



Guidelines for Childcare and Early Childhood Education Centers

During the COVID-19 Pandemic
9/9/20

Reopening Framework

Childcare providers play a vital role in Philadelphia--- they provide children with a safe place to learn and play and their parents with a service that is critical to allowing them to work and carry out other daily activities. Keeping children and staff safe during COVID-19 is the utmost priority. The following are guidelines for the yellow and green phases to help childcare and early childhood education centers decrease the risk of COVID-19 for children and staff. The guidance provided are a set of baseline or minimum recommendations based on guidelines from the Philadelphia Department of Public Health, the CDC, and the Pennsylvania Office of Child Development and Early Learning.

The detailed guidance is categorized by the following key practices:

1. Promote social distancing through physical distancing, modifying activities, and cohorting of students.
2. Keep school clean through intensified cleaning and disinfecting practices.
3. Promote healthy habits, including hand hygiene and mask use by students, teachers, and staff.
4. Screen students, teachers, and staff for symptoms daily
5. Plan for when a student, teacher, or staff member becomes sick.
6. Optimizing ventilation when possible

As COVID-19 in Philadelphia evolves, there may be additional changes to the guidance, so please connect to the COVID-19 texts (text COVIDPHL to 888- 777) to have the most up-to-date information.

Promote Social Distancing

Create cohorts of children and staff

- It will not be possible to prevent young children and infants from coming in close contact with one another and their teachers. Instead, the goal is to limit the number of people in close contact in order to lower the risk of transmission.
- Ensure that classes include the same group of children each day, and that the same childcare providers remain with the same group each day.
- There should be no more than 22 people in a classroom (teachers plus students) at any one time. Consider having fewer children per classroom if staffing and space permits.
- Increase the space between cribs and rest mats to maximize the space between children. The cribs and rest mats should be 6 feet apart if space permits. If closer than 6 feet, consider having children nap in head-to-feet positioning.
- Restrict nonessential visitors and volunteers. Maintain electronic records of all visitors' contact information to help facilitate contact tracing.
- Avoid activities where children from different classes interact. For example, stagger use of playgrounds/ indoor play spaces, do not combine classes for enrichment activities.
- Cancel all fieldtrips and excursions including the use of public playgrounds.
- For staff:
 - As much as possible, keep the same teachers with the same children.
 - Stagger break and lunch hours for staff in order to minimize interactions.
 - Move chairs in break rooms so that employees do not sit opposite or next to each other while eating.
 - Post signs alerting employees to maintain distance and avoid eating near or across from each other.

Minimize contact and crowding at pick-up and drop-off

- Have parents sign children in with their own pen. If using a pen from the center, wipe down the pen with alcohol each time it is used.
- All parents should wear masks at pick-up and drop-off.
- Limit direct contact with parents as much as possible. Instead, prioritize giving parents updates on their children electronically or by phone.
- Consider the following options to avoid over-crowding during pick-up and drop-off times:
 - Assign staggered arrival and drop-off times for families.
 - If staffing allows, have a designated staff-member greet children outside as they arrive and escort them to their classroom and escort children to exit the building during drop-off.
 - Require families to wait 6 feet apart (can use space marker) while waiting to drop-off their children and complete daily health screen.
 - Consider use of an online or app-based daily health screen survey that can be completed by parents each day before campers arrive to avoid bottlenecks at drop-off.
- Store all children's personal car seats or strollers out of children's reach since these surfaces may be contaminated. Strollers used by the school for walks should be wiped down with disinfectant between use.
- Encourage families to have the same parent or designated person drop-off and pick-up the child every day.

Implement additional food safety procedures

- 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.
- Children may bring food from home without additional restrictions.
- Sinks used for food preparation should not be used for any other purposes.

- Staff should ensure children wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and after helping children to eat.
- Staff should wear gloves while preparing food/ bottles and feeding children or giving them bottles

Keep the Center Clean

- Clean and disinfect frequently touched surfaces at least daily. This includes tables, chairs, doorknobs, light switches, remote controls, countertops, handles, desks, phones, keyboards, toilets, faucets, strollers and sinks.
- Wipe-off any playground equipment or indoor play space equipment between usage by different classrooms of children.
- All toys should be washed at least daily and before and after each use if possible.
- Set aside all toys that need to be cleaned in a container marked "soiled toys". Wash toys that have not been mouthed with soapy water and air dry before the next use.
- Toys that have been mouthed should be set aside until cleaned by someone wearing gloves using EPA-approved disinfectant. Steps for disinfecting found in the [CDC guidance](#).
- Remove all plush toys or toys that require laundering from the classroom.
- Use bedding (sheets, pillows, blankets, sleeping bags) 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 at least weekly or before use by another child.
- Facilities should use [cleaning products](#) that are EPA-approved for use against COVID-19. Store all cleaning products securely and out of the reach of children.
- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and taken home each day and cleaned, if possible.

Promote Healthy Habits

Staff and children should be instructed in and practice appropriate hand hygiene

- Hand hygiene should be practiced at the following times:
 - Entry to the facility at handwashing stations or using hand sanitizer and after breaks.
 - Before and after eating or assisting children with meals and bottles.
 - Before and after preparing food, bottles, and drinks.
 - Before and after medication administration.
 - Before and after diapering.
 - After using the toilet or helping a child use the bathroom.
 - After coughing, sneezing, or blowing their nose.
 - After playing outdoors.
 - After coming in contact with bodily fluids.
 - After handling garbage.
- Perform hand hygiene by washing hands with soap and water for at least 20 seconds
- If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol can be used.
 - Children should be supervised by an adult when using hand sanitizer to avoid accidental ingestion or contact of hand sanitizer with their eyes. For younger children, staff should apply the sanitizer and rub the children's hands until they are dry.
 - Hand sanitizer should be stored out of reach of children. If a child accidentally ingests hand sanitizer, call poison control immediately, 1-800-222-1222

Use personal protective equipment

- All staff should wear masks whenever in facility except during meals or outdoor break time. If using a disposable mask, should use a new mask each day. If a cloth mask, should launder every day. Asthma is not a contraindication to wearing a facemask.

- Children 2 years and older should be encouraged to wear a facemask. Masks are most important when indoors, especially when physical distancing is difficult. Mask wearing may be more challenging for younger children and enforcement of this policy should be developmentally appropriate.

Note masks should not be placed on:

- Babies and children younger than 2 years old.
- Anyone who has trouble breathing or is unconscious.
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.
- During naptime.

- Parents should wear masks at pick-up and drop-off.
- Staff should wear gloves when diapering, and preparing food or bottles.
- For staff who work with multiple children who cannot wear facemasks, additional barriers such as plexiglass, faceshield, or goggles may be considered.

Screen Children and Staff for Symptoms

All facilities should create a daily screening checklist for children and staff which includes screening for fever, symptoms, exposure and a visual inspection. [PDPH has developed a sample screener template.](#)

Schools have the following screening protocol options:

1. **Self-screening:** Parents and staff should be given instructions to self-screen on behalf of their child or for themselves if a staff-member at home every day. If they answer yes to any of the screening questions, they should not report to the facility.

2. **Self-screening with reporting:** Parents and staff should complete a daily screener (paper, app-based, or web-based). A designated staff-person at the center should be responsible for reviewing completed screeners every day and ensuring that those with a positive screen do not enter the facility.
3. **On-site screening:** A designated staff person should administer the screener for all children and staff daily upon arrival to the facility. Those with a positive screen should not enter the facility.

Components of screener

Fever: If either a child or staff-member has a temperature of 100.4 or higher, they should remain home. The following options can be considered for temperature monitoring:

1. **Self-screening:** staff take their own and parents take their child's temperature at home and stay home if they have a fever.
2. **Self-screening with reporting:** staff take their own and parents take their child's temperature at home and report the value on the screening platform (paper, web or app) or on-site during the daily screening. They will not be allowed in the facility if they have a fever.
3. **On-site:**
 - Staff take their own and parents take their child's temperature upon arrival to facility using facility-provided disposable thermometers (e.g. Tempa dot) OR
 - A designated staff-member wearing a mask and gloves can use a no-contact (temporal) thermometer to take temperatures on all staff and children. The no-contact thermometers should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. The same wipe can be reused as long as it remains wet. The staff-member can wear the same set of gloves as long as they did not have physical contact with the individual whose temperature they are taking.

Note: oral thermometers should not be used for on-site temperature screening

Symptoms: If a children or staff member has symptoms of COVID-like illness, the child or staff-member should return or remain home

NOTE: COVID-like illness is defined as:

At least ONE of these symptoms		At least TWO of these symptoms
new or persistent cough	OR	fever
shortness of breath		chills
new loss of sense of smell		muscle pain
		headache
new loss of sense of taste		sore throat
		nausea/vomiting
		diarrhea
		fatigue
		congestion/runny nose

Visual Inspection: If a child has signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, cough, or shortness of breath, the child should stay home.

Exposure: If a staff member or child has been exposed to anyone with a confirmed case of COVID-19 in the past 14 days, they should return or remain home

[PDPH has developed a sample letter](#) to be given to caregivers explaining why the child is being dismissed and criteria for returning to the facility.

Plan for When Someone Becomes Sick

- Staff who develop symptoms of COVID-like illness (cough, shortness of breath, or any 2 of the following symptoms: Fever, chills, muscle pain, sore throat, new loss of taste or smell) should immediately be sent home. If they need to be picked up, they should wait in a designated isolation room or area while waiting.
- If children develop symptoms, they should be brought to a designated isolation room while waiting to be picked up. The staff member waiting with the child should wear a surgical mask and also gloves if holding the child.
- If a separate room is not available, designate a cot or crib that can be kept at least 6 ft apart from all other children.
- [PDPH has developed a sample letter](#) to be given to caregivers explaining why the child is being dismissed and criteria for returning to the facility.
- If a child or staff member in a classroom has COVID-like illness:
 - They can return to school if:
 - » Initial COVID-19 testing is negative and individual meets the center's normal criteria for return after an illness OR
 - » A clinician has evaluated the child and documented an alternative diagnosis OR
 - » For children who were not tested for COVID: All of the following are true:
 1. at least 10 days since the onset of symptoms AND
 2. fever free without fever-reducing medications for 24 hours
 3. symptoms are improving.

Note: repeat COVID testing should not be required to return to the center.

- If a child or staff member has a confirmed diagnosis of COVID-19:
 - Call the Philadelphia Department of Public Health at 215-685-5488 for further instructions.
 - All children and staff in the same classroom or who have come in close contact with (defined as greater than 10 minutes of interaction less than 6 feet away) quarantine at home for 14 days. Anyone who develops symptoms during that time should contact their healthcare provider to request testing.
 - In accordance with [PDPH guidance](#), the COVID positive individual should remain home until all of the following are true:
 1. at least 10 days since the onset of symptoms AND
 2. fever free without fever-reducing medications for 24 hours
 3. symptoms are improving.

Note: The COVID-19 positive individual does NOT need a repeat COVID test or a doctor's note in order to return to the center.

- Cleaning/Disinfecting after a COVID or COVID-like illness:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Clean and disinfect all areas used by the person who is sick, such as classroom, offices, bathrooms, and common areas.
 - Clean and disinfect surfaces in your isolation room or area and in the classroom the sick child or staff members was in after the sick child or staff member has gone home.

Optimize Ventilation When Possible

Note: Increasing ventilation is an additional safety step and not a replacement for people wearing masks, keeping a safe distance from each other, reducing crowd sizes, installing droplet barriers, handwashing and other safety precautions.

If possible, increase ventilation in the building by either:

- Opening windows and/or doors on opposite sides of the building and using fans to blow outside air through the building; or
- Optimizing ventilation provided by the heating, ventilation, and air conditioning (HVAC) system by:
 - Having the HVAC system checked to assure that it is working properly. If it can be adjusted, the system should be set to provide at least 6 air exchanges per hour.
 - Maximizing the amount of outside air circulated by the system.
 - Installing filters with minimum efficiency reporting values (MERV) of 13, or the highest compatible with the filter rack.
 - Checking that the external air inlet duct is not blocked and that it is at least 15 feet from persons.

Encourage staff and parents to talk to their own and their children's physicians about their individual risk factors for COVID-19 and the risks of working at or attending school. We strongly recommend flexibility and accommodations for staff who are at [higher risk for severe illness](#) from COVID-19, such as those 65 years and older and those with weakened immune systems.

Ensure facility has updated contact information (including date of birth, phone number, home address, grade level, and cohort) for all staff and families to facilitate contact tracing and rapid communication.

Additional Resources

- [Sample daily symptom screener.](#)
- [Sample letter to parents/caregivers if child has symptoms and is being dismissed.](#)
- [Sample agreement for parents/caregivers to sign upon reopening that shows their agreement to follow new center health and safety guidelines.](#)

If you believe there was a COVID-19 case at your childcare center (child or staff), call the Philadelphia Department of Public Health at 215-685-5488 for further instructions. The Department will consult with you on management issues for your facility.