the age of 2:
 - At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home COVID-19 rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be safely used in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. It is recommended that parents or guardians deciding to test children under 2 years of age administer the at-home rapid antigen test themselves.
 - Because the FDA has not approved or authorized at-home COVID-19 rapid antigen test for use in children under 2 years of age, K-12 schools and child cares with a waived medical test site (MTS) license are not permitted to perform at-home rapid antigen tests on children under 2 years of age. K-12 schools and child cares may provide at-home rapid antigen tests to parents or caregivers for their use.
- 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.

COVID-19 testing information and resources can be found at the DOH [Testing for COVID-19](#) website, including information about the [different types of tests](#). More information about required test result reporting is in [Section 2](#).

Exclusion of Individuals with COVID-19 Symptoms

Students, children, and staff with new onset of respiratory or gastrointestinal symptoms, such as cough, fever, sore throat, vomiting, or diarrhea, or other [symptoms of COVID-19](#), should not attend school or child care, should stay home, and get tested for COVID-19. Follow the DOH [What to do if a Person is Symptomatic](#) flowchart.

Child care providers are **required** to send home or isolate from children in care ill individuals with symptoms such as fever, vomiting, diarrhea, or other symptoms listed in [WAC 110-300-0205](#).

Separation of Individuals with COVID-19 Symptoms within a Facility

Students or staff who come to school or child care with a new onset of COVID-19 symptoms, or develop COVID-19 symptoms while on site, should be immediately asked to wear a well-fitting and high-quality mask or respirator while in the building, be sent home and be encouraged to get tested for COVID-19. Symptomatic people who cannot wear a mask should be separated from others as much as possible. If available, on-site testing can be performed, but the ill individual should be sent home, irrespective of the test result, to prevent others from becoming ill from exposure.

Policies for mask use in school nurse offices should follow the [Secretary of Health's Mask Order](#). Anyone providing care or evaluation to the separated individual should wear [appropriate PPE](#). Refer to L&I [Coronavirus Facial Covering and Mask Requirements](#) for additional details on level of respiratory protection needed for employees.

Where feasible, K-12 schools and child cares should designate a space for individuals with COVID-19-like symptoms separate from other healthcare and shared spaces. Rooms with a negative air flow and directly exhausted air should be prioritized for this purpose. If not available, the separated space would ideally have a door that can close and a properly sized [High Efficiency Particulate Air \(HEPA\) air cleaner](#) (air purifier) or be located outdoors. See [DOH ventilation guidance](#) for more information.

Notifying Groups or Individuals of Potential Exposure

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

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

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

In their notifications, K-12 schools and child care providers are encouraged to include the number of cases and the locations in the school or child care where individuals may have been exposed.

Employers are **required** to follow [L&I requirements regarding COVID-19 in the workplace](#).

Masking

Correct use of well-fitting and high-quality masks protects the wearer and others, reducing the risk of spreading the virus that causes COVID-19 and other respiratory infections. There may be situations when a K-12 school, child care provider, or LHJ temporarily requires wearing well-fitting and high-quality masks, such as when the [COVID-19 Community Level](#) is high.

Students, children, and staff may choose to wear a mask at school and in child care settings at any time. Some may choose 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 with their health care provider about whether to wear a well-fitting and high-quality mask or respirator in schools or child care settings. CDC recommends that high-risk individuals mask when [CDC COVID-19 Community Levels](#) are medium or high. In addition, people who spend time indoors with individuals at high risk for severe COVID-19 should wear a well-fitting and high-quality mask for source control.

Schools and child care providers should provide masks and other appropriate personal protective equipment (PPE) to staff, students, and children as needed or desired. Policies for mask use in school nurse offices should follow the [Secretary of Health's Mask Order](#).

Additionally, staff who provide care for students and children with disabilities that requires close contact, especially those who are medically fragile, should wear appropriate PPE when providing care. See [Considerations for Individuals at High Risk and Those with Disabilities](#).

While correct use of well-fitting and high-quality masks helps prevent the spread of COVID-19, as well as other respiratory infections, there are specific exceptions to mask recommendations based on age, development, or disability. See [DOH's Guidance on Face Coverings](#) and [CDC Types of Masks and Respirators](#) for more information.

Employees have the right to choose to mask or select more protective masks. Refer to [L&I's Coronavirus Common Questions Regarding Worker Face Covering and Mask Requirements](#).

Monitoring, Testing, and Masking after COVID-19 Exposure

Regardless of vaccination status, students, children and staff who are potentially exposed to COVID-19 should take the following steps as detailed in the DOH [What to do if you were potentially exposed to someone with COVID-19](#) guidance:

- Monitor for [symptoms](#), AND
- Test 3-5 days after exposure, AND
- Wear a [well-fitting and high-quality mask](#) around others for 10 days after exposure.
 - If someone is less than two years of age or has a disability that prevents them from wearing a mask, other preventive actions (such as improving ventilation) should be used to avoid transmission during these 10 days.

If the exposed student, child, or staff member develops new symptoms, they should:

- Immediately isolate at home, or where they currently reside,

- Get tested for COVID-19, and
- Follow the steps outlined in the [Exclusion of Individuals with COVID-19 Symptoms section](#).

If the exposed individual tests positive, they should follow the DOH [What to do if you test positive for COVID-19](#) guidance.

If the exposed individual does not have COVID-19 symptoms and they are using an antigen test, they should retest with an antigen test 24-48 hours after the first negative test. If the second test is negative, but concerns exist for COVID-19, they may retest 24-48 hours after the second negative test, for a total of at least 3 tests. If they get a negative result on the third test and are concerned they could have COVID-19, they may choose to test again using an antigen test, consider getting a laboratory molecular-based test, or call their health care provider. If they do not have adequate resources to test 3 times with an antigen test, it is acceptable to test less in accordance with their resources.

Exposed students, children, and staff who do not develop symptoms or test positive may continue to participate in all in-person instruction and care, including sports, performing arts, and other extracurricular activities.

Ventilation

Ventilation is one of the most important COVID-19 prevention strategies 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.
- Install portable HEPA air cleaners, which 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](#) and [Cooling Indoor Spaces Without Air Conditioning](#).

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. Handwashing is washing with soap and water for at least 20 seconds or using alcohol-based hand sanitizer with at least 60% alcohol.

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](#).

Cleaning and 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. Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, drinking fountains, and restrooms. In general, cleaning surfaces once a day with soap and water is enough to sufficiently remove virus. 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, please see the following DOH resources:

- [Safely Cleaning and Disinfecting Public Spaces](#)
- [Classroom Cleaning Tips for Teachers](#)

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.

Section 2: Strategies to Respond to COVID-19 Cases and Outbreaks

Responding to COVID-19 Cases

Preventing exposure to COVID-19 is the first line of defense against transmission. Schools and child cares should develop protocols to ensure that individuals who have COVID-19 isolate away

from others and do not attend in-person school or child care until they have completed isolation.

A child care/early learning provider is **required** to send an ill child home or reasonably separate from other children if there is a risk that the child's illness will spread to other children or individuals ([WAC 110-300-0205](#)).

Students, children, or staff who test positive for COVID-19 should follow the DOH [What to do if you test positive for COVID-19](#) guidance, including staying home for at least 5 days and wearing a well-fitting mask around others for a total of 10 days, especially in indoor settings.

Individuals should continue to wear a well-fitting and high-quality mask for an additional 5 days (day 6 through day 10) if they return to school or child care after the end of their 5-day isolation period, having met the criteria of being fever-free for 24 hours (without the use of fever-reducing medication) and improved symptoms. If an individual is unable to wear a well-fitting and high-quality mask, they should continue to isolate for a full 10 days or follow the test-based strategy as listed in the dot points below.

If individuals have access to antigen tests, they can further decrease their risk of infecting others by taking a test when they plan to leave isolation, no sooner than day 6. They should only test if they are fever-free for 24 hours without using fever-reducing medication and other symptoms have improved. Loss of taste or smell may persist for weeks or months after recovery and should not delay the end of isolation. When testing to potentially end isolation,

- If the test is positive, the individual may still be infectious. They should continue to isolate and wear a well-fitting and high-quality mask and wait 24-48 hours to test again.
- If the test is negative on two sequential tests each performed 24-48 hours apart, they can end isolation and stop wearing a mask before day 10.
- If no additional testing is done, the individual should continue to wear a well-fitting and high-quality mask for days 6-10.

If you continue to test positive on repeat testing through 10 days, you should continue to wear a mask and avoid people who are immunocompromised or at high risk for severe disease until you receive two sequential negative antigen test results. See the DOH guidance on [What to do if you test positive for COVID-19](#) for more information about length of isolation and testing options to determine when to leave isolation and stop wearing a mask. The [Isolation and Quarantine Calculator](#) is a useful tool.

Employers are **required** to follow [L&I requirements regarding COVID-19 in the workplace](#).

Responding to COVID-19 Outbreaks

In response to a COVID-19 outbreak, K-12 schools and child care providers should implement additional COVID-19 mitigation strategies. Strategies that can help reduce transmission during an outbreak include excluding individuals with COVID-19 from in-person attendance until they complete isolation, wearing well-fitting and high-quality masks, improving ventilation, and screening testing. Early identification of individuals with COVID-19 to ensure that they stay home and isolate away from others is a critical component of outbreak response.

Coordination with the LHJ will ensure this is done in the best way to protect students, children, employees, families, and the community. Local health officers may require implementation of mitigation measures or more stringent guidance to control the spread of COVID-19 ([RCW 70.05.070](#) and [WAC 246-110-020](#)), including the exclusion of individuals who are infectious from schools or child care.

In alignment with the Council of State and Territorial Epidemiologists (CSTE) [guidance for classification of school outbreaks](#), WA DOH defines an outbreak as:

- At least **5 cases within a specified core group**¹ meeting criteria for a COVID-19 case from a positive [test](#)

OR

- Multiple COVID-19 cases from positive tests comprising at least **20% of students, teachers, or staff within a specified core group**;¹

AND

- The following three criteria are met:
 1. Cases have a symptom onset or positive test result within 7 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 linked² in the school or child care setting or a school- or child care-sanctioned extracurricular activity³.

¹ A “core group” includes but is not limited to an extracurricular activity³, cohort group, classroom, before/after school care, etc.

² **All groups of 5 cases or 20% 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.

³ 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.

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

As outlined in [WAC 246-110-020](#), K-12 schools and child cares are **required** to notify their LHJ when they become aware of a contagious disease within their facility, as defined in [WAC 246-110-010](#). All COVID-19 cases, suspected cases, outbreaks, and suspected outbreaks in schools and child care settings are **required** to be reported to the local health jurisdiction ([WAC 246-101](#)). Positive COVID-19 test results are **required** to be reported to DOH in accordance with guidance available at the [Reporting COVID-19 Test Results](#) webpage.

Schools and child care providers are **required** to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks and suspected outbreaks that may be

associated with the school or child care ([WAC 246-101-420](#) & [WAC 246-101-415](#), respectively).

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

Wearing Masks During Outbreaks

Wearing a well-fitting and high-quality mask or respirator consistently and correctly reduces the risk of spreading the virus that causes COVID-19, as well as other respiratory infections. Masks are recommended indoors when there is an outbreak of COVID-19 in a core group at a K-12 school or child care, and masks are recommended indoors facility-wide when there are widespread outbreaks or cases at a school or child care. Masking recommendations during outbreaks extend to school buses.

DOH, LHJs, K-12 schools, or child care providers may require universal masking during outbreaks in classrooms or among groups of students (e.g., a choir class or a sports team), or when there are widespread outbreaks to limit disease transmission and ensure continuation of in-person instruction and care. If someone is less than two years of age or has a disability that prevents them from wearing a mask, other preventive actions (such as improving ventilation) should be used to avoid transmission during outbreaks.

Improving Ventilation During Outbreaks

During ongoing COVID-19 outbreaks in a K-12 school or child care, moving activities such as lunch, physical education and large group gatherings outdoors is recommended if feasible. Opening windows and doors during COVID-19 outbreaks is another strategy to improve ventilation. See [Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses](#) for additional guidance.

Testing During Outbreaks

During a COVID-19 outbreak, screening testing of all potentially exposed individuals is a useful strategy for early identification of individuals with COVID-19 to ensure that they stay home and isolate away from others. School districts should work with local public health to determine an appropriate testing cadence and protocol, such as twice weekly cohort testing.

Exposed individuals completing a testing protocol should continue to monitor for symptoms and should wear a well-fitting and high-quality mask when around others. Potentially exposed individuals who are without symptoms may continue to attend work, class, child care, and participate in extracurricular activities while completing a testing protocol, as recommended by the local health jurisdiction. If an individual tests positive for COVID-19 at any time, they should isolate at home, or where they currently reside, and follow the DOH [What to do if you test positive for COVID-19](#) guidance.

When testing individuals who were exposed during an outbreak, rapid or point of care (POC) antigen tests, POC molecular tests, or at-home tests are acceptable and preferred. These types

of COVID-19 tests provide results within minutes and allow an individual who tests positive to isolate away from others.

Athletics and Performing Arts During Outbreaks

Screening testing should be performed for indoor athletics, performing arts, and other higher-risk activities if the team or group was exposed to COVID-19 or there is a team or group outbreak.

During outbreaks in athletic teams, athletes, coaches, athletic trainers, and other support personnel should wear well-fitting and high-quality masks when participating in indoor activities. Consider masking especially when playing or practicing indoor sports where aerosolization may occur or the indoor space is not well ventilated, such as training rooms and locker rooms.

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 well-fitting and high-quality 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, or groupings of individuals who remain together, within teams and performing arts groups limits the potential for widespread transmission. During outbreaks, the use of cohorts is recommended for practices, warm-ups, and when traveling.

Section 3: Considerations for Child Care

COVID-19 Prevention Strategies: Considerations for Child Care

Vaccination: COVID-19 vaccinations are available for children 6 months and older and are recommended by CDC, the American Academy of Pediatrics, and DOH. 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](#).

Testing: Children can get tested for COVID-19 at a testing site (for locations see [DOH webpage](#) or call DOH Hotline at 833-829-4357), by a health care provider, or by use of at-home rapid antigen tests. See the DOH [Interim COVID-19 Self-Testing Guidance](#) for more information.

At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home COVID-19 rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be safely used in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. It is recommended that parents or guardians

deciding to test children under 2 years of age administer the at-home rapid antigen test themselves.

Because the FDA has not approved or authorized at-home COVID-19 rapid antigen test for use in children under 2 years of age, K-12 schools and child cares with a waived medical test site (MTS) license are not permitted to perform at-home rapid antigen tests on children under 2 years of age. K-12 schools and child cares may provide at-home rapid antigen tests to parents or caregivers for their use.

Families 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. Say Yes! COVID Test enables households to order up to 10 at-home tests per month.

Staying Home When Sick: Children experience many respiratory illnesses, as well as other childhood illnesses, that may prevent them from attending child care. Frequent respiratory symptoms may lead to young children staying home more often and/or getting tested to prevent spread of infections to others. Child care providers are **required** to send home or isolate from children in care ill individuals with symptoms such as fever, vomiting, diarrhea, or other symptoms listed in [WAC 110-300-0205](#).

Ventilation: Ventilation is an important COVID-19 prevention strategy for child care providers since many young children have difficulty wearing 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 COVID-19 Exposures and Outbreaks: Considerations for Child Care

Responding to COVID-19 exposures and outbreaks among young children can be more challenging. For example, masking reduces the chance of spreading COVID-19 but is not recommended for children under two and it is challenging for many young children to mask consistently and correctly. Many children are in care throughout the day and need to remove their masks frequently for meals, snacks, and naps.

In addition, care for young children involves close interaction among children and staff in primarily indoor settings. Infants and toddlers need to be held and close social interaction is vital to their development. When cases and outbreaks occur, child care providers need to respond while balancing the needs of children and their families.

Additional measures that child care providers can consider when responding to COVID-19 exposures and outbreaks are included below. Local health officers may require implementation

of mitigation measures or more stringent guidance to control the spread of COVID-19 in child care settings ([RCW 70.05.070](#) and [WAC 246-110-020](#)).

- Follow [CDC's Isolation and Precautions in Early Care and Education Programs](#) guide
- Cohort classrooms to limit transmission between groups
- Recommend that children and staff who return to work/care from isolation wear masks on days 6-10
- Use a 10-day isolation for all COVID-19 positive children who are unable to consistently mask
- Recommend testing of all staff and children in response to an outbreak
- Close a classroom or the facility if an outbreak is growing

Section 4: COVID-19 Information & Resources

- When serving children or youth with disabilities, refer to the [CDC guidance for Direct Service Providers for people with disabilities](#).
- Check the [DOH's Behavioral Health Resources & Recommendations](#) and the [Washington State COVID-19 Response: Mental and emotional well-being](#) webpages for resources for teachers, school staff, parents, caregivers, and students during the pandemic.
- L&I: [Workplace Safety and Health Requirements for Employers](#)
- L&I: [FAQ for Protecting High Risk Workers](#)
- 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](#)

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.