Children's Hospital of Philadelphia℠
PolicyLab

FAQ: Reopening Doors of Child Care Safely

June 2020

With child care settings beginning phased reopening in Pennsylvania, we prepared this frequently asked questions document to support center operators and other related professionals in their planning. The Centers for Disease Control and Prevention (CDC) guidance for child care centers (updated May 2020) provides detailed hygiene and safety guidance for center operations. The challenge child care providers face is how to carry out the main principles of safety—screening, hand hygiene and disinfecting, distancing and masking—while still providing a high-quality, developmentally appropriate and emotionally supportive experience for young children. We curated the questions answered in this document from child care professionals in Philadelphia, Pa.

The information presented in this document reflects emerging evidence that can guide safety protocols and is generated by experts in pediatric primary care, infectious disease, early childhood and child care operations at Children's Hospital of Philadelphia.

To inform this document, PolicyLab at Children's Hospital of Philadelphia has been tracking scientific, medical and policy developments of the COVID-19 pandemic. We caution that data from this pandemic remain sparse; the considerations we feature in this document are guided by best interpretation of transmission risk, sometimes for COVID-19, and are also based on experience with other respiratory viruses like influenza.

As we interpret the accumulating data, there is information relevant to the issue of infection in children:

- Person-to-person transmission of disease appears to be less frequent between children than between adults. Within households, adults have been found to be a more likely source of transmission to other household members than children.(1,2)
- Widespread transmission has been less frequent in situations where children are in close contact with other children, such as daycare and schools.(3,4,5)
- Children have been less frequently infected than adults and, when infected, have generally had milder illness, except in rare cases.(6)

All child care decision-makers should be mindful that as long as there are cases of SARS-CoV-2 in the community, there are no strategies that can eliminate transmission risk in child care settings entirely. The goal is to keep transmission as low as possible so as to safely continue child care activities. **Given the diversity of child care settings and operating procedures, it is important to underscore that all safety and hygiene planning should prioritize tailored protocols that are feasible to carry out with fidelity and emphasize interventions that are most likely to reduce transmission.**

Staffing Requirements

- ***Do I need to test my staff for COVID-19 prior to opening or repeatedly?***

- Routine testing of staff in the absence of symptoms or exposure is not recommended.
- **Daily symptom and exposure screening for both staff and children is strongly recommended as a priority protocol for monitoring illness**. Information on symptom screening procedures can be found in the "Screening and Opening Policies" section below.
- Testing in the absence of symptoms is not a high-value intervention. Repeated testing presents an unnecessary financial burden to centers and does not increase safety more than symptom monitoring with corresponding sick policies for teachers and children.
    - Any symptomatic staff, or those who have an exposure to someone with known or suspected COVID-19, should be excluded from work and quarantined based on the algorithm below in the "Screening and Opening Policies" section.
    - Even in the presence of testing, staff who test negative must continue to engage in safety protocols that include masking, increased disinfection and hand hygiene and distancing as appropriate.
- Medical child care facilities caring for children with significant medical complexity, particularly for children with significant neurologic or respiratory chronic conditions (e.g., children with muscular dystrophy, cerebral palsy, or a tracheostomy or compromised airway) should plan with families and coordinate, as needed, with families and specialty care physicians on a plan for surveillance of staff illness, which may include testing.
    - Medical child care facilities should engage in robust protocols for daily symptom assessment of staff.

- ***My staff are afraid to return to work because we don't know if the children will be carriers. How can I reassure them?***
    - The evidence we have on COVID-19 suggests that children are not responsible for a sizable amount of infection spread. Spread of disease between individuals appears to be less frequent in children than adults.[1,2] Widespread transmission has been less frequent in situations where children are in close contact with other children.[3,4,5]
        - As in all settings, adult-to-adult transmission remains the major risk. Therefore, center operators should encourage masking and/or physical distancing in situations where staff are together.
    - All center operators should be aware that the risk of transmission in child care facilities is not zero. Symptom screening, personal protective equipment (PPE) and hand hygiene are proven strategies to reduce risk to staff. These strategies have been shown to limit transmission in other settings and should be prioritized in child care settings.
    - Centers can reassure staff of center-specific plans to implement CDC safety guidance as the best practice available to protect them.

- ***Can the same staff who change diapers also serve meals as long as handwashing practices are followed?***
    - The CDC recommends that food staff and diapering staff are not the same person.

- In settings where this is not feasible, staff performing both activities should practice proper hand washing and gloving protocols. These protocols should be implemented every time food service or diapering activities are performed.
- Staff should receive routine refresher trainings on hand hygiene and gloving protocols. Gloving procedures can be found here.

Personal Protective Equipment

- ***Which is better: mask or shields? Do staff need to wear goggles?***
  - Staff should wear facial protection while in the facility.
  - Face masks covering mouth and nose provide increased protection when compared to face shields.
    - Masking, as compared to face shields, is recommended for all classrooms and is especially important in infant and toddler rooms.
  - Face shields do provide a partial barrier to respiratory droplets and may be considered in classroom environments or situations where masking may interfere with teacher instruction to young children.
    - Novel masks made of clear materials may be particularly useful in child care settings and offer a higher level of protection than shields.
  - Goggles, particularly when face shields are not possible, can limit exposure to the eyes.

- ***Can staff wear cloth masks? Should I get N-95 masks?***
  - In non-health care settings, surgical masks provide appropriate protection against COVID-19 transmission. Surgical masks provide superior protection to cloth masks.
  - To be effective, face coverings (surgical or cloth masks) should always cover the nose and mouth.
  - If using a disposable mask, staff should use a new mask each day.
  - Cloth masks should be laundered daily.

- ***I hear that staff should wear gowns? What type of gown is best?***
  - The Pennsylvania Office of Child Development and Early Learning advises wearing a smock or large shirt that can be changed throughout the day or, at a minimum, removed when staff are done interacting with children at the end of the day.
  - This recommendation is most relevant for staff in infant and toddler rooms engaging in close contact with bodily fluids, including saliva and respiratory secretions.

- ***Where is the best place to obtain PPE?***
  - A Pennsylvania representative for school health has offered to be a source for PPE bulk buying. PPE for PA Key Programs through School Health can assist child care centers—contact Kristi Leahy at kleahy@schoolhealth.com.

Child Safety

- ***Should children be tested routinely?***
    - Routine testing of children should not be performed. A negative test will not predict whether an infant or child will become positive in the upcoming days.
    - Daily symptom and exposure screening, combined with a consistent sick policy, are recommended for children. See details below in the "Screening and Opening Policies" section.

- ***Do the children have to wear masks? Do the babies and infants have to wear masks?***
    - Adults will benefit most by masking and, therefore, masking is of most importance for child care staff.
        - Centers should also encourage parents to wear masks at drop-off and pick-up, as well as other times when interacting with staff.
    - Centers wishing to mask students should consider the following:
        - Babies and children younger than 2 years old should NOT wear masks due to risks of suffocation.
        - Masks may be considered for children age 2 and older who are mature enough and physically capable of wearing one.
        - Any child unable to remove a mask themselves in the event of an emergency should NOT wear a mask.
        - Children should never wear masks during nap times and times of increased physical activity.
        - Cloth masks must be laundered daily.

- ***In order to promote social distancing, is it safe to bottle prop when feeding infants?***
    - Individual feeding is still strongly recommended. Bottle propping is not a safe practice for infant feeding and should not be used to achieve social distancing between staff and infants.
    - Staff can safely bottle feed by engaging in frequent hand hygiene before and after feedings and wearing masks. Smocks or large shirts may be worn for additional protection.

- ***Is it safe to hold and comfort children, especially toddlers and infants, when they are crying or upset?***
    - Supporting and comforting infants and toddlers is of great importance.
    - Staff can safely comfort children by engaging in frequent hand hygiene before and after holding a child (especially if a child is crying or has respiratory secretions) and wearing masks. Smocks or large shirts may be worn for additional protection.
    - Eye protection may be particularly useful for staff who pick up and hold young infants and toddlers.

- ***Is it okay to take children outside to play to get fresh air?***

- Yes, child care centers are encouraged to accommodate outdoor activity. This is best done one class at a time, unless there is adequate space and equipment that allow for maintenance of social distancing measures.
- Outdoor settings are lower-risk settings for transmission. With consideration for seasonal appropriateness, feasibility, and safety, increasing outdoor time and/or increasing ventilation in classrooms with open windows and doors are strategies to lower opportunities for spread of the virus.
- Frequent cleaning and disinfection of outdoor and indoor play equipment is critical.
- The use of public playgrounds will follow city and county guidelines.

- ***It is going to be hard to keep the children distanced while in the classroom. How can I keep them safe while still supporting social and emotional growth?***
  - Social distancing is most important during meal and naptime. These periods of the day should be prioritized for distancing. Strategies such as positioning cribs or sleep spaces end-to-end and use of clear barriers between seats at meal times can provide additional barrier protection.
  - Playtime risks can be minimized if done in a way that ensures regular hand washing, disinfecting shared objects and consideration of activities that naturally distance children. At a minimum, all shared toys should be wiped down at the beginning and end of the day, as well as during rest times and when visibly soiled or contaminated by respiratory secretions or saliva.
  - Young children often engage in parallel play; ensuring a sufficient number of toys for individual use during a shared activity time is a strategy for reducing close contact during playtime.

- ***Should children with asthma return? Do we need to take any extra precautions with children with asthma or other health conditions?***
  - To date, there is no evidence to suggest that children with asthma or most other underlying health conditions that are well-controlled are at increased risk for severe COVID-19 illness.
    - Compliance with asthma and other routine preventive medications will reduce the likelihood of unnecessary school absence for children.
  - Children with well-controlled diabetes, asthma and repaired/not hemodynamically significant heart disease may return to child care without medical consultation.
    - Follow children's current care plans for underlying health conditions, such as an asthma action plan.
  - Children with immunocompromised status, those awaiting transplant, and those with chronic medical conditions needing frequent doctor contacts should consult the specialty physician managing the child's condition prior to child care return for instructions and any needed coordination with the child care provider.
  - For medical child care operators, children with significant neurologic or respiratory complexity (e.g., children with muscular dystrophy or cerebral palsy) may require additional protections in the form of prioritized reduced staff-child ratios and frequent teacher/aide testing to reduce transmission risk.

- Encourage families to update emergency contact information and availability of any needed medications.

- ***Is it safe to allow support staff into my center for children with open services?***
  - Pennsylvania's Office of Child Development and Early Learning is recommending Early Intervention (EI) providers continue with virtual intervention or, when allowed, in a child's home or alternate location chosen by the family.
  - Participation in child care is beneficial to most children even if EI supports are being provided in a different location.
  - For other support services, maintenance of masking policies and distancing protocols will reduce risk of transmission and preserve access to important therapeutic services for children.
    - Disruption of these services is detrimental to children and families and efforts to accommodate service providers should be made.

- ***What is the safest way to provide care to infants and toddlers during this period?***
  - CDC guidance is applicable to infants and toddlers.
  - The CDC recommends reducing the staff-child ratio as much as possible to ensure feasible compliance of social distancing and hand hygiene protocols given the increased exposure to bodily fluids in this age group.

<u>Sanitizing/Disinfecting Procedures</u>

- ***I do not have a washer and dryer on site. Is it safe to launder center items in a public laundry facility? Do we need to sanitize our washer machines? If so, how often?***
  - Yes, it is safe to use a public laundry facility. Launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - Clean and disinfect clothes hampers after each load of soiled laundry.
  - Sanitizing washing machines with a bleach solution is recommended weekly.

- ***Should I remove all soft material items from my centers?***
  - Materials that cannot be disinfected easily and that are subject to frequent exposure to mouthing of young children, such as stuffed animals, should be removed. Some children need to have a cloth or plush comfort item, such as a blanket or stuffed animal. We suggest that each child is permitted to bring one such item from home, that it is not shared, and it is returned home for laundering at least weekly and more frequently when soiled.
  - If soft materials are unable to be removed (e.g., rugs), launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. Or, use products with the Environmental Protection Agency-approved emerging viral pathogens claims that are suitable for porous surfaces.

- ***Are outside shoes allowed in the center?***

- Many child care providers are taking steps to remove outdoor shoes inside facilities to prevent transmission of disease. There is no evidence to suggest that outdoor/indoor shoe policies are an important safety procedure for COVID-19 in child care settings.

Screening and Opening Policies

- ***During the screening process at drop-off time, what is the best thermometer to use?***
  - Fever is not a reliable indicator of COVID-19 infection in infants and young children. Symptom screening (reviewed below) is a safer illness monitoring procedure than daily temperature screening.
  - If temperature screening is done, use a no-touch temporal thermometer and do not allow staff or students to crowd while awaiting this screen.
  - Note that all children with fever should be directed to routine center protocols for exclusion.

- ***What are the symptoms I should use for symptom screening?***
  - Two of the following: fever (measured or subjective), chills, rigors, myalgia (muscle aches), headache, sore throat, new olfactory (smell) and taste disorder(s) **OR**
  - At least one of the following symptoms: cough, shortness of breath or difficulty breathing

    (Note that all children with fever should be directed to routine center protocols for exclusion.)

- ***What do I do with positive symptom screens and/or if someone tests positively for COVID-19?***

  1) **Symptomatic child with test positive**: exclude for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms

  2) **Symptomatic child not tested**: exclude for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms

  3) **Symptomatic child with test negative**: exclude until afebrile for 24 hours (if fever present) AND improved respiratory symptoms

  4) **Symptomatic child determined to have an alternative cause for illness by their primary medical doctor**: exclude until symptoms resolved

  5) **Exposed and asymptomatic**: exclude for 14 days from last exposure if remains asymptomatic; exclude until meets criteria #1/2 if becomes symptomatic

  - **There is no role for testing to get a "negative test" to clear a child to return to child care.**
  - **The COVID-19 positive individual does NOT need a repeat COVID test or a doctor's note in order to return to the center.**

- ***Do I need to close my center and have all staff and attending families shelter in place for 14 days if there is an exposure to a positive case in the center?***
    - If a child or staff member has a confirmed diagnosis of COVID-19: Call the Philadelphia Department of Public Health at 215-685-6741 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) an infected individual should quarantine at home for 14 days.
    - Anyone who develops symptoms during that time should contact their health care provider and centers should follow guidance #1/2:

        1) **Symptomatic child with test positive**: exclude for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms

        2) **Symptomatic child not tested**: exclude for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms

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