Guidance for Child Care Providers Caring for Children of Essential Personnel During COVID-19

Your role in caring for children of essential personnel is critically important. You are also essential to the health of children and families. <u>Thank you</u> for your contribution to help fight this pandemic. Here are some measures to take to protect children and yourselves. Be sure to watch for updates as new guidance develops.

Daily Health Checks for Children and Staff:

- If possible, assess staff, children, and families' health prior to accessing the child care space.
- It is strongly recommended that you take the temperature of all children and staff at check-in. No-touch methods are preferred to reduce contact. A fever for the purposes of this screening is ≥ 100.0°F.
- Talk with the family member and ask them to keep children home who display any signs of illness.
- Exclude children and staff with fever and respiratory symptoms (cough, runny nose, sore throat, shortness of breath, fast breathing).

Protection of children in your care:

1. Entry:

- Upon arrival, all staff and children must immediately wash their hands.
- Limit items coming into the child care space from home.
- If possible and laundry capabilities are available on site, consider washing nap items at the center.

2. Location, ratios and program activities:

- Maintain care for children in your normal licensed locations.
- Maintain required staff/child ratios.
- Lower staff/child ratios will decrease the number of exposed children if someone in the group is sickened by COVID-19.
- Use social distancing (6 feet apart) within groups, if possible. Maintain similar groups from day to day.
- Eliminate family style meals staff should serve the children.
- Plan activities that do not require close physical contact between multiple children. Limit item sharing.

3. Infant care:

- Although most young children have mild disease, <u>children younger than 1 year old are at high risk of</u> getting COVID-19 and having more severe illness.
- To the best extent possible, limit contact for infants by achieving 1:1 care.
- Consider moving infants to family child care homes that may be able to give 1:1 care.

4. Infection control:

- Use strict hand hygiene at all times. The best practice is to lather for 20 seconds with soap and water or use 60-95% alcohol-based hand-sanitizer after any contact with children and/or after contact with hightouch areas, i.e. doorknobs, countertops, and especially anything at the level that children touch. View this CDC handwashing video.
- Use strict respiratory etiquette. Cough or sneeze into a tissue and deposit into a waste receptacle, cough or sneeze into an elbow or shoulder, and avoid any touching of your eyes, nose, mouth, or face.
- Clean, sanitize, and disinfect surfaces more often than usual (see *Caring for Our Children:* Appendix K: Routine Schedule for Cleaning, Sanitizing and Disinfecting).
- Establish procedures to make sure children who become sick at child care (develop cough, runny nose, fever, shortness of breath, fast breathing) are sent home as soon as possible. Keep anyone sick separate from well students and staff until the sick child can be sent home.
- If available, please place a facemask on the child who is sick. If a staff member is going to be in close contact with a child who is coughing and sneezing, that staff member should wear a facemask as well if one is available. Continue to practice strict hand hygiene and other infection control practices as well.
- If there is a positive case of COVID-19 in a child or adult who has been present in the child care center, inform the Office of Child Development and Early Learning (OCDEL) by contacting the appropriate Regional Office of Certification, and contact the Department of Health (DOH) at 1-877-724-3258 for further guidance.

5. Staff illness:

- Stay home if you are ill with fever, cough, sore throat, shortness of breath **OR** if you have been in close contact with a person or child testing positive for COVID-19.
- You should be implementing return to work policies in your child care program similar to the DOH guidance for health care personnel, provided here. Most importantly, staff or children with COVID-19 must be isolated for a minimum of 7 days after symptom onset and 72 hours after their fever resolves without fever-reducing medicines. For example, if the fever and symptoms resolve on day 7, the staff can return on day 10. Staff with household contacts with adults or children with COVID-19 must be quarantined for 14 days after their last household exposure. For most, this will be 14 days after the household contact with COVID-19 is released from isolation.

6. Outdoor play:

Outdoor play is still permitted and should be encouraged. May increase social distancing and is healthy!!

Protection of yourselves and your families:

- 1. The best way to prevent illness is to avoid being exposed to this virus. The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs or sneezes.
- 2. Please see easy-to-read CDC guidance on protecting yourselves and protecting your families.
- 3. If you have symptoms, the CDC's Coronavirus Self-Checker, available here, can help you make decisions about whether you need to go to a hospital, call your medical provider, or if you should stay home and take care of yourself.

This is a rapidly evolving situation. To stay up-to-date, please refer to:

CDC's guidance for administrators of K-12 Schools and Childcare Programs for additional information.

CDC's Frequently Asked Questions on Childcare programs for additional information.

Pennsylvania's Department of Health (DOH) website

Guidance from Department of Human Services related to COVID-19 is available here.

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