

# ANNOUNCEMENT C-20-12




## Pennsylvania Office of Child Development and Early Learning Bureau of Certification

**Issue Date:** April 14, 2021

**Effective Date:** Immediately

**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

This announcement **updates C-20-12 with new content in red.**

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. **This announcement replaces C-20-12 and includes updated guidance from the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health (DOH).**

## 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 the pandemic situation evolves, the Office of Child Development and Early Learning (OCDEL) acknowledges the need to provide up to date operational guidance for child care based on new information and guidelines from DOH and the CDC.

## DISCUSSION

Child care facilities that continue to remain open or that are preparing to reopen should follow the guidance issued by the CDC and the 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 operating during COVID-19 is outlined in this document. In cases where local health department guidance is not fully aligned with OCDEL guidance, programs should adhere to the most stringent guidance. 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
3. Symptoms of COVID-19
4. Practices, Policies, and Procedures for Consideration
5. Social Distancing in the Child Care Setting
6. Face Coverings
7. Dealing with confirmed positive COVID-19 cases and exposure to COVID-19
8. Reporting
9. Additional Resources

**REOPENING:**

Child care providers should understand the aspects of reopening or continuing to operate during COVID-19. Additional policies and procedures must 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 an [operational strategy](#) 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:**

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. **There are instances when quarantine or isolation is required. Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission.**

**SYMPTOMS OF COVID-19:**

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.

### **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 all facility persons and children to keep six feet of distance whenever feasible. Parents **must** wear a face covering during drop-off and pick-up unless one of the exemptions in section 3 of the [\*\*Updated Order of the Secretary of the Department of Health for Universal Face Covering\*\*](#) applies.

- 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.

### **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 above chart on [page 3](#); or
  - 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 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 on [page 3](#) 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.

See *Return to Care* section below for guidance for readmission to child care

### **Examples of Screening Methods**

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 6 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 **must** wear a face covering during drop-off and pick-up unless one of the exemptions in section 3 of [the \*\*Updated Order of the Secretary of the Department of Health for Universal Face Covering\*\*](#) applies.
- Ask the parent/guardian to confirm that the child does not meet the symptom criteria as outlined above.
- Make a visual inspection of the child for signs of illness as outlined in the above chart on [page 3](#).

#### **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 above chart on [page 3](#).
  - 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 client. 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 6 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 face **covering**, 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 above chart on [page 3](#).
- 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](#).

### **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 must be

cleaned and sanitized (see “Intensify cleaning and disinfection efforts” below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

### **Intensify cleaning and disinfection efforts:**

- Facilities must 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 must not be used near children, and child care 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.
- When setting 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 must 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.
- **Physically distance child seating areas when possible.**
- **Turn your tables to face in the same direction (rather than facing each other), or have your children sit on only one side of your tables, spaced apart, particularly at mealtimes.**
- **Modify your learning stations and activities to keep children physically distanced, when possible.**

### **Shared Spaces:**

- **If your child care program does have shared spaces that are used by multiple different groups of children throughout the day such as dining halls, multi-purpose rooms, and playgrounds, stagger their use and properly clean and disinfect between groups. Ensure proper hand hygiene is practiced by children and staff before and after each use.**
  - **Closing shared spaces may be considered if you are unable to maintain cleaning and disinfection.**
- **It is important that adults consistently and correctly wear face coverings and maintain a distance of 6 feet from each other, especially for longer interactions.**



- Child care programs interested in outdoor learning may benefit from reviewing [CDC's COVID-19 guidance on Considerations for Outdoor Learning Gardens and Community Gardens.](#)

### **Playgrounds and Outdoor Play Spaces:**

- Outdoor spaces reduce the risk of spreading COVID-19, but still require preventive behaviors (staying home when sick, physical distancing, avoiding crowds, wearing a face covering, handwashing, cohorting (not mixing groups) when possible, and cleaning and disinfection).
- Outdoor spaces, such as play spaces with shared toys or equipment are important for healthy child development, but shared toys or equipment may increase risk for spreading COVID-19. Precautions such as wearing a face covering, handwashing, and cohorting are necessary to reduce the risks.
- Keep readily available your supplies, such as hand sanitizer with at least 60% alcohol (out of the reach of children), disinfectant wipes, paper towels, tissues, and no-touch trash cans in outdoor areas for staff and children.
- Outdoor equipment generally requires normal routine cleaning. Do not spray disinfectant on sidewalks in outdoor play areas as this is not an effective use of disinfectant supplies and has not been proven to reduce the risk of transmission of COVID-19. Continue your existing cleaning and hygiene practices for outdoor areas.
- Use of disinfectants is recommended for equipment that is frequently touched by multiple children and staff (for example, handrails, metal benches). Ensure that disinfectant is thoroughly dried first before allowing children to play on it.
- Routinely clean high touch surfaces made of plastic or metal, such as grab bars and railings.
- Do not clean and disinfect wooden surfaces or groundcovers.
- Consider restricting your use of play structures or equipment that position children close by one another.
- Stagger your use of playgrounds and play spaces by reducing the group size in the play area at one time.
- If multiple cohort groups need to be in your play area at the same time, consider using fencing or another barrier to designate separate areas for each cohort group.

[CDC guidance on shared spaces, playgrounds and outdoor play spaces can be found here.](#)

### **FOOD SERVICE:**

- Require staff to wear face coverings and continue using prevention strategies like physical distancing, hand hygiene, and proper ventilation when preparing and serving meals.
- As feasible, have children and staff eat meals outdoors or in well ventilated classrooms or spaces within the family child care home while maintaining distance as much as possible. Face coverings should be stored in a space designated for each child that is separate from others when not being used.

- If cafeterias or shared dining halls are used, ensure separate “classrooms” or cohort groups remain 6 feet apart while eating and not facing each other. Consider staggering when classrooms eat, so children can maintain their small groups. Clean and disinfect tables, chairs, and highchairs between each use.
- Ensure that children and staff wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after handling, preparing, serving or eating food.
- If feasible, remove or limit additional staff coming into classrooms during mealtimes. All staff should wear a face covering over their mouth and nose and wash their hands for 20 seconds with soap and water before entering the room where meals are being served.
- Staff should always wear gloves when preparing food.
- Where feasible, food preparation should not be done by the same person who diapers children. If you are the only person available for both diapering and food preparation, consider meal preparations that can be done ahead of time or choose food with minimal preparation.
- Avoid offering any self-serve food or drink options. Instead, serve individually plated or pre-packaged meals and snacks while ensuring the safety of children with food allergies.
  - If your meals are typically served family-style, identify one employee to place food on plates so that multiple staff and children are not handling serving utensils.
- Use disposable food service items (for example, utensils, trays).
  - If using disposable items is not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed, rinsed, and sanitized to meet food safety requirements.
- Everyone should wash their hands after removing their gloves or after directly handling used food service items.
- Avoid having in-person events which include family members or other adults who do not work in the child care program.
- Avoid using cloth table coverings or other hard to clean table covers.
- Avoid group type activities for taste testing, cooking demonstrations, and other food sampling.
- Utilize no-touch or foot pedal trash cans, if available.

[CDC guidance for food service in child care can be found here.](#)

### **CHILDREN WITH DISABILITIES OR SPECIAL NEEDS:**

Provide accommodations, modifications, and assistance for children with disabilities and special needs. Your child care program should remain accessible for children with disabilities. [CDC guidance says:](#)

- Physical distancing can be difficult for young children with disabilities.
- Wearing a face covering may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues. See below for face covering requirements.
- If interacting with people who rely on reading lips, consider wearing a clear mask or a cloth face covering with a clear panel.
- Many children require assistance or visual and verbal reminders to cover their mouth and nose with a tissue when they cough or sneeze, throw tissues in the trash, and wash their hands.

- Cleaning and disinfecting procedures might negatively affect children with sensory or respiratory issues. Avoid overuse, use safer products, and clean and disinfect when these children are not nearby, if possible.
- Behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues for positive reinforcement) can help all children adjust to changes in routines and take preventive actions but may be especially beneficial for some children with disabilities.
- If outside program services are necessary in the facility, see guidance below for Direct Service Providers.

## **DIRECT SERVICE PROVIDERS:**

- Direct Service Providers (DSPs) include direct support professionals, paraprofessionals, therapists, early intervention specialists, and others. DSPs should be allowed into your facility to provide important services to children, and there are several steps you can take to make sure they do so as safely as possible.
- Follow the screening procedures outlined on Page 4 prior to admitted DSPs. If DSPs provide services in other programs or facilities, ask specifically whether any of the other places have had positive COVID-19 cases.
- If space allows, limit the interaction of the DSP to only the child(ren) they need to see and utilize face covering wearing and physical distancing as much as feasible.
- When developing cohorts, it is important to consider services for children with disabilities, so that they may receive services within the cohort if feasible.
- CDC has developed guidance for DSPs. Child care providers should review the DSP guidance and ensure that DSPs that need to enter your child care program facility are aware of those preventive actions, which include:
  - DSPs should wash their hands with soap and water when entering and leaving any child care program, when adjusting or putting on or off face coverings, and before putting on and after taking off disposable gloves. If soap and water are not readily available, they should use a hand sanitizer that contains at least 60% alcohol.
  - DSPs should launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.
  - When working with or having direct physical contact with young children, DSPs can consider protecting themselves by wearing an oversized, button-down, long sleeved shirt and changing it when traveling between child care programs.

## **FACE COVERINGS:**

With the exception of children 2 years old and younger, **all persons in a childcare facility are required to wear a face covering** pursuant to the **Updated Order of the Secretary of Health for Universal Face Covering**, unless one of the exceptions included in Section 3 of the Order applies. With regard to exceptions in Section 3 of the Order, all alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this Order.

If a child is outdoors and able to consistently maintain a social distance of at least 6 feet from individuals who are not a part of their household, they do not need to wear a face covering.

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 2 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 6 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.

### **VENTILATION:**

Consider how you can bring as much fresh air into your child care center or family child care home as possible. Bringing fresh, outdoor air into your center or home helps keep virus particles from concentrating inside.

- Open doors and windows as much as you can to bring in fresh, outdoor air. While it's better to open them wide, even having a window cracked open slightly can help.
- Do not open windows and doors if doing so is unsafe for you or others (for example, risk of falling, triggering asthma symptoms, high levels of pollution).
- If opening windows or doors is unsafe, consider other approaches for reducing the amount of virus particles in the air, such as using air filtration and exhaust fans.
  - Consider running your HVAC system at maximum outside airflow for 2 hours before and after the center or home is occupied.
  - Ventilation considerations are also important on your transport vehicles such as buses or vans. Open windows to increase airflow from outside when safe to do so.
- Ensure restroom exhaust fans are functional and operating at full capacity when the center or home is occupied. Clean and change filters as recommended by manufacturer.
- Ensure your ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space. Additional information for child care centers and family child care homes can be found on [Ventilation in Schools and Child Care Programs](#) page.
- Do not use ionizers because ionization of the air aggravates respiratory conditions such as asthma.
- If your child care center or family child care home does not have an HVAC system or lacks extra filtration, consider using a portable high-efficiency particulate air (HEPA) cleaner. HEPA cleaners trap particles that people exhale when breathing, talking, singing, coughing, and sneezing.
  - When choosing a HEPA cleaner, select one that is the right size for the room(s). One way to do this is to select a HEPA fan system with a Clean Air Delivery Rate

(CADR) that meets or exceeds the square footage of the room in which it will be used. See [EPA's Guide to Air Cleaners in the Home for more information](#).

When opening windows, all facilities must continue to maintain compliance with 55 Pa. Code §3270.72, §3280.72, and §3290.70.

## **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 “Discontinuing at home isolation” guidance below for timelines on returning to the child care setting.
- If a facility person or child tests positive for COVID-19, areas used by the person who tested positive 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 defined on page 3, 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) as per 55 Pa. Code §3270.136(d), §3280.136(d), and §3290.136(d), EXCEPT in the counties listed below on [page 12](#). Facilities within the counties listed below on [page 12](#) must report positive COVID-19 cases to their local health department, who will in turn report this information to DOH.

- 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 must develop a process to inform facility persons of positive COVID-19 cases within the facility.

### **Exposure to a person with COVID-19:**

**Exposure is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. 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 2 days after exposure (if known) or starting 2 days before test date (if exposure is unknown).**

The guidance for quarantine and isolation below is designed for non-fully vaccinated individuals, which includes children. People are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine. Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated, and inform their health care provider of their vaccination status at the time of presentation to care. For more information for persons fully vaccinated visit the CDC website

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

Additional options for ending quarantine can be found in [2021-PAHAN-559](#)

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

- They shall self-quarantine. The most protective recommended quarantine period remains at 14 days post exposure. Additional options for ending quarantine are as follows:
  - Quarantine can end after Day 10 without testing if no symptoms have been reported during daily monitoring.
  - Day 0 is the day of exposure. Day 1 is the day following the day of exposure.

- When testing resources are sufficient, quarantine can end after day 7 if an individual tests negative for COVID-19 and the test is administered day 5 or thereafter AND the person remains asymptomatic.
  - Quarantine may not be further shortened beyond the end of day 7.
  - It is required that symptom monitoring continue through day 14. If any symptoms develop, in individual should immediately self-isolate and follow the parameters outlined below.
- 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 to their DHS Certification Representative when a facility person, child, or household member is exposed to a positive COVID-19 case.
  - 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 on [page 3](#), please report to DOH or your local health department as prescribed on [page 12](#).
  - The facility must develop a process to inform facility persons of possible exposure to a positive COVID-19 case.

## **RETURN TO CARE**

### **Children and facility persons identified as ill on screening or who are sent home for being symptomatic**

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 to 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 a 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.

### **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.

Updated Quarantine Recommendations for Persons Exposed to COVID-19 can be found in [\*\*2021-PAHAN-559\*\*](#).

Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19 can be found in [\*\*2020-PAHAN-518\*\*](#).

### **REPORTING:**

On August 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

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; and
- Identify if the positive case is a facility 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](#).

In addition, programs located in 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

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](#).

#### **ADDITIONAL RESOURCES:**

DHS provider resources: <https://www.dhs.pa.gov/coronavirus/Pages/COVID19-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/>

**CDC released new [Toolkits for Child Care Programs](#). These resources provide information to help child care professionals protect children, their families, and staff members; slow the spread of 2019 COVID-19 ; and keep children healthy.**

## NEXT STEPS

Child care providers must:

1. Read this Announcement and share the revisions and updates 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, DHS, and local health departments.
4. Develop a procedure for notifying staff and parents of positive COVID-19 cases in your facility.
5. 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.