

The Pennsylvania Key Resource for Frequently Asked Questions (FAQ)

(November 16, 2020)

Guidance for Operating a Childcare Center, Group Home or Family Child Care During the Coronavirus Pandemic in Pennsylvania



Responses to FAQs include CDC Guidance, OCDEL Announcements, DHS Certification Regulations, additional resources and best practices for keeping programs, staff, and children safe and healthy during the pandemic.



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1. 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 in place to protect the health and safety of children in care while maintaining a safe environment for child care employees and families.

The Centers for Disease Control (CDC) has developed a [decision tool](#) to assist with operating and reopening decisions during these unique circumstances. Child care providers should review and plan for the implementation of the CDC and Pennsylvania Department of Health (DOH) guidance before reopening. See the CDC guidance [here](#). See the DOH guidance [here](#).

Child care professionals must:

1. Read [OCDEL Announcement C-20-12](#) and share the information with appropriate staff.
2. Develop, communicate and implement policies and procedures to prevent the spread of COVID-19 in childcare facilities. Here is a [template](#) that you MAY use. Feel free to develop your own with the same types of elements contained in the template.
3. Develop a process and procedures for timely reporting positive cases and exposures to COVID-19 to DOH and DHS as well as for notifying staff and parents. Use the [Licensed/Approved Facility COVID Data Collection Tool](#) and follow the instructions in the guide to report cases. Contact your regional DHS office. Contact information for DOH: 1-877-724-3258 or 1-877-PA-HEALTH
4. Make sure staff become familiar with [CDC guidance](#) and follow the practices found in that guidance.

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](#).

Child care facilities should also consider other resources when deciding to reopen. The National Center for Pyramid Model Interventions has created a [reopening guide](#) that helps programs navigate Early Intervention needs and/or social emotional needs of children in this process.

Head Start has a guide for reopening called [Destination Reopening Playbook](#).

Studio MLA Architects has a [reopening guide](#).

Children's Hospital of Philadelphia (CHOP) has a [reopening guide](#).

2. 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.

Symptoms Of COVID-19 from OCDEL Announcement C-20-12

(Issue Date 9/29/2020) [OCDEL Announcement C-20-12](#)

People with COVID-19 have had a wide range of symptoms reported. Symptoms may appear **2-14 days after exposure to the virus**. The chart below defines the criteria for a COVID-19 like illness:

| A COVID-like illness is defined as: | | |
|--|----|--|
| At least ONE of these symptoms | OR | At least TWO of these symptoms |
| <input type="checkbox"/> new or persistent cough <input type="checkbox"/> shortness of breath <input type="checkbox"/> new loss of sense of smell <input type="checkbox"/> new loss of sense of taste | | <input type="checkbox"/> fever $\geq 100.4^{\circ}\text{F}$ <input type="checkbox"/> chills <input type="checkbox"/> muscle pain <input type="checkbox"/> headache <input type="checkbox"/> sore throat <input type="checkbox"/> nausea/vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> fatigue <input type="checkbox"/> congestion/runny nose |

Please continue to follow normal exclusion protocols for infectious diseases outside of COVID-19. When applicable, children suspected of an infectious illness shall be excluded pursuant to 55 Pa. Code §3270.137, §3280.137, and §3290.137 relating to children with symptoms of disease.

Do I need to exclude children/staff who have a symptom from the left side of the chart? For how long? What if it really is just a cough?

Yes, if a child or staff member has at least one of the symptoms of COVID-like illness from the left side of the chart, the child or staff member should be excluded, return home, or remain home. The child or staff member needs immediate evaluation by their healthcare provider to determine whether the illness is COVID-19 or some other illness. If the individual tests positive upon further evaluation by a healthcare provider, follow [OCDEL Announcement C-20-12](#) (Issue Date 9/29/2020) for guidance under *Exposure to a person who tests positive for COVID-19 and Dealing with Confirmed or Probably COVID-19 Cases and Exposure to COVID-19*.

Do I need to exclude children/staff who have two or more symptoms on the right side of the chart? For how long?

Yes, if a child or staff member has at two or more symptoms of COVID-like illness from the right side of the chart, the child or staff member should be excluded, return home, or remain home. The child or staff member needs immediate evaluation by their healthcare provider to determine whether the illness is COVID-19 or some other illness. If the individual tests positive upon further evaluation by a healthcare provider, follow [OCDEL Announcement C-20-12](#) (Issue Date 9/29/2020) for guidance under *Exposure to a person who tests positive for COVID-19 and Dealing with Confirmed or Probably COVID-19 Cases and Exposure to COVID-19*.

Do I need to exclude children for just one symptom on the right side of the chart such as a fever? For how long?

Extra information on fevers:

- PA Code suggests exclusion for fever: See link [here](#).
- Given that PA Code is non-specific about return to care for fever, see [Caring for Our Children \(4th edition\)](#).
- *Caring for Our Children* has guidance for fever under influenza management [here](#).
- Allow children and staff who have been excluded for fever, or respiratory symptoms AND fever to return once fever has resolved for 24 hours with no fever reducing medications.

Extra information on a mild cough in a child with allergies and/or asthma

Very commonly, a child with previously diagnosed allergies and/or asthma might arrive with a cough and/or runny nose (mild respiratory symptoms which are **NOT** new for this child)

- The child is behaving normally and has no fever
- Testing or exclusion is not recommended
- This is consistent with PA Code and *Caring for Our Children*

Please continue to follow normal exclusion protocols for infectious diseases outside of COVID-19. When applicable, children suspected of an infectious illness shall be excluded pursuant to 55 Pa. Code §3270.137, §3280.137, and §3290.137 relating to children with symptoms of disease.

Symptoms of [Multisystem Inflammatory Syndrome \(MIS-C\)](#) vary from case to case

- Fever
- Rash
- Conjunctivitis (redness of the white part of the eye)
- Stomachache, vomiting and/or diarrhea
- Tongue is redder than usual and looks like a strawberry
- Swollen hands and/or feet, lymph nodes
- Irritability and/or unusual sleepiness or weakness
- Congestion or runny nose
- Nausea or Vomiting

[COVID-19 and MIS-C in Children, Healthy Children](#)

Who is vulnerable to COVID-19?

Older adults over the age of 65 and people of any age who have serious underlying medical conditions as follows:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- Immunocompromised
- Severe obesity (BMI \geq 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

3. COVID-19 Health and Safety Plan

Is there a writeable COVID-19 Health and Safety Plan Template? Do I have to create one?

[Here](#) is one that may be used. This is just a template and can be adapted for your program. Creating a Health and Safety Plan is a must do requirement for Certification. See [OCDEL Announcement C-20-08](#).

4. Personal Protective Equipment (PPE) Supplies

It is difficult to find PPE and disinfectants. Please help.

Seek support from your [local ELRC](#) for more information about how to access these resources.

If masks are hard to find, consider [making them](#).

Department of Economic and Community Development - Pennsylvania COVID-19 PPE & Supplies Business-2-Business (B2B) Interchange Directory- Provides help in finding [businesses who sell PPE](#).



5. Drop-Off and Pick-Up Procedures

Drop-Off/Arrival Procedures

Child care programs are strongly recommended to:

Post signage in drop-off/arrival area to remind all facility persons and children to keep six feet of distance whenever feasible. **Parents should wear a face covering during drop-off and pick-up.**

- 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, facility persons, 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.
- Consider designating a child care 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.

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

Screening Procedures

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

Child care providers must:

- Conduct a daily health screening of **any person** entering the building, including children, facility persons, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19.
- Not allow facility persons, children, family members, or visitors to enter the child care facility if:
 - They have tested positive for or are showing COVID-19 symptoms as outlined in the [symptoms chart](#) on page 3 of [OCDEL Announcement C-20-12](#).
 - 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. See Return to Care for more information.
- Continue to monitor all facility persons and child health throughout the day.
- Immediately isolate a child or facility person that develops COVID-19 symptoms as outlined in the above chart and send them and any family members home as soon as possible.
- While waiting for a sick child to be picked up, 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 must 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.

What is the best way to prevent the spread of COVID-19?

*Limiting the number of people who may come into your facility decreases the risk of a COVID-19 outbreak. *

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.

Do **not** allow staff and children to enter the child care facility if they have tested positive for or are showing symptoms of a COVID like illness. See the section on symptoms.

If they have recently had potential exposure with a person with COVID-19 do not admit. *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.*

Note: Persons with COVID-19 are considered infectious from 2 days before onset of symptom until the end of isolation. This is discussed in the [Return to Care](#) section.

Limiting the number of people who may come into your facility helps with contact tracing if someone does get COVID-19.

What does a general Drop off Plan look like?

- Stagger arrival and drop off times
- Use hand sanitizer for sign-in/out by each parent; wipe down the pen with alcohol each time
- Limit direct contact with parents/guardians
- Do not hug or shake hands at drop off (or pick up)
- Designated person to drop off a child or the provider managing drop off should not be: **A “vulnerable” person (older such as a grandparent or person with a serious underlying medical condition).** See the CDC information on [who is vulnerable to COVID-19](#).
- Explain that personal items must be left at home, i.e. backpacks, toys, stuffed animals

Examples of Screening Methods outlined in OCDEL Announcement C-20-12

[OCDEL Announcement C-20-12](#) (Issued 09/29/2020)

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of six feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

Reliance on Social Distancing (Example 1)

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child. Parents should wear a face covering during drop-off and pick-up unless one of the exemptions in section 3 of the [Order of the Secretary of the Pennsylvania Department of Health Order for Universal Face Coverings](#) applies.
- Ask the parent/guardian to confirm that the child does not meet the symptom criteria as outlined in the [symptoms chart](#) of the [OCDEL Announcement C-20-12](#) on page 3.
- Make a visual inspection of the child for signs of illness as outlined in the [symptoms chart](#).



Reliance on Barrier/Partition Controls (Example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the facility persons mouth, nose and eyes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness as outlined in the [symptoms chart](#) on page 3 of the [OCDEL Announcement C-20-12](#).
 - Conduct temperature screening (follow steps below)
 - Perform hand hygiene.
 - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each child. You can reuse the same wipe as long as it remains wet.

Reliance on Personal Protective Equipment (Example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within six feet of a child. However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.**

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown or an oversized long-sleeved shirt could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness as outlined in the [symptoms chart](#) on page 3 of the [OCDEL Announcement C-20-12](#).
- Take the child's temperature.
 - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard gloves. Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to put on and take off PPE. The procedure to put on and take off should be tailored to the specific type of PPE that you have available at your facility.

If your facility does not have specific guidance, the CDC has [recommended steps for putting on and taking off PPE](#).

6. Masks

What is the purpose of wearing a mask?

There are only three places the Coronavirus enters the body: 1. Eyes 2. Nose 3. Mouth. Cloth face coverings slow the spread of COVID-19. The CDC recommends [cloth face coverings](#).

The CDC published a new scientific brief on Nov. 10, 2020, stating that cloth face coverings/masks are protective for the person wearing their mask, as well as others around them. This means that masks or cloth face coverings protect “us” as well as “others” when we wear them. Scientific, evidence-based data continues to support community masking to reduce the spread of the Coronavirus. Adopting universal masking policies, like those policies which are in place currently in Pennsylvania, can help avert future lockdowns, especially if combined with other methods such as social distancing, hand hygiene, and adequate ventilation. Read [Scientific Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 on the CDC website](#).

What is an acceptable face covering?

Face covering means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. A face covering can be made of a variety of synthetic or natural fabrics, including cotton, silk, or linen, and, for the purposes of the order, can include a plastic face shield that covers the nose and mouth. Face coverings may be factory-made, sewn by hand, or improvised from household items, including but not limited to, scarves, bandanas, t-shirts, sweatshirts, or towels. While procedural and surgical masks intended for health care providers and first responders, such as N95 respirators, would meet these requirements, these specialized masks should be reserved for appropriate occupational and health care settings. See [OCDEL FAQ for more information](#). Early Intervention has put together a resource on masks. See it [here](#).

Do adults/staff have to wear masks in the facility?

Adults **should and are required to** wear a face covering when working with children. Both [OCDEL](#) and the [Governor’s Order](#) require face masks for adults. Please see those 2 sources for information on exceptions to wearing a mask.

Will OCDEL cite staff for not wearing face covering and if so, what is the penalty?

Yes, effective July 17, 2020, OCDEL expects face covering on staff. A Provider should share which staff are exempt from wearing a face covering for a medical reason. OCDEL will document. Unless there is staff who state a medical reason for not wearing a face, a [citation will be issued under General Health and Safety](#). OCDEL’s Certification staff may also provide technical assistance by advising providers to utilize a plastic face shield for staff who cannot wear covering /mask due to medical condition.

Are child care staff mandated to wear a mask if they can maintain appropriate social distancing standards, examples would include nap time, meal periods, staff taking a break in staff lunch, staff and/or director in a private office?

Adults have to wear one at all times when caring for the children. Please see [OCDEL's FAQ document](#) Question 6 for more information.

Do children have to wear masks in the facility?

According to the [Governor's Order](#), children over two years of age **must** wear masks (unless they meet one of the exceptions listed in the document).

OCDEL/DHS will **not** be citing for children not wearing masks. See [OCDEL's FAQ document](#) Question 1 for more information.

What this means is that children must wear masks if over two years of age, per Governor's order but OCDEL will regulate this order.

According to [guidance from OCDEL](#):

- if a child is outdoors and able to consistently maintain a social distance of at least six feet from individuals who are not a part of their household, they do not need to wear a mask.
- If a parent, guardian, or responsible person has been unable to place a face covering safely on the child's face, they should not do so.
- If a child two years old or older is unable to remove a face covering without assistance, the child is not required to wear one.
- The Department of Health recognizes that getting younger children to be comfortable wearing face coverings and to keep them on may create some difficulties. Under these circumstances, parents, guardians, licensed child care providers in community-based and school settings or responsible persons may consider prioritizing the wearing of face coverings to times when it is difficult for the child to maintain a social distance of at least six feet from others who are not a part of their household (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper face covering size and fit and providing children with frequent reminders and education on the importance and proper wearing of cloth face coverings may help address these issues.

Do teachers and children have to wear masks while outside for activities/gross motor play?

For staff, yes, according to the Governor's order and DHS regulation, staff must wear a mask while working with young children. It has been asked whether masks can come off if staff stay 6 feet away from the children. Staying 6 feet away from children, whether indoors or outdoors, is unlikely to happen. Also, young children need present care givers who show interest in their activities and attend to their needs quickly. Therefore, it is vitally important that staff wear a mask at all times so they can give children the care and attention they need.

For children, yes, although DHS is not issuing citations for mask wearing among children, masks are still expected for children over 2 according to the Governor's order. This includes while outdoors. There is no evidence that masks impede breathing while exercising. Masks are only to be removed while children eat and sleep.

When can/should children take off their mask?

- Do not wear masks when napping.
- Do not wear masks when eating or drinking.

What are safe ways to handle cloth face coverings or masks?

- Adults assist children to remove masks.
- At meals/naps, place mask on a name-labeled square of paper towel on the table or nap mat next to the child.
- Place the mask surfaces which touch nose/mouth face-down.
- Masks can be stored in a labeled paper bag (out of reach).
- Overnight, paper masks can be aired out and re-used.
- Immediately after handling a mask, adults and children should hand wash or use hand-sanitizer (> 60% alcohol) with adult supervision.

[Dr. Sanjay Gupta talks to Elmo about Masks and how to make one.](#)

7. Social and Physical Distancing

Do we follow the Governor's orders for businesses operating at 25% or 50% capacity?

Please continue to follow the capacity restrictions in your license. Child care centers/groups/families are not expected to reduce capacity.

Do I need to lower my ratios or the sizes of the groups or classrooms?

The fewer children together the less the virus has opportunity to spread to many people. If possible lower ratios and the number of children in one group. If possible, try keeping children of the same family in the same classroom.

If not possible, remember ratios required by PA regulation are still applicable (i.e. 1:4 for infants).

Should siblings stay together? Can I provide care for my own child in my own classroom to prevent one family from being in two different rooms?

Yes, in fact keeping family members together is one way to prevent the widespread exposure to COVID-19. If possible, keep siblings together (always following ratios for the youngest in the group).

Teachers are permitted to have their own child in their classroom with some stipulations. Please see the OCDEL [Announcement 20 #15](#) which in part states the following:

For the duration of the COVID-19 pandemic-related Proclamation of Disaster Emergency, the current policy will be revised to allow for parents/caretakers to provide care for their own children in a child care facility. The revised policy allows a parent/caretaker who is a teacher, assistant teacher or aide in a classroom, at the same child care facility where their children are enrolled, to have their children in their classroom. This allows the parent/caretaker to receive subsidized child care payment for their children as long as there is another paid teacher, assistant teacher or aide present in the classroom for the majority of the day. In addition, there must be at least one other child in the classroom, that is not the child of the parent/caretaker, for which the parent/caretaker is caring for.



Can I use an elevator to reach my program that is not on the ground floor? Are there capacity limits?

Here is the most current [FAQ on the Governor's website](#).

What is the social distancing guidance for elevator usage? Businesses should use their best judgement based on the square footage of the elevator. The Department recommends that businesses allow as few people as possible while also discouraging crowds gathered while waiting for the elevator.

The CDC has guidance about [social distancing](#) in child care programs

- Keep group sizes small if possible.
- Children and staff should not change groups or mix groups.
- Assign groups to their own room.
- 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.
- 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.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.

[Greeting others while social distancing poster](#)

What are other social distancing measures to consider?

- Stagger times for each group on the playground.
- Keep six feet distancing when in line, if possible.
- Limiting the number of children that can play in a certain area or with a certain classroom material at one time.
- Enough space for children to eat; stagger chairs. No family style meals. No toothbrushing.
- Several changes of clothing on hand for staff and children.
- Use the outdoors as much as possible. There is usually more room for activities and the virus appears to spread most in indoor environments.

Should teachers try to stay six feet away from the children or keep children six feet away from one another?

Young children, especially infants and toddlers need cuddled and handled for routines and play during the day. Children need social interaction in order to develop socially and emotionally. That is why the CDC defined social distancing as something a little different than how adults manage social distancing (staying 6 feet apart from not household members). Instead, the terminology used by the CDC for social distancing in child care setting is called using a cohort method.

The CDC Guidance advises strategies to maintain social distancing which focus on group management within child care while recognizing it is not feasible to maintain a six-foot separation for young children. Child care entities should make efforts to maintain children in the same groups and assigned to the

same staff daily. In addition, groups should not interact or change rooms to the extent possible. Cohorts makes contact tracing much easier when there is a case of COVID-19. [More on using cohorts](#).

IMPORTANT: Staff are required by the [Governor's order](#) and [DHS regulation](#) to wear masks while caring for children because the six feet separation is not possible when meeting the needs of young children. Children over two years of age are required to wear mask by the [Governor's order](#), however DHS will not be citing programs for children not wearing masks. See the [DHS FAQ](#) for more information. Please pay attention to the exemptions from the mask wearing order. If possible, if a mask cannot be worn, a face shield could be used instead.

Therefore, when masks are not being worn by children the six feet of separation is **highly important**. Therefore, try to separate children by six feet when eating, napping, and engaging in water play where children are getting wet (sprinklers, pools).

8. Ventilation and Use of Nebulizers

Does ventilation or fresh air help reduce Coronavirus exposure?

Opening windows to circulate airflow in the classroom and spending time outdoors helps reduce the spread of Coronavirus. Designing outdoor learning centers and activities is highly recommended when weather permits.

Are portable air conditioning units okay if they circulate the classroom air instead of pulling air from the outside?

It's necessary to vent portable air conditioners because they extract hot air. If you want your air conditioning system to cool the room effectively, you need to let the hot air vent to the outside. Portable air conditioners can also be vented through a window, wall, ceiling or even a door.

Resource: [The Environmental Protection Agency on ventilation and COVID-19](#)

Can nebulizers be used in child care settings when children need them for asthma or other breathing conditions?

The CDC has answered the question in a document, [K-12 Schools and Childcare Programs FAQs for Administrators, Teachers and Parents](#). On pages 4-7 they address the question of nebulizers and spacers for use in asthma care.

Some general guidance from that document:

- Metered Dose Inhalers (MDIs) with or without spacers are preferred to nebulizers.
- The person administering the treatment with a nebulizer should wear PPE including face mask or cloth face covering and a gown or apron.
- The nebulizer treatment should be done in a room with as few people as possible. Although the document recommends that a teacher leave the child alone in a room (based on their age), this is not permitted in child care settings.
- If the weather permits, consider using the nebulizer outdoors.

NOTE: Metered Dose Inhalers (MDIs) are preferred and better clinical practice. The procedure for administering MDIs takes less time and requires less close contact supervision which reduces risk of exposure to coronavirus. MDIs are equally effective for all age groups (including babies). Contrary to previous concerns, there does not appear to be evidence of aerosolization during nebulizer treatments, according to the CDC.

However, providing nebulizer treatments in child care may be the path of least resistance with insistent parents and/or healthcare providers.

Spend More Time Outside

Mask wearing and spending more time in well ventilated areas (such as outside) are the two best measures for slowing the spread of the Coronavirus. It is highly recommended that programs consider using their playgrounds often, and not just for gross motor activities/recess. Some ideas include:

- Programs should consider how they can do circle time outside, or centers time/free play. Consider ways to add learning materials to the outside environment such as through buying plastic tubs with lids for toy storage (to protect from the weather).
- Programs should consider splitting a group of children for part of the day. If your classroom has 20 children and 2 teachers, consider spending longer periods of time outside at your on-site playground. Have half the children go outside at a time to use the outdoors for learning. Maintain ratios and DHS regulations for space, etc.
- Consider going outdoors throughout the winter months. According to the [American Academy of Pediatrics](#), it is safe for children to be outdoors as long as the windchill is above -15. According to the [PA Position Statements](#) (written for the Environment Rating Scale implementation in PA), children should go outdoors if the windchill is above 25. That means bundling children up.
- Research outdoor lesson plans, classroom activities taken outdoors, and nature learning ideas. A quick internet search revealed hundreds of outdoor learning ideas. There is a wealth of resources to choose from.

9. Cleaning and Disinfecting

General Guidance

- Personal items should be left at home, i.e. backpacks, toys, stuffed animals.
- Keep surfaces clear so you can clean and disinfect them easily.
- Store items you don't use.
- Provide as much open space as possible.
- Limit sharing toys to items that can be cleaned and disinfected easily.
- Be strict about putting mouthed or handled toys into a sealed bin with disinfectant after a child touches the toys.

Please use **DISINFECTING**, rather than sanitizing during the COVID-19 pandemic.

How do I use disinfectants?

- Follow product information on concentration, application method, and contact times.
- 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.
- Hold the bottle at a safe distance away from the nose and mouth when spraying.
- Label spray bottle dilutions with product and date.
- Keep products out of children's reach, in a locked cabinet.
- Wear personal protective equipment such as gloves and eyewear.
- The surface should be dry by the time the children return to the area.
- Do not mix products or reuse bottles for different products.

Always use caution with disinfectants!

What soft items do I need to remove from the classroom?

Remove area rugs. Machine washable cloth toys or other soft toys such as dress up clothes should be removed or should be used by one individual at a time. These toys should be laundered before being used by another child.

Can I keep a Boppy pillow for the infants?

If these items are needed for the care of the children, assign each to one child and launder regularly.

How do I care for the carpet that cannot be removed?

There currently is not information about carpets contributing to the spread of COVID-19.

For general cleaning and if a case of COVID-19 is confirmed or suspected use a vacuum with a good HEPA (high-efficiency particulate air filter). The [CDC](#) encourages not vacuuming a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.

When do I clean and disinfect?

Clean and disinfect surfaces more often than usual (See Caring for Our Children: [Appendix K](#): Routine Schedule for Cleaning, Sanitizing and Disinfecting).

Also, immediately remove toys that are mouthed by children or sneezed on, etc. Be aware of toys that children play with most and disinfect those more often.

What surfaces should be disinfected?

- Drinking fountains
- Door and cabinet handles (high touch)
- Surfaces that have been soiled with body fluids
- Mouthed objects (collect mouthed toys in a tub)
- Toileting and diapering areas
- Diaper-changing tables and diaper pails
- Counter tops in bathrooms
- Potty chairs
- Handwashing sinks and faucets
- Toilets
- Bathroom floors
- Toys
- Other Floors
- Clothing (including hats)
- Cribs, cots, and mats
- Play equipment
- Refrigerators
- Light switches
- Countertops
- Tables
- Chairs
- Playground equipment
- Cubbies
- Etc.

What kills Coronavirus?

[List of EPA-registered cleaning products that kill Coronavirus.](#)

How long do Coronavirus germs last on toys? Can I rotate them and set them aside until the virus dies?

Coronavirus germs will live for a maximum of 72 hours (3 full days) on plastic and metal surfaces. The best practice is to disinfect toys before storing them as germs causing other illnesses may also be on them.

Other Considerations

- You may also clean classroom toys and materials in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- 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 children, unless they are washed and disinfected before being moved from one group to the other.
- 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.

Always clean
before applying a
disinfectant

Disinfecting machines and UV light devices

Don't be drawn in by the expensive fogging/fumigation machines/UV light machines.

UV light is considered hazardous to children according to the [American Academy of Pediatrics](#).

Also, the [EPA](#) says that unless the chemical in the fumigation machine has specific disinfecting instructions, the EPA does not recommend them. They are currently looking into approving these devices after a thorough review to see if they kill Coronavirus. See information on this [here](#) and [here](#).

Using liquid disinfectants is best practice. See the [list of disinfectants that kill Coronavirus](#).

If a material cannot be disinfected such as crayons and books (due to the paper), consider quarantining these items for at least 3 days (72 hours) or providing children with their own supply (best with art materials).

How do I disinfect porous toys like wood blocks?

- First, wipe the toys with a cloth that has been soaked in hot, soapy water. Be careful not to saturate the toy – the goal is to remove any debris.
- Use a scrub brush or toothbrush to remove any dirt or grime from grooves.
- Allow the toys to dry completely.
- Wipe the toys with a fresh cloth that's been soaked in an EPA-registered non-toxic disinfectant prepared to the manufacturer's recommendations.
- Allow the solution to remain on the toy for the manufacturer's recommended time.
- When using a disinfectant for the first time, do a spot test to ensure the solution will not discolor the toy.
- Wipe the toys with a fresh cloth that's been rinsed with clean water to remove any residual disinfectant.
- Allow the toys to air dry completely.

Porous toys cannot be submerged in water or soaked in cleaning solutions.

Use of Books During the COVID-19 Pandemic

- Books are important to a child's development.
- Cloth books should be removed from the classroom.
- Plastic books are easily disinfected and are encouraged.

Disinfecting Books

- Paper and Cardboard books are porous and harder to disinfect.
- Spray a disinfectant on a cloth and wipe down the books and pages. Disinfect the books at the end of the day unless you observe children coughing on, sneezing on, or putting the books in their mouths (as often seen with infants and toddlers).
- If you are worried about damaging the books by disinfecting them, they can be quarantined instead.

Quarantining Books

- Coronavirus germs generally live on a surface for three days.
- If books are stacked, however, COVID-19 germs have been found alive up until 6 days. See that research [here](#).
- Lay books down in a single stack for quarantining or wait 6 days before reintroduction.

10. Hand Washing

Can hand sanitizer be used?

Yes: CDC [information on hand sanitizers](#)

- Must be at least 60% alcohol
- Must be kept out of the reach of children at all times
- May be used with adult supervision on very young children
- Adult applies the hand-sanitizer on the child's palm and fingers and rubs it on the skin until it is completely absorbed or dries (usually less than 10 seconds)
- No doctor's note or parent permission slip is needed during the pandemic to use hand sanitizer.

When is hand washing necessary?

All children, staff, and volunteers should engage in hand hygiene at the following times:

- Arrival to the facility and after breaks
- Before and after preparing food or drinks
- Before and after eating or handling food, or feeding children
- Before and after administering medication or medical ointment
- Before and after diapering
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage

How do I wash my hands? How long do I scrub them? Do I scrub them in the water or outside of the water?

- Wash hands with soap and water for at least 20 seconds. Scrub them outside of the water before rinsing. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
- After assisting children with handwashing, staff should also wash their hands.
- Place [posters](#) describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

For more information: See CDC information: [CDC hand washing](#) or watch a hand [washing video](#).

11. Meal Service and Tooth Brushing

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children if possible.
- Sinks used for food preparation should not be used for any other purposes or thoroughly disinfected before food preparation.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.
- Since masks are not worn while eating, separating children by 6 feet is advised. Do not seat someone immediately across from someone else. Feed children in smaller groups if the separation is not possible.

Where do I put the masks while children are eating?

- At meals place mask on a name-labeled square of paper towel on the table.
- Place the mask surfaces which touch nose/mouth face-down.
- Masks can be stored in a labeled paper bag (out of reach).
- Overnight, paper masks can be aired out and re-used.
- Immediately after handling a mask, adults and children should hand wash or use hand-sanitizer (> 60% alcohol) with adult supervision.

Can children brush their teeth at the child care facility?

Tooth brushing practices should be suspended during the pandemic as toothbrushing is likely to increase the opportunity for germ spread.

Additional Resources

- [COVID-19 Food Resources](#), Pennsylvania Nutrition Educational Network
- [COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs](#), U.S. Department of Agriculture (USDA): Food and Nutrition Service

12. Napping

- Limit personal items brought into the facility, i.e. backpacks, toys, stuffed animals
- Ok to bring child's bedding, special blankets to provider
- Ideally, if possible and laundry capabilities are available, wash the child's bedding, nap items and soiled clothing at the facility
- Avoid moving items in and out of rooms
- Limit transferring items back and forth to home
- Space children 6 feet apart when possible. If not possible, try other options. For example, has DHS permitted napping in another (larger space)? Try placing children head to toe when sleeping. Dividers between children are not recommended because they are a hinderance to supervision and make accessing children in an emergency more difficult.

Transferring items in and out of a child care program increases the chances for spread of the virus.

Limit personal items coming into the facility, like backpacks, toys, or stuffed animals.

13. Sensory Play and Outside Play

Can we use..?

Sprinklers: Yes, space children out six feet from one another while waiting for a turn to run through. The spacing is needed because the children do not have to wear a mask while getting wet in a sprinkler.

Swimming pools: Yes, maintain social distancing while in the pool and have children put their masks back on when they exit.

Sand bin/box: Yes, Limit the number who can play at one time, use social distancing measures if possible. Masks remain on children using the sand.

Play dough or other gelatinous substance: Each child should have their own supply that is not shared with anyone else. Store in individual containers.

Are public bathing places regulated by the Pennsylvania Department of Health and other community pools permitted to operate during the Governor's phased reopening plan?

Public bathing places and other outdoor community pools are permitted to operate in counties in the yellow and green phases of the Governor's phased-in reopening plan, provided they follow [CDC guidance for aquatic venues](#).

Sunscreen and Insect Repellent Use

Is it safe to use sunscreen on children and bug spray and how to apply these during COVID-19? Follow the Caring for our Children guidance [here](#).

14. Excluding with Symptoms and/or Positive Case of COVID-19

Dealing with Confirmed or Probable COVID-19 Cases and Exposure to COVID-19

The following pertains to all facility persons, household members residing in a group child care home or family child care home, and children at a child care facility who either test positive for COVID-19 (confirmed case) or who have been exposed to someone with COVID-19 and have developed symptoms (probable case).

For COVID-19 cases:

- If the child is in care when the test results are confirmed positive, the child must be isolated until the appropriate party arrives to pick them up.
- Follow the [Return to Care](#) guidance for timelines on returning to the child care setting.
- If a facility person or child tests positive for COVID-19, affected areas must be closed for a period of 24 hours following the confirmed positive COVID-19 case of child or facility person in attendance so that the facility can be cleaned and disinfected properly. Close contacts as defined below, must self-quarantine.
- If a facility person or child becomes ill with COVID-19 like symptoms as per the [symptoms chart](#) on page 3 of the [OCDEL Announcement C-20-12](#) close off areas used by the person who is sick and clean and disinfected properly.
 - The individual should be evaluated by their healthcare provider immediately.
 - If the individual tests positive upon further evaluation by a healthcare provider, follow guidance under *Exposure to a person who tests positive for COVID-19*.
- 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). Please see the OCDEL announcement in the [Reporting COVID-19](#) section on pages 11-12 for further instructions and contact information. For reporting information in this document see [here](#).
- The facility must report positive COVID-19 cases and positive COVID-19 cases that result in death to their Department of Human Services (DHS) Certification Representative.
- The facility must utilize the DHS Licensed Facility COVID Data Collection Tool. Facilities who do not have access to the DHS Licensed Facility COVID Data Collection Tool will inform their DHS Certification Representative to ensure the information is entered into the COVID Data Collection Tool by DHS personnel.
- The facility should develop a process to inform facility persons of positive COVID-19 cases within the facility.

Exposure to a Person Who Tests Positive for COVID-19

Exposure is defined as being within six 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 who do not have symptoms are considered infectious two days after exposure (if known) or starting two days before test date (if exposure is unknown).

INFORMATION on CLOSE CONTACTS from PENNSYLVANIA DEPARTMENT OF HEALTH 2020 – PAHAN – 533 – 10-23-ADV

On October 21, 2020, the CDC updated its definition of close contact to “someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.” The guidance goes on to note that data to precisely define “close contact” are limited, and that there are additional factors to consider when defining “close contact.”

PA DOH recommends using 15 consecutive minutes of exposure at a distance of 6 feet or less as an operational definition for “close contact.” However, there are circumstances when someone should be considered a close contact of a case after being within 6 feet for fewer than 15 consecutive minutes, including:

- Being in extremely close proximity (e.g., face to face).
- Having a prolonged exposure time.
- The infected person exhibiting symptoms.
- The infected person generating respiratory aerosols (e.g., coughing, singing, shouting).
- The presence of environmental conditions (e.g., crowding, inadequate ventilation, or being indoors).

These factors may result in a person being identified as a close contact even if contact time is less than 15 consecutive or cumulative minutes. In addition, individuals with numerous brief interactions totaling 15 minutes or more can be considered close contacts if this can easily be assessed.

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

- They shall self-quarantine based on CDC guidance. The length of quarantine is 14 days from the date of the exposure. However, the CDC has outlined some scenarios to give a more defined explanation of the time frames. For instance, in their Example #4 they discuss what happens if the child is exposed to a parent but cannot quarantine from that parent because the parent is the one caring for the child. Please see the [CDC scenarios](#) for more information on the length of quarantine based on different circumstances.
- 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 facility person, child, or household member is exposed to a positive COVID-19 case their DHS Certification Representative.
- The facility must utilize the DHS Licensed Facility COVID Data Collection Tool. Facilities who do not have access to the DHS Licensed Facility COVID Data Collection Tool will inform their DHS Certification Representative to ensure the information is entered into the COVID Data Collection Tool by DHS personnel.
- If a facility person/child is a potential exposure AND has COVID-19 like symptoms as defined in the [symptoms chart](#), please [report](#) to DOH or your local health department as prescribed on page 13 of the OCDEL Announcement C-20-12.
- The facility should develop a process to inform facility persons of possible exposure to a positive COVID-19 case.

What do I do if a staff member or child becomes ill or starts showing symptoms of COVID-19 while at the child care facility?

- Immediately isolate a child or staff member that develops COVID-like symptoms as outlined in the [symptoms chart](#) of the [OCDEL C-20-12 Announcement](#).
- Close off areas used by the person who is sick. Increase ventilation in those areas.
- Continue to monitor staff and child health throughout the day. 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 two years old and can tolerate a face covering, the child should also wear a cloth face covering.
- Clean and disinfect surfaces in the isolation room or area after the sick child leaves and also all other areas used by the child, i.e. office, bathroom, common area.

Do child care programs have to abide by the travel restrictions of hot spot states?

According to [OCDEL's FAQ document](#), the commonwealth does not dictate how businesses should implement the quarantine recommendation. However, DOH recommends implementing businesses review the eligibility criteria in the Families First Coronavirus Response Act and provide flexible leave and work from home policies to accommodate the recommendation.

If an elementary school closes due to a case, can child care accept a child from a closed school? What if the case was in a different classroom?

The program is encouraged to reach out to Certification and their local health department/DOH for guidance on when it would and would not be safe to continue to provide care for school age children whose elementary school was closed due to a positive case or exposure.

If a building was closed, families should be given guidance from the school's administrators about whether their child just didn't have access to a building or should be quarantining because of a potential exposure. Child care staff will need to work with the districts and families of the children they serve to ensure that they have all of the information needed to make a good decision.

15. Return to Care

When can I be around others if I have had COVID-19?

The CDC gives some [guidance](#) on this topic.

According to PA Code for DHS, there are some regulations that pertain to when children can return to care after having a communicable disease:

[Children with symptoms of disease.](#)

An operator who observes an enrolled child with symptoms of a communicable disease or infection that can be transmitted directly or indirectly and which may threaten the health of children in care shall exclude the child from attendance until the operator receives notification from a physician or a CRNP that the child is no longer considered a threat to the health of others. The notification shall be retained in the child's file. Diseases and conditions which require exclusion are specified in 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases). The Department of Health will provide, upon request, a list of communicable diseases.

[Facility persons with symptoms of disease.](#)

A facility person with symptoms of a communicable disease or infection that can be transmitted directly or indirectly and which may threaten the health of children in care shall be excluded from attendance until the facility operator receives notification from a physician or CRNP that the person is no longer considered a threat to the health of others. The notification shall be retained in the facility person's file. Exclusion from the facility is required for diseases and conditions specified in 28 Pa. Code Chapter (relating to communicable and noncommunicable diseases). The Department of Health will provide, upon request, a list of communicable diseases.

Return to Care

When can staff or children return after being sent home or not admitted because they have COVID-like symptoms according to the [symptoms chart](#)?

See the [Return to Care](#) section on page 11 of [OCDEL Announcement C-20-12](#)

Children or facility persons who meet criteria for illness on screening or who become ill while at the facility and are sent home should be referred their healthcare provider for evaluation.

For facility persons and children, who are not currently a close contact or quarantined, presenting with symptoms that may be associated with COVID-19 may return to facility when:

- Symptomatic child/facility persons who is not tested: exclude for 10 days from symptom onset AND at least 24 hours after fever resolution (if present) without the use of fever reducing medication AND improved respiratory symptoms.
- Symptomatic child/facility persons determined by a health care provider to have an illness other than COVID-19: exclude until without a fever for 24 hours (if fever present) without the use of fever reducing medication and symptoms improving.
- Symptomatic child/facility persons with test negative: exclude until without a fever for 24 hours (if fever present) without the use of fever reducing medication AND improved respiratory symptoms.

Use a symptoms-based strategy rather than a test-based strategy for discontinuing at home isolation.

*****Please use a symptoms-based strategy rather than a test-based strategy for discontinuing at home isolation *****

A symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy) is the only recommended strategy in discontinuing at home isolation. A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances as determined by a healthcare provider.

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 1 day (24 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; **and**,
- At least 10 days have passed *AFTER symptoms first appeared*.

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

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation after no less than 10 days have passed since the date of their first positive COVID-19 diagnostic test, provided no symptoms have developed during that 10-day period.

16. Reporting COVID-19

Do I need to report every case of COVID-19?

Yes, an outbreak is defined as a single positive COVID-19 case.

Who do I report cases to? (Do all three of these steps.)

1. **Department of Health:** Programs located in the any of the following 6 counties or 4 municipalities with local health departments must report to their respective local health department listed below. All other programs must report to the PA Department of Health, 1-877-PA-HEALTH or 1-877-724-3258.
 - [Allegheny County Health](#): 412-687-2243
 - [Bucks County Department of Health](#): 800-383-0371
 - [Chester County Health Department](#): including Delaware County: 610-344-6225
 - [Erie County Department of Health](#): 814-451-6700
 - [Montgomery County Health Department](#): 610-631-3000
 - [Philadelphia Department of Public Health](#): 800-722-7112
 - [Allentown Bureau of Health](#): 610-437-7760
 - [Bethlehem Health Bureau](#): 610-865-7000
 - [Wilkes-Barre City Health Department](#): 570-821-1111
 - [York City Health Bureau](#): 717-849-2221
2. **Your local DHS representative:** Information must immediately be reported to your Certification Representative or the appropriate Regional Office which can be found [here](#).
3. **Report using the COVID Data Collection Tool.** On Aug. 28, 2020, OCDEL launched the [Licensed Facility COVID Data Collection Tool](#). Although this tool has been launched, continue to notify your certification representative of exposure and/or new positive cases of COVID-19. Utilize the link above for the most recent information relating to this tool. Facilities who do not have access to the DHS Licensed Facility COVID Data Collection Tool will inform their DHS Certification Representative to ensure the information is entered into the COVID Data Collection Tool by DHS personnel.

What information needs reported? Do I have to give the name of the person who tested positive?

In all instances when reporting 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.

The name of the person who has tested positive should remain anonymous.

Do I have to tell staff and parents that there was a positive case/exposure to COVID-19?

In the event an exposure occurred for staff or children and/or someone tested positive, a general communication must be shared to inform parents of enrolled children when there is a suspected outbreak of a communicable disease. Specific detail regarding the exposure must not be shared including the identity of the person with the suspected or confirmed case. Parents should follow up with their own medical professional to determine next steps.

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 [PA Code](#) regarding communicable illnesses.

What should child care staff do if the Department of Health (DOH) does not respond when staff call related to a confirmed or suspected case of COVID-19?

[Interim Guidance for Certified Child Care Facilities Operating During the Novel Coronavirus Pandemic C-20-12](#), the requirement is to report to DOH.

17. Family and Group Care

See the new [OCDEL Announcement C-20-12](#). It is recommend getting involved with the Family Child Care Home and Group Child Care Workgroup for more specific guidance and support by contacting Michelle Zitsch, Workforce Development Specialist at the Pennsylvania Key at miczit@pakeys.org.

18. School-Age Care

If an elementary school closes due to a case, can child care accept a child from a closed school? What if the case was in a different classroom?

We would encourage the program to reach out to Certification and their local health department/DOH for guidance on when it would and would not be safe to continue to provide care for school age children whose elementary school was closed due to a positive case or exposure. If a building was closed, families should be given guidance from the school's administrators about whether their child just didn't have access to a building or actually should be quarantining because of a potential exposure. Child care staff will need to work with the districts and families of the children they serve to ensure that they have all of the information needed to make a good decision.

Please contact Betsy Saatman at betsaa@pakeys.org at the Pennsylvania Key for more resources and Technical Assistance regarding questions about School-Age care during the COVID-19 pandemic.

What are some hygiene resources for school-age?

- [Handwashing and Basic Health Considerations for the Assessment Process, North Carolina Rated License Assessment Product \(NCRLAP\)](#)
- [Health Reminders for SACERS-U, North Carolina Rated License Assessment Product \(NCRLAP\)](#)
- [Hygiene Basics, Nemours](#)
- [School-Age Youth Programs: Health and Safety Best Practices, Better Kid Care](#)
- [Tips and Tricks on Handwashing, Let's Talk Quality: Program Quality Assessment in PA](#)

For more School-Age Resources, visit [the Pennsylvania Key website](#).

19. Early Childhood Mental Health Services and Early Intervention

What about children with special needs? Can a therapist come?

If the child care program staff and parents agree, Early Intervention staff can come into the facility to work with children. What is preferable is that virtual platforms are used to do a teleintervention with the teacher/child to support the child who is receiving EI. Through coaching and helping the teacher virtual platforms can successfully be used to help those working with the child directly embed the child's IFSP/IEP goals into the regular routines of the classroom.

Early Intervention resource on [masks](#).

It is recommended to contact EI and EITA resources.

[Early Intervention](#)

[Early Intervention Technical Assistance](#)

It is also recommended to contact the [IECMH Consultant Supports Team](#)

20. OCDEL's Health and Safety System Supports Trainings

A [five-part series of webinars](#) is available to help during these times. The webinars are entitled:

1. CDC Guidance for Child Care
2. Parent, Family and Community Engagement
3. Implementation Considerations
4. Re-Imagining ECE Environments
5. Supporting the Social Emotional Well-Being of ECE Professionals, Children and Families

21. CARES Act Funding

When considering what to buy with CARES funds, think long term. How solvent will your facility be based on current enrollment? What will be the impact on your facility if further stay at home measures are imposed? Will more children stay at home thus affecting your financial health? Staying open long term is the most important thing.

[CARES Act funds](#) can be used to support needs such as occupancy (rent/mortgage), utilities, salaries, benefits, cleaning, sanitation, materials and supplies. Licensed providers should consider using funds to purchase cloth masks, cleaning supplies or other materials to screen children for COVID-19 and mitigate the spread of COVID19. During winter months, there is much more emphasis on proper ventilation, so consider an upgrade to your HVAC system. For more information on how the HVAC system is related to COVID-19 spread, see [here](#).

Resource: [Is there HVAC guidance that building and maintenance professionals can follow to help protect from COVID-19?](#)

Avoid the Gimmicks

Don't be drawn in by the expensive fogging/fumigation machines/UV light machines. UV light use in child care settings is considered hazardous to children according to the [American Academy of Pediatrics](#). Also, the [EPA](#) says that unless the chemical in the fumigation machine has specific disinfecting instructions, the EPA does not recommend them. They are currently looking into approving these devices after a thorough review to see if they kill Coronavirus. See information on this [here](#) and [here](#).

22. Additional Resources and Supports

[DHS provider resources](#)

[Pennsylvania Key resources on COVID-19](#) (coronavirus) in Pennsylvania for ECE programs and professionals

[Print Resources](#) from the CDC on COVID-19 related health measures.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. [Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs.](#)

4th ed. Itasca, IL: American Academy of Pediatrics; 2019

[CDC Guidance for Child Care Programs for Schools](#)

[CDC Guidance for Child Care Programs for Child Care](#)

[Early Childhood Education Linkage System \(ECELS\)](#). To get on ECELS newsletter list click [here](#).



PPE Supplies

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

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

Clear masks can be purchased via several retailers including [Amazon](#).

Hand Washing

[Hand washing videos.](#)

[Hand washing posters.](#)

[Hand washing John Hopkins Medicine.](#)

Resources for Children

Videos

[Elmo and masks](#)

[CDC Cover your cough and sneezes](#)

[Child Mind Institute](#)

[Sesame Street Sneezing and coughing safely](#)

[Play Kids Cover your mouth when you cough](#)

[Hand washing videos](#)

[A Comic Exploring the New Coronavirus](#)

[Brain Pop](#)

[PBS Kids How to talk to your Kids about Coronavirus](#)

[Hand washing John's Hopkins Medicine](#)

[CDC Lesson Plans on Teaching Children about the Flu](#)

[Greeting while social distancing poster](#)

Meals and Food Related Resources

[Food resources](#)

Masks

[Elmo and masks](#)

[How to make masks](#)

[CDC Use of masks to help slow the spread of COVID-19](#)

[Clear masks](#)

[Wearing masks](#)

[Helping children understand emotions while wearing masks](#)

[Early Intervention resource on masks](#)

Disinfecting

CDC Coronavirus Disease (COVID-19) Frequently Asked Questions – [Cleaning and Disinfection](#)

Business Resources During COVID-19

For information on business loans, paid leave, grants, and other business type information for child care programs during the pandemic, the PA Key has several [links](#) to explore.

[COMPASS](#)

Social Emotional and Early Intervention Resources

[Zero to Three Coronavirus Resources.](#)

[Early Intervention Technical Assistance Portal COVID-19 Resources.](#)

[The National Center for Pyramid Model Innovations Helping Families Cope.](#)

[The National Center for Pyramid Model Innovations the Leadership's Guide for Reopening Programs.](#)

[The National Child Traumatic Stress Network.](#)

[Request Infant Early Childhood Mental Health Consultation.](#) Completed forms can be submitted via email <mailto:PAIECMH@pakeys.org> or faxed to 717-213-3749.

[Family guide for Considerations of In-home/In-person Early Intervention \(EI\) Services During COVID-19.](#)

Sharing information between the parent and the teacher. [My Teacher Wants to Know.](#)

[Wearing masks.](#)

[Clear masks.](#)

[Helping children understand emotions while wearing masks.](#)

[Greetings while social distancing poster.](#)

[Supporting young children isolated because of COVID-19.](#)

Mental health or emotional support: Support & Referral Helpline is available 24/7. Call 1- 855-284-2494 (TTY: 724-631-5600)

[CDC Coping with Stress](#)

[CDC Taking Care of Your Emotional Health](#)

[CDC Helping Children Cope](#)

Resources for Early Childhood Education Professionals

[We Wear Masks](#), a Social Story about the coronavirus (1:35 min): *We Wear Masks* is an animated social story that helps that explain some of the issues we are facing right now including wearing a mask, school closure, and social distancing.

[National Center for Pyramid model Innovations \(NCPMI\)](#)[National Center for Pyramid model Innovations \(NCPMI\)](#): Access resources to support families and young children cope with the challenges that might occur during stressful emergency situations.

National Center for Pyramid model Innovations (NCPMI): [COVID-19 and Pandemic Resources](#)[COVID-19 and Pandemic Resources](#)

[*Helping Your Child During the Pandemic: Ways to reassure children during this challenging time*](#) (1 pg. handout with tips) [*Helping Your Child During the Pandemic: Ways to reassure children during this challenging time*](#) (1 pg. handout with tips) [*Helping Your Child During the Pandemic: Ways to reassure children during this challenging time*](#) (1 pg. handout with tips)

The Pennsylvania Infant Early Childhood Mental Health Consultation (IECMHC) Program is a child-specific consultative model which addresses the social-emotional development of young children within their early childhood education program. For more information, visit pakeys.org.

Classroom Visuals and Supports: a variety of [downloadable visual supports](#) for Classroom Expectations, Daily Schedule, Build Social Skills, Friendship Kit, Problem Solving and more.

Creating Routines: FOCUS on Early Childhood Mental Health (2 pg. handout with tips) <https://bit.ly/2zQiNJV>

Resources for Families

[*Positive guidance for Young Children: Be Consistent*](#) (1 pg. handout with tips) [*Positive guidance for Young Children: Be Consistent*](#) (1 pg. handout with tips) [*Positive guidance for Young Children: Be Consistent*](#) (1 pg.

[*Comfort Strategies: Comfort from a grown-up can help kids feel calm and protected*](#) (1 pg. handout with tips) [*Comfort Strategies: Comfort from a grown-up can help kids feel calm and protected*](#) (1 pg. handout with tips)

[*Helping Your Child During the Pandemic: Ways to reassure children during this challenging time*](#) (1 pg. handout with tips) [*Helping Your Child During the Pandemic: Ways to reassure children during this challenging time*](#) (1 pg. handout with tips)

[*What Comes Next: Back to Child Care Following Shelter in Place*](#) (short article with some tips for managing the preschool transition post-COVID)

[*We Wear Masks*](#), a Social Story about the coronavirus (1:35 min): *We Wear Masks* is an animated social story that helps that explain some of the issues we are facing right now including wearing a mask, school closure, and social distancing.

Talking to children about the Coronavirus Crisis. Child Mind Institute Article with tips in [English](#) and [Spanish](#).