

Implementing The CDC Guidance: Considerations for Open or Re-Opening Child Care Programs

Pre-Recorded Webinar
Thursday, May 21st, 2020

Welcome!

- Offered by The Office of Child Development and Early Learning (OCDEL), Bureau of Certification, in collaboration with the Pennsylvania Key
- **Link to Webinars on PA Keys website:**
<https://www.pakeys.org/ece-coronavirus-resources/>
 - Slides are posted with the recording
- **ON DEMAND access available anytime!**
- Pre-recorded Weekly Webinars are different in response to questions sent to this address: hssco@pakeys.org

Facilitated by

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 - In support of Pennsylvania's Office of Child Development & Early Learning



Webinar Content Follows The Centers for Disease Control (CDC) Guidance

Guidance for Child Care Programs that Remain Open:

www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Purpose:

1. Clarify practices in the current CDC Guidance
2. Identify steps and considerations to keep children, staff, and parents safe and healthy
3. Address questions submitted by providers

Position of the Bureau of Certification

- The Bureau of Certification is recommending child care providers follow the CDC guidance to the best of their ability
- CDC Guidance describes what programs should do
- Child care operators considering reopening must familiarize themselves with this guidance
 - *See [Phased-In Approach to Reopen Business: What it means for child care programs](#) (OCDEL Announcement on May 2, 2020)*

Today's Webinar Topics (May 21, 2020)

Frequently Asked Questions & Considerations:

- How do we pre-screen children and staff?
- How do we handle sick children?
- When do we exclude children?
- Should adults and children wear face masks or cloth face coverings?
- How do we practice social distancing?

NEW CDC Child Care Decision Tree

CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist directors and administrators in making (re)opening decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Are you ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen children and employees upon arrival for symptoms and history of exposure?

ANY
NO



ALL
YES

Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, sanitization, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible. For family child care, monitor distance between children not playing together and maintain distance between children during nap time
- ✓ Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all employees on health and safety protocols

ANY
NO



ALL
YES

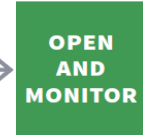
Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible
- ✓ If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- ✓ Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver if provider or a family member in the home gets sick
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY
NO



ALL
YES



Are You Ready to Implement The CDC Guidance?

Self-assess your readiness to protect children and employees at higher risk for severe illness

- **People Who Need to Take Extra Precautions:**

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

High Risk Groups

- 65 years and older
- People of all ages with underlying medical conditions
 - 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

Screening Children and Employees

Assess ability to screen children and employees upon arrival for symptoms and history of exposure.

- Use screening methods in *The CDC Guidance for Child Care Programs* (NOTE: 3 methods covered in detail in pre-recorded webinars from 4/29, 5/7, and 5/14.2020)
- Develop step-by-step procedures for screening everyone prior to entry into the facility
- Practice and identify what can be consistently done
- Inform parents about new policies and procedures

Symptoms of COVID-19

- **Fever (≥ 100.4 degrees Fahrenheit)**
- **Cough**
- **Shortness of breath or difficulty breathing**
- Diarrhea
- Chills and/or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with COVID-19

Symptoms vary from case to case:

- **Fever – prolonged and persistent**
- 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

Child becomes sick during the day

- Set up an isolation room/area (cot in corner of classroom)
- Provider must stay with ill child; wear a mask and protective clothing/smock
- Provide a mask for the child, if possible
- Hand wash often
- Ask parent/guardian to come immediately to pick up the ill child and to contact healthcare provider
- Increase ventilation in those areas
- Clean and disinfect all areas used, i.e. office, bathroom, common areas

Exclusion Criteria and Return to Care Guidance

What About a Fever?

For a child or staff not tested for COVID-19

- Refer to the PA Code for the existing licensing regulations on exclusion and return to care criteria
- PA Code suggests exclusion for fever:
pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter27/s27.76.html
- PA Code is non-specific as to when to return to care, except for infants under four months (when fever is resolved or judged to be noninfective)

Best Practices

- PA Code is non-specific about return to care for fever, see *Caring for Our Children (CFOC, 4th edition)*: nrckids.org/cfoc
- *Caring for Our Children* has guidance for fever under influenza management: nrckids.org/CFOC/Database/7.3.3.2
- 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.

What About a Cough?

- Very commonly, a child might arrive with a cough and/or runny nose (mild respiratory symptoms)
- Child is behaving normally - no fever
- Testing or exclusion is not recommended
 - Consistent with PA Code and *Caring for Our Children (CFOC, 4th Ed.)*

Potential Exposures

- A potential exposure means being a household contact or having close contact within six feet of an individual with confirmed or suspected COVID-19 for at least 10 minutes.
- The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Must Report COVID-19

If there is a positive case of COVID-19 in a child or adult who has been present in child care facility:

- Call **Pennsylvania Department of Health** at 1-877-724-3258
- Inform OCDEL by contacting the appropriate **Regional Office of Certification**

Testing for COVID-19

- **Now children with fever will likely be tested**
- **Check with person's healthcare provider**
- Testing capacity/supplies improving but still varies
- Many people with COVID-19 have no symptoms
- People will go undiagnosed, so important to follow CDC Guidance for masks/cloth face coverings, physical distancing, hygiene

Recommended Health and Safety Actions

- **Cloth face coverings** slow the spread of COVID-19:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- Encourage **social (physical) distancing** - increased spacing, smaller groups, limit mixing between groups
- Promote **healthy hygiene** practices
- **Intensify** cleaning, sanitization, disinfection, and ventilation

Guidance on Visitors

- Explain to parents and others that your facility must not allow visitors
- If a parent insists to enter the facility, they may have access per the regulations
- No Early Intervention (EI) staff should go into child care when in the yellow phase:
 - If child care teacher agrees, EI staff can do a tele-intervention with the teacher to support the child who is receiving EI through coaching and helping the teacher embed the child's IFSP/IEP goals into the regular routines of the classroom.



Person-to-person spread of COVID-19 appears to be mainly by respiratory droplets generated when an infected person coughs or sneezes.

COVID-19 Basics

You cannot get COVID-19 if you protect your:

1. Eyes
2. Nose
3. Mouth

Don't touch your eyes, nose, or mouth!

Cloth Face Coverings or Masks

- ***Adults and children over two years should wear a cloth face covering or mask that covers nose and mouth***
- ***When feasible, staff and older children should wear face coverings within the facility***
- Children over age two may not be able to feasibly keep a mask on without frequently touching or removing it
 - Provider and parent decide if feasible for child
 - For children with a developmental disability, the parents decide if wearing a mask is feasible for their child

Cloth Face Coverings or Masks

- Cloth face coverings are hand made
- Ideally, cloth face coverings are washed daily; best to use facility's washer/dryer
- Leave the cloth face coverings at the facility to prevent spread of the virus
- Paper masks may be re-used
- No masks or cloth face coverings should be worn when napping, eating, or exercising
- Avoid using a mask on anyone who has trouble breathing, or is unable to remove the mask without assistance

Cloth Face Coverings or Masks

- Adults can assist children to remove masks; avoid touching the eyes, nose, and mouth
- 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

How to Make Cloth Face Coverings

Go to the CDC Resource:

- *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*
- www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

Physical Distancing

- Stagger times for arrival and pick-up if possible
- Stagger times for each group on the playground
- Keep 6 feet distancing when in line, if possible
- Taking turns; providing individual supplies, not shared
- Enough space for children to eat; stagger chairs. No family style meals. No toothbrushing.
- Infants and toddlers need to be cared for; hugged and soothed
- Providers should wear masks, long-sleeve shirts, or smocks
- Several changes of clothing on hand for staff and children

If a Child or Staff has COVID-19

CDC provides step-by-step guidance for returning if a person has COVID-19:

www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

How to Discontinue Home Isolation

If not tested to determine if still contagious, person can leave home after these three things have happened:

1. No fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers)

AND

2. Other symptoms have improved (for example, when cough or shortness of breath have improved)

AND

3. At least 10 days have passed since symptoms first appeared

CDC Guidance for People who are Tested

If tested to determine if person is still contagious, can leave home after these three things have happened:

1. No longer have a fever (**without** the use of medicine that reduces fevers)

AND

2. Other symptoms have improved (for example, when cough or shortness of breath have improved)

AND

3. Person received **two negative tests in a row, at least 24 hours apart**. Doctor will follow [CDC guidelines](#)

Communication is Key

Communicate with families frequently:

- Update emergency contact information
- Inform them about your new policies and procedures
- Offer ways to communicate virtually

Check-in with families about their wellbeing:

- Share community resources
- Encourage to keep child's well-visits on schedule
- Children need routine well-visits, screenings and immunizations -- healthy and ready to learn

PA Key Resources

PA Keys Coronavirus Resources:

<https://www.pakeys.org/ece-coronavirus-resources/>

CDC Guidance for Child Care Programs that Remain Open:

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Please Email Your Questions

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 - Slides are posted with the recording
- **Email your questions/comments to this email:**
hssco@pakeys.org
- OCDEL is committed to reviewing and addressing all questions to the best of its ability