

ECE Provider Conference Call #11
September 23, 2020
2:00 p.m.

The call began at 2:01 p.m. and Kim Krzanowski welcomed everyone to the early childhood provider call. She explained the call logistics and noted there would be updates on Enhanced Reimbursement, Child Care Licensing and Purchase of Care, as well as a presentation from Dr. Karyl Rattay, Director of the Division of Public Health (DPH). She noted Dr. Hong and Dr. Rattay would be addressing some of your concerns and answering questions today. Any questions for them should be put in the chat box.

She indicated that in addition to Dr. Rattay, the following individuals would provide brief agency updates today:

Kim Klein, Director of Finance, DOE

Betty Gail Timm, Director, Office of Child Care Licensing (OCCL), DOE

Thomas Hall, Deputy Director, Division of Social Services, Purchase of Care (POC) Office

Jamie Mack, Division of Public Health (DPH)

Kimberly Klein, Director, Director of Finance, DOE: Kim provided the following update on Enhanced Reimbursement (ER):

- ER for September application is still open
- Reminders if you submit your application on the 15th of the month, make sure you are submitting for the correct month as you don't want to duplicate an application.
- ER is continuing for October.
- The rules will remain the same for September and October ER. Specifically, when you submit your application, it's your licensed capacity and then you submit your enrollment. Enrollment is the number of kids on your Purchase of Care roster for the application month plus the number of private pays that are paying you as of the 15th of the month.
- ER is available and ongoing for providers who were open and serving children on July 1 and continue to remain open for childcare services.
- If your facility had to close for a 1 to 2-week period related to having positive COVID-19 cases, we still consider you open and serving children.

Betty Gail Timm, Director, Office of Child Care Licensing, DOE: Betty Gail noted that OCCL has resumed compliance visits (this week) as they relate to facilities who have a warning of probation or are on probation. Regular annual renewal visits have not resumed. OCCL advise providers when regular visits will resume. This week after conversations with DPH there was revised/optional guidance that is being provided to programs. Families can now walk children to the classroom, if providers can continue health screenings, have everyone wear a mask, and be able to designate one way hallways. This is optional and totally at the provider's discretion.

Tom Hall, Deputy Director, Division of Social Services (DSS): Tom introduced himself and thanked everyone for this time. He made the following brief comments:

- DSS continues to provide updates to providers through our Provider Portal, Listserv, and the MyChildDE.org website and provide direct assistance to providers through the Resource mailbox, and POC helpline.
- September provider billing instructions for POC providers were sent last Friday. These are included with today's meeting minutes. For the months of September and October:

- All open sites will be paid based on enrollment. Enrollment is defined as POC authorized children at 100% attendance.
- DSS will be paying the parent co-pay
- Please do not collect copays and please reimburse any families that may have paid in advance for the month of September or October

It is our intention to pay for enrollment and copays for the remainder of the calendar year.

- It is important to note though that we will need to review monthly to determine if we are able to keep this payment structure in place. A few things we will be looking at each month is POC utilization, POC Spending, Federal and State funding availability, and any new or changed Federal Guidance. A significant change in any of these factors may require us to modify the POC payment structure.

As always thank you for your hard work and dedication to Delaware's families. At DSS, the POC staff are on duty and ready to accept calls and POC questions via the POC Helpline which is 302-255-9670 or via email at POCResource@delaware.gov.

Dr. Kimberly Krzanowski noted that the results of recent surveys and providers calls showed that providers wanted some specific information from DPH. So today we have speakers from the Division of Public Health - Dr. Karyl Rattay, Director; Dr. Rick Hong, Medical Director, and Jamie Mack, Environmental Health Director.

First, Dr. Rattay expressed appreciation for providers and their work during this challenging time. Child care providers have enabled our state to continue operating. Dr. Rattay gave a [presentation](#) and answered some providers' questions.

Some highlights from her presentation included the following:

- DPH is seeing significant increases in COVID-19 cases, with some of the hotspots being in the Newark-University of Delaware, Wilmington, western Sussex County and Dover. We are keeping an eye on these areas
- Rates of infection have been lower among kids than adults, but we have seen changes. Now the highest rate is in young adults. Over 300 kids between birth and age 4 have been infected in Delaware. Over 1300 school age kids have been diagnosed with COVID-19. Kids are less likely to get infected, but they do get infected.
- We really don't know the full impact of this virus. This virus is triggering some serious inflammatory impacts, and even long term with cardiovascular impacts. We thought kids were not initially getting the virus, but now we are seeing Multi-system Inflammatory Syndrome in children.
- In our Return-To-School guidance we focused on face coverings, hand hygiene, cleaning/disinfecting and having kids outside. Some of this has changed from the beginning, but now as we focus on kids going back to school and science evolves, we realize requiring face coverings 12 and up was not good enough. We know we needed to move our age requirement down, and we understand this has caused some angst with providers.
- School superintendents report things are going relatively smoothly with social distancing. Three feet distance is okay if students are all facing the same direction and wearing face coverings (six feet is preferred).
- Face mask guidance for children. Kindergarten and up are now required to wear masks. All kids 2 and older are encouraged to wear face covering per the American Association of Pediatrics (AAP). Kids under 2 should not wear face coverings. Any child with a disability /medical condition that makes it hard to breathe are not required to wear one. She encourage face coverings and not face shields. Face

shields do not fit tightly to the face. Masks with valves do not filter the air you breathe out. There are masks that have clear fronts.

- The rationale for the lowered age requirements for children to wear masks is that more children were testing positive with COVID-19 (example - Georgia overnight camp). The good news is that most infections in this age group (6-10 years old) are asymptomatic or mild. The bad news is health screenings are not going to identify them and they won't be kept home, so spread from this age group does occur.
- The virus can certainly be spread from child to adult.
- Where can you get tested? Visit [De.gov/gettested](https://www.de.gov/gettested) is a website that lists where you can go to get a COVID test. There is also an option for an at-home test.
- Who should get tested? Those with high or medium risk employment (such as child care or teachers), or anyone interacting with members of the public.

At this point Dr. Rattay took some questions from the chat box.

Q. An epidemiologist told me to get tested 4-6 days after exposure, is that the correct timeframe?

A. DPH states that 4-6 days after exposure is when you are most likely to test positive, but you could also test positive on day 9. DPH recommends quarantining for 10-14 days.

Q. There is a concern that pediatricians are not writing notes saying the child is fine to be in daycare setting. A. Dr. Rattay talked with pediatricians last week. Any child with a symptom should be tested. As a provider you can always come back for more information. Dr. Hong noted that providers can't expect doctors to write a note saying there is no chance the child has COVID19. Most pediatricians are overly conservative and want to get them tested, but this is based on the pediatrician's opinion.

Q. Is the COVID-19 self-test oral or nasal?

A. Oral, you spit into a container, therefore it may not be good for young children to do. It is done through a Zoom call.

Q. Are face covering recommended for 2-4 year olds, but not required?

A. That is correct.

Q. What is the best type of face covering?

A. Face mask with three layers of cloth is best. Gaiters alone are not very protective.

Q. If a child with COVID-19 symptoms is excluded from child care until they get their test back, and this child has siblings in the same child care, is the sibling not allowed to attend either?

A. Everyone in household should quarantine until the test comes back. Yes, that child and siblings (close contacts) should quarantine.

Q. Is spending time outside recommended for children?

A. Yes, having children spend more time outside is safer and prevents viral spread. Centers should ensure that they have a good working HVAC system and/or good air ventilation system.

Q. Why are we looking at national numbers and not our own state numbers when it comes to COVID-19 rates?

A. We do have state statistics. Since September 1, we have had 12 instances of either staff or kids in child care while they were contagious. Spread has occurred in child care in Delaware. Providers are asked to provide a

letter whenever a child or staff in their program has occurred or been exposed. There will be more public attention to this as we will be posting data related to early childcare centers, schools and colleges.

Q. If a child comes to child care with runny nose, but no known cause, are we to not accept child into care?

A. A child who exhibits any symptoms of COVID-19 would need further evaluation from a health professional. These professionals understand the child care provider's position, and we have set the expectation that under the current guidance they may get inundated with patients.

Q. Is it proven that cleaning playground equipment is it effective in stopping the spread of the virus?

A. Playgrounds should be treated like other frequent-contact surfaces, meaning they should be at least wiped down once a day. They are outdoors so there may be a lower risk due to environmental conditions.

Q. I am frustrated that the guidance has changed on the requirements for child and their face coverings.

A. Our guidance is driven by the science. If we didn't change the guidance, then we wouldn't be doing the responsible thing for kids, providers and staff.

Q. What are we doing about the spread in Delaware in terms of educating people?

A. DPH is working with local law enforcement and UD officials regarding college kids on sidewalks (UD/Newark parking enforcement is working on that). DPH and DEMA are also working to support these populations.

Q. Concern about liaisons?

A. Dana Carr is the DPH liaison for OCCL. She can help get questions to the right places.

Q. Some centers have been told that for a child to return to care they need a test and a doctor's note. Is that correct?

A. There is no time requirement for a child to return to school or child care as that is up to provider. It depends on the situation. If a child has been in quarantine, they do not need a note or test to return to child care. People can remain positive for three months, so one can't wait for a test to be negative.

Q. How do providers handle runny noses? Should kids be sent home sick? We are finding that if they are sent home, the parents bring them back the next day.

A. If a child has symptoms, they should see a health care professional to determine what is needed for a child to return to child care. They should get a doctor's note to return to child care. Children may not present with typical COVID-19 symptoms, so we have to be cautious. We understand it's challenging, but we ultimately must do risk assessment within the facility.

Q. Is it safe for children to run outside with a mask on?

A. Kids who have a heart condition or asthma are at high risk for COVID-19 may need to wear a mask outside. However, for most children being outside could be a good time to go without a mask. Yes, it is safe for children to run outside without a mask on.

Q. When are we going to stop having to abide by these criteria and requirements?

A. We need to attain immunity, with a large percentage of community being vaccinated before we can rescind the requirements. It is going to be a while before we can loosen restrictions.

Q. Anyone in the exemption category, is really just impacting everyone, is that correct?

A. If there is no face covering, people are at higher risk for contracting COVID-19. We hopefully will see our numbers go down. We need everyone to follow the requirements if we are to see this go away.

Q. Are home test are available for everyone or just K-12 teachers?

A. They are available for Delawareans. Visit the website de.gov/gettested. If you are not a Delaware resident, put in the name of the Delaware child care center you are associated with.

Dr. Kimberly Krzanowski wrapped up the call due to time. She suggested we schedule an additional call to continuing answering questions. The meeting concluded at 3:00 p.m.