

Pennsylvania Office of Child Development and Early Learning
Bureau of Early Learning Policy and Professional Development and Bureau of Certification

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Subject: Best Practices for Child Care Facilities Operating During the Novel Coronavirus

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

To provide certified child care facilities with the best practices for operating a facility during the Novel Coronavirus (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 announcement C-20-12 Revised: *Interim Guidance for Certified Child Care Facilities Operating During the Novel Coronavirus Pandemic in its entirety*. This announcement will obsolete C-20-08: COVID-19 Operations for Licensed Child Care.

BACKGROUND

As the novel coronavirus pandemic evolves, the Office of Child Development and Early Learning (OCDEL) acknowledges the need to update operational recommendations for child care based on information and guidelines from Pennsylvania Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC). Currently, children under the age of 12 are **not** yet eligible for a COVID-19 vaccine. As such, it is important to follow COVID-19 mitigation recommendations from the CDC and DOH.

DISCUSSION

As recommendations continue to evolve, child care providers are urged to stay up to date on the most recent [CDC Guidance for Operating Child Care](#). As of June 28, 2021, the Universal Face Covering Order has expired. This includes unvaccinated and partially vaccinated individuals. Individual families or employers may want to continue to use face coverings, but it will no longer be a mandate.

The chart below clarifies ongoing requirements and recommendations. Providers are strongly encouraged to adhere to CDC guidance in order to continue to protect the health and safety of children in care because they are not eligible to receive the COVID-19 vaccination.

In cases where local health department requirements are more stringent, please adhere to the most stringent requirements.

Certification Requirements and Recommendations		
Subject	Still a requirement?	Citation issued for non-compliance (Y/N)
Wearing a face covering (indoors and outdoors)	No. It is strongly recommended indoors and outdoors when social distancing cannot be maintained for unvaccinated individuals.	No.
Establish and implement screening procedures	No. It is strongly recommended.	No.
Written health and safety plan that aligns with the CDC guidance	No. It is strongly recommended.	No.
Reporting positive COVID-19 cases	Yes.	Yes.
Informing parents of suspected outbreaks	Yes.	Yes.
Utilize the DHS Licensed Facility COVID Data Collection Tool and/or report to OCDEL Certification Representatives	Yes.	Yes.

DEALING WITH CONFIRMED OR PROBABLE COVID-19 CASES AND EXPOSURE TO COVID-19

The expiration of the universal face covering order does not impact the isolation or quarantine protocols. Child care providers should continue to utilize the procedures below.

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 by the [CDC](#), 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 6](#). Facilities within the counties listed below on [page 6](#) 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](#).

Additional options for ending quarantine can be found in [2021-PAHAN-566](#).

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](#), please report to DOH or your local health department as prescribed on [page 6](#).
 - 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](tel:610-437-7760)
- [Bethlehem Health Bureau: 610-865-7000](tel:610-865-7000)
- [Wilkes-Barre City Health Department: 570-821-1111](tel:570-821-1111)
- [York City Health Bureau: 717-849-2221](tel: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](#).

HEALTH AND SAFETY PLAN

Child care providers are strongly encouraged to continue to review and update their health and safety plan to ensure that it aligns with CDC guidance. The [Health and Safety Plan Template](#) remains available as a resource. Screening, social distancing, proper cleaning protocols, cohorting, and other COVID-19 mitigation efforts are still highly encouraged to reduce the spread of COVID-19. These efforts also assist with the ease and accuracy of contact tracing. Addition information is available on the [CDC website](#).

TECHNICAL ASSISTANCE IS AVAILABLE

Technical Assistance is readily available to assist programs/providers with continued best practices supports and mitigation strategies recommended by the CDC through OCDEL’s existing Health & Safety System Supports Teams (Quality Coaches, Certification, PQA Team, PreK Specialists, IECMH Team, ECELS, Early Intervention & EITA, etc.) and the ELRC Regional H&S Task Forces which have been meeting regularly throughout the pandemic.

For more information about receiving technical assistance support, please contact your local ELRC or your Certification Representative. If you have specific COVID-19 Health and Safety questions, email your questions to: hssco@pakeys.org

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/>
- 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.