




ANNOUNCEMENT: C-20-06
OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING
BUREAU OF CERTIFICATION

ISSUE DATE: June 23, 2020
EFFECTIVE DATE: Immediately
SUNSET DATE: Ongoing

SUBJECT:	Interim Guidance for Certified Child Care Facilities operating during the Novel Coronavirus Pandemic
TO:	Certified Child Care Facilities Early Learning Resource Centers Office of Child Development and Early Learning Staff
FROM:	Tracey Campanini Deputy Secretary, Office of Child Development & Early Learning 

PURPOSE:

To provide certified child care facilities with interim guidance for operating a facility during the Novel Coronavirus (COVID-19) pandemic. This guidance covers policies and procedures providers should implement during the COVID-19 pandemic. It also provides certified child care facilities with guidance on how to handle a positive COVID-19 case or exposure to a positive COVID-19 case in child care facilities.

BACKGROUND:

Following the Proclamation of Disaster Emergency issued on March 6, 2020 by Governor Tom Wolf, statewide mitigation efforts were put in place to slow the spread of COVID-19. As Pennsylvania has transitioned into a phased reopening of the state, the Office of Child Development and Early Learning (OCDEL) acknowledges the need for guidance on operating a facility during the COVID-19 pandemic.

DISCUSSION:

Child care facilities that continue to remain open or that are preparing to reopen should follow the guidance issued by the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health (DOH). The guidance details the steps providers are recommended to follow in order to mitigate the impact of COVID-19 on child care facilities. OCDEL developed this guidance based on recommendations from the CDC and DOH and it is subject to change. Health and safety guidance for child care facilities during COVID-19 is outlined in this document. Please visit [DOH](#) and [CDC](#) for the most up to date information on COVID-19.

Topics addressed in this guidance include:

1. Reopening
2. Transmission and Symptoms of COVID-19
3. Practices, Policies, and Procedures for Consideration
4. Social Distancing in the Child Care Setting
5. Face Masks
6. Dealing with confirmed positive COVID-19 cases and exposure to COVID-19
7. Reporting
8. Additional Resources

REOPENING:

Child care providers should understand the aspects of reopening or continuing to operate during COVID-19. Additional policies and procedures are strongly recommended to be put in place to protect the health and safety of children in care while maintaining a safe environment for child care employees and families. The CDC has developed a [decision tool](#) to assist in operating and reopening decisions during these unique circumstances. Child care providers should review and plan for the implementation of the CDC and DOH guidelines before reopening. It is suggested that child care providers develop and publicly post their implementation strategies to mitigate the further spread of COVID-19 and to inform parents of new procedures and expectations.

TRANSMISSION AND SYMPTOMS OF COVID-19:

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, prevention practices and environmental cleaning and disinfection are important principles that are covered below.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

PRACTICES, POLICIES, AND PROCEDURES FOR CONSIDERATION:

All guidance below is strongly recommended in order to adhere to guidelines published by the CDC and DOH.

Drop-off/Arrival Procedures:

Child care programs are strongly recommended to:

Post signage in drop-off/arrival area to remind staff and children to keep six feet of distance whenever feasible.

- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, individuals with serious underlying medical conditions should not pick up children because they are more at risk.
- Set up hand hygiene stations at the entrance of the facility, so that children, staff, and parents can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets.

- Keep hand sanitizer out of children’s reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
- Consider greeting children outside as they arrive.
- Designate a staff person to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
- Transport Infants in their car seats.

Screening Procedures:

The best way to prevent the spread of COVID-19 is to prevent it from getting inside the facility.

Child care providers should:

- Conduct a daily health screening of any person entering the building, including children, staff, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19.
- Not allow staff and children to enter the child care facility if:
 - They have tested positive for or are showing [COVID-19 symptoms](#).
 - They have recently had potential exposure with a person with COVID-19.
 - A potential exposure means being in a household or having close contact within 6 feet of an individual with a confirmed or suspected COVID-19 case for at least 15 minutes during the case’s infectious period.
 - Persons with COVID-19 are considered infectious from 2 days before onset of symptom until the end of isolation (discussed below in “Discontinuing at home isolation”).
- Continue to monitor staff and child health throughout the day.
- Immediately isolate a child or staff member that develops fever, chills, shortness of breath, new cough, or new loss of taste or smell and send them and any family members home as soon as possible.
- While waiting for a sick child to be picked up, have a caregiver stay with the child in a place isolated from others. If the child has symptoms of COVID-19, the caregiver should remain as far away as safely possible from the child (preferably 6 feet) while maintaining supervision. The caregiver should wear a cloth face covering. If the child is over the age of 2 and can tolerate a face covering, the child should also wear a cloth face covering.

Persons who have a fever of 100.0 degrees Fahrenheit or above, or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.

Routine disinfecting/sanitization procedures:

Child care facilities should post signs in highly visible locations (e.g., facility doors, lobby, restrooms) that promote everyday protective measures and describe how to stop the spread of COVID-19 such as by properly washing hands and properly wearing a cloth face covering.

Resources for signage for handwashing can be found [here](#). Signage for face coverings can be found [here](#).

[Caring for Our Children](#) (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found [here](#).
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate [sanitizers or disinfectants](#) for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-registered for use against the virus that causes COVID-19 is available [here](#). If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- All cleaning materials must be kept secure and out of reach of children per regulations.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys:

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse thoroughly, sanitize with an EPA-registered disinfectant, rinse thoroughly again, and air-dry. You may also clean in a mechanical dishwasher.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be [laundered](#) before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.

Clean and Disinfect Bedding:

- Use bedding that can be washed. Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.
- When possible, bedding should be laundered by the facility to reduce the back and forth transportation between the child’s home and the facility.

SOCIAL DISTANCING IN THE CHILD CARE SETTING:

If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. Cancel or postpone special events such as festivals, holiday events, and special performances.

- Consider whether to alter or halt daily group activities that may promote transmission. ◦Keep each group of children in a separate room.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

FACE MASKS:

Child care staff are strongly encouraged to wear cloth face coverings. Children and youth do not need to wear cloth face coverings in child care, youth programs, or camps. Face coverings for children are still *recommended* by the CDC when feasible, especially for older youth, particularly in indoor or crowded locations. As mentioned above, if a child becomes ill, they should wear a cloth face covering when feasible until the appropriate party arrives to pick them up.

Cloth face coverings should not be placed on:

- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance;
- Children 2 years of age or younger; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral reasons.

DEALING WITH CONFIRMED POSITIVE COVID-19 CASES AND EXPOSURE TO COVID-19:

The following pertains to all child care staff, household members residing in a group child care home or family child care home, and children at a child care facility.

For confirmed positive COVID 19-cases:

- If the child is in care when the test results are confirmed positive, the child should be isolated until the appropriate party arrives to pick them up.
- Follow the “**Discontinuing at home isolation**” guidance below for timelines on returning to the child care setting.
- The facility should close for a period of 48 hours following the confirmed positive COVID-19 case so that the facility can be cleaned and disinfected properly.
- The operator shall inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health as per 55 Pa. Code §3270.136(b), §3280.136(b), and §3290.136(b).

*An outbreak is defined as a single positive COVID-19 case.

- The facility must report positive COVID-19 cases to the Department of Health (DOH) as per 55 Pa. Code §3270.136(d), §3280.136(d), and §3290.136(d). The facility must also report positive COVID-19 cases to the Pennsylvania Department of Human Services (DHS).
- The facility should develop a process to inform child care staff of positive COVID-19 cases.

Exposure to a person who tests positive for COVID-19:

Exposure is defined as being within 6 feet of the individual who tests positive for COVID-19 for a period of 15 minutes or more. It also means coming into direct contact with droplets from a COVID-19 positive individual. Persons who test positive are considered infectious 48 hours before the onset of symptoms. Persons testing positive but do not have symptoms are considered infectious 2 days after exposure (if known) or starting 2 days before test date (if exposure is unknown).

If a staff person, household member, or a child is exposed to an individual who tests positive for COVID-19:

- **It is strongly recommended and highly encouraged** that they self-quarantine for a period of 14 days based on the CDC guidance.
- If a child becomes ill at the facility, the operator shall notify the child's parent as soon as possible.
- The operator shall inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health as per 55 Pa. Code §3270.136(b), §3280.136(b), and §3290.136(b).
- The facility must report when a staff person, child, or household member is exposed to a positive COVID-19 case to the DHS and DOH.
- The facility should develop a process to inform child care staff of possible exposure to a positive COVID-19 case.

Discontinuing at home isolation:

There are different strategies for discontinuing home isolation. Options include a symptom based (i.e., time-since-illness-onset and time-since-recovery strategy) or test based strategy. Child care providers should utilize the strategy that is best for their facility and that maintains the health and safety of children in care.

1). Symptom-Based Strategy

Individuals with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.

2). Test-Based Strategy

Individuals who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative COVID-19 test results from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens).

For Persons Who Tested Positive but have NOT had COVID-19 Symptoms in Home Isolation:

1). Time-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

If they develop symptoms, then the symptom-based or test-based strategy should be used.

2). Test-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative COVID-19 results from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens).

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. Any individual who becomes ill should contact their medical provider for advice or testing. For any individual who has been exposed to COVID-19 as described above, or who tests positive for COVID-19, follow the information outlined above.

REPORTING:

In all instances when reporting to DHS, please provide:

- The name of the facility
- The address of the facility including the county
- The number of cases
- Identify if the positive case is a staff person, household member (of a GCCH or FCCH), child, or family member

This information must immediately be reported to your Certification Representative or the appropriate Regional Office which can be found [here](#).

For questions regarding COVID-19, isolation, and quarantine, please contact DOH at 1-877-PA-HEALTH.

To report confirmed positive cases of COVID-19, please contact DOH at 1-877-PA-HEALTH or 1-877-724-3258.

If a child care provider is aware of a retailer selling personal protective equipment for well above the manufacturer's suggested retail price The Office of Attorney General handles these issues. Visit their website to [file a complaint](#).

ADDITIONAL RESOURCES:

DHS provider resources: <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>

Pennsylvania Key resources on COVID-19 (coronavirus) in Pennsylvania for ECE programs and professionals: <https://www.pakeys.org/ece-coronavirus-resources/>

[Department of Economic and Community Development - Pennsylvania COVID-19 PPE & Supplies Business-2-Business \(B2B\) Interchange Directory](#)- to connect with Pennsylvania business selling

supplies: <https://dced.pa.gov/pa-covid-19-medical-supply-portals/pennsylvania-covid-19-ppe-supplies-business-2-business-b2b-interchange-directory/>

NEXT STEPS:

Child care providers must:

1. Read this Announcement and share with appropriate staff.
2. Develop, communicate and implement policies and procedures to prevent the spread of COVID-19 in child care facilities.
3. Develop a process and procedures for timely reporting to DOH and DHS as well as for notifying staff and parents.
4. Make sure staff become familiar with CDC guidance.

Comments and Questions Regarding this Announcement Should be Directed to the Provider's Regional Office of Child Development and Early Learning: Central Region 800-222-2117; Northeast Region 800-222-2108; Southeast North and Southeast South Region 800-346-2929; Western Region 800-222-2149.