

FAQ: Returning My Child to Child Care

Families have been faced with important decisions about child care during the COVID-19 pandemic. In addition to allowing caregivers to participate in the workforce, child care is valuable for children's social and emotional development. Therefore, caregivers considering child care arrangements for their children should understand the strategies that will be used to reduce risk of exposure to COVID-19.

This Frequently Asked Questions document—compiled by experts in pediatric primary care, infectious diseases, early childhood and child care at Children's Hospital of Philadelphia—is intended to provide parents and caregivers with information and guidance for returning their children to child care that reflects the latest evidence on safety protocols for home and center-based care. This team has been tracking scientific, medical and policy developments of the COVID-19 pandemic, as well as the Centers for Disease Control and Prevention's (CDC) guidance for safe child care operations. We caution that data from this pandemic are still new, so the considerations we feature in this document are guided by our best current understanding of transmission risk, sometimes based on what we know about COVID-19 and sometimes based on experience with other respiratory viruses like influenza.

In general, all child care arrangements, including babysitters in your own home, licensed family child care homes, and center-based child care should use five main principles of safety: symptom checks, hand hygiene, disinfection, distancing and masking. Many child care providers across the country have been operating safely throughout the pandemic using these five principles. Speaking with your child care provider about their health and safety plans will allow you to make an informed decision about the child care arrangement that meets your needs and assures you comfort in your child's safety.

The following information about COVID-19 and children can also aide in your decision-making:

- Person-to-person spreading of the virus appears to happen less often between children than between adults. Within households, adults are more likely than children to spread their infection to others.^(1,2)
- Widespread transmission has been less frequent in situations where children are in close contact with other children, such as child care 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

GENERAL SAFETY & COVID-19 CHILD HEALTH BASICS

How do I know if my child care center is safe?

- Families are encouraged to speak with their child care providers about their plans to implement CDC guidance and train staff in new safety procedures. Families can use [this helpful checklist](#) for returning to child care to guide these important conversations. You can also review the CDC guidance [here](#).
- Currently in Pennsylvania, it is not mandatory for child care providers to follow the CDC guidance. However, the department that oversees child care for Pennsylvania, the Office of Childhood Development and Early Learning (OCDEL), strongly encourages compliance with CDC guidance as best practice for child care operations during the COVID-19 pandemic.

If my child has asthma or another underlying condition, can I use child care?

- 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.
 - Properly taking 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 your child’s current care plans for underlying health conditions, such as an [asthma action plan](#).
- Caregivers of children with immunocompromised status, those awaiting transplant, and those with obesity or chronic medical conditions that require frequent doctor visits should consult the specialty physician managing the child’s condition prior to returning to child care for instructions and any needed coordination with the child care provider.
- Children with significant neurologic or respiratory complexity (e.g., children with muscular dystrophy or cerebral palsy) who attend a medical child care facility may require additional protections to reduce COVID-19 transmission risk, which may include testing of teachers/aides. Coordination between family, child care facility, and child’s specialty provider is recommended to determine a safety plan.
- We recommend updating your emergency contact information and ensuring that the child care provider has adequate supplies of any medications that your child might need.

Will out-of-home child care increase risk to family members at home who may be at higher risk for COVID-19 due to age or underlying health issues?

- Person-to-person spreading of COVID-19 is most common between adults (adult to adult). Child-to-child and child-to-adult transmission has not been documented as a common method by which infection is spread. Within households, adults have been found to be a more likely source of infection to other household members than children.^(1,2)
 - However, while the risk of children spreading the virus to family members is smaller, it is not zero.
- Widespread transmission has been less frequent in situations where children are in close contact with other children, such as child care and schools.^(3,4,5)
- The risk to family members can be reduced by identifying only one person to drop off and pick up from child care. All adults should wear masks and practice hand hygiene procedures when dropping off and picking up children.
 - Children should wash or sanitize their hands when returning home after child care.
- At home, all family members should be encouraged to practice hand hygiene, as well as clean and disinfect often.

■ MASKING

Will all the staff wear a mask?

- Yes, it is recommended that staff wear masks or face shields to protect them and the children. It is important to protect adults in child care settings given their increased risk for severe COVID-19 illness. Keeping staff healthy also ensures that child care can remain open.
- Child care staff may be learning new ways to use their eyes, voice and gestures to express emotions when their smiles are hidden behind masks. Some child care centers may use clear plastic face masks or shields that allow the full face of teachers to remain visible.
 - Some child care centers are planning to use social stories, books and games to teach children about wearing masks.

Will my child have to wear a mask?

- Adults benefit most by masking and, therefore, masking is most important 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.
- The evidence suggests that teacher masking, distancing, hygiene, and disinfection are more important strategies to prevent COVID-19 spread in child care settings than masking young children.
- Some child care providers have decided to use masks on children. When masking children, child care centers 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. Enforcement of masks should be developmentally appropriate, especially in young children.
 - 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.
- Not all young children will tolerate wearing masks—it may be most difficult for those children with health conditions or developmental conditions. Most centers will adopt a flexible policy.
- Practice mask wearing at home. It will help if your child sees you with a mask on and practices wearing one at home, looking in the mirror and learning that they can easily breathe, talk and laugh with a mask on. Here is a [YouTube video](#) you can watch with your child that helps explain why wearing a mask is important.
- If you are worried that your child will not keep a mask on, please contact your child care provider to problem solve this together.

Is it safe to use public transportation to get to the child care provider?

- Caregivers can reduce the risk of transmission on public transportation by always wearing a mask; washing or sanitizing your hands before and immediately after your trip; avoiding touching your face; and distancing as much as possible (ideally 6 feet) on platforms and within buses, trolleys, or subway or train cars.
 - The risks of transmission on public transportation are from the potential exposure to large numbers of people in an enclosed space, as well as contact with highly touched surfaces.

SYMPTOM SCREENING: PICK UP & DROP OFF PROCEDURES

The CDC recommends that child care providers implement new procedures for drop off times that include a health prescreening before the child enters the building. If no concerns are noted on the daily health screening, child care staff can escort the child to their classroom. Some providers will ask you to do the screening at home and to have your child stay home from child care until symptom-free. Others may do the screening when you arrive for the day. If your child has a fever above 100.4 or COVID-19-like symptoms, you will be required to keep your child at home. Screening is an important strategy to reduce risk to your child, other children and teachers. Centers may have policies in place to prescreen staff daily. All licensed child care providers have received the CDC guidance on next steps if a staff member is to become sick.

What are the symptoms you or your child care provider should use for screening?

- Symptoms:
 - 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
- COVID-19 exposure screening:
 - Prescreening may also involve questions about your child’s exposure to family members experiencing symptoms or those who have tested positive for COVID-19 within the prior 14 days.
 - Centers may also implement attendance policies for children with household members with suspected or confirmed COVID-19 illness.
- Temperature checks:
 - Fever is not a reliable indicator of COVID-19 infection in infants and young children. Symptom screening is a safer illness monitoring procedure than daily temperature checks.
 - If temperature screening is done onsite at your child care facility, a no-touch temporal thermometer should be used.
 - There are many reasons your child may have a fever that are not COVID-19 illness. Follow your center’s fever policy on attendance. Call your child’s doctor to discuss any symptoms. Your doctor may recommend a doctor’s appointment or testing appointment for your child.

I am worried about dropping my child off in the front of the building and not being able to walk him to the classroom. Why is this necessary?

- By limiting caregiver contact with classrooms and staff, child care providers are reducing the potential exposure of virus in the building.
- Talk to your child care provider about other ways to stay connected.

SANITIZING/DISINFECTING PROCEDURES

Sanitation and disinfection are essential practices for lowering risk of COVID-19 spread. Many of these practices have already been in place in child care settings and child care staff have training and experience in these procedures. During the COVID-19 pandemic, the frequency of these procedures will increase.

Who is training child care providers on the recommended health and safety guidance? Will this be supported by a medical professional?

- Child care providers have access to training on health and safety strategies from a variety of sources. The Pennsylvania Office of Child Development and Early Learning (OCDEL) has provided resources and hosted informational webinars and is offering “technical assistance” to child care centers during the reopening period.
- Currently there is no process in place to check and see how well a center is following CDC guidance. The best strategy is to talk to your child care provider and be honest about your concerns or questions.
- You can find a checklist of potential questions that you can use when speaking to a child care [here](#).

If staff are being asked to clean everything constantly, I have concerns that they will not properly lock up disinfectants. What is best practice to ensure supervision of children and cleaning procedures all at the same time?

- Exposure of children to toxic products, such as cleaning supplies, is easily preventable. Ask your child care center to share their practices for the safe use and storage of cleaning products. This should include:
 - All cleaning products remaining in their original, labeled container.
 - When not in use, storing cleaning products in a locked room or cabinet, inaccessible to children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

My child has eczema and cannot wash their hand as often or their skin will crack. Hand sanitizer also dries out their skin. What options do they have, if any, that are different?

- Hand hygiene is a key strategy for keeping children healthy. Ask your child care provider to wash your child’s hands with soap instead of sanitizer and to pat them dry gently as an alternative to rubbing. Applying moisturizer or lotion after each hand washing can reduce drying. Talk to your child care provider about moisturizer and consult with your child’s primary medical doctor on a strategy to keep your child healthy and reduce skin irritation.

Can my child still bring items from home to child care?

- Child care providers may ask you to limit the number of personal items brought into the center. For example, some centers may no longer allow backpacks or may limit use of stuffed animals/plush comfort toys.

DISTANCING & CLASSROOM ARRANGEMENTS

Will my child be asked to sit at a table all day to social distance, or will they be allowed to socialize?

- For young children, social distancing is most important during meal times and nap times. Strategies such as positioning cribs or sleep spaces end-to-end and using clear barriers between seats at meal times can provide effective distancing.
- During playtime, young children should not be expected to sit at a table or within a designated area for long periods of time.
 - Child care providers will likely consider strategies to minimize the risks during playtime, including: hand washing, disinfecting shared objects and organizing activities that naturally distance children.
 - 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.
 - 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 dirty or contaminated by respiratory secretions or saliva.

If the staff have to social distance, how will they comfort my infant/toddler when they are crying?

- Supporting and comforting infants and toddlers is of great importance in every child care setting,

- 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.
 - Staff might also wear eye protection such as goggles or face shields, especially those who care for young infants and toddlers.

Will class sizes be smaller?

- The CDC recommends reducing the staff-child ratio as much as possible in infant and toddler classes to ensure social distancing and hand hygiene protocols can be followed given the increased exposure to bodily fluids in this age group.
- In addition to class size, the CDC and Philadelphia Department of Public Health recommend that classes include the same group of children each day, and that the same child care providers remain within the same group.
- Centers may still experience the need to use different providers in a classroom when the regular staff is out sick. All providers, even substitutes, should be screened using the standard health screening questions.
- Families should speak with their individual child care provider to understand how children will be grouped upon child care reopening.

Will the kitchen staff be required to get tested for COVID-19? If my child care gets food dropped off daily to the center, is there risk that COVID-19 could travel on the meal containers into the center?

- Meals and snacks are an important part of child care centers' daily routine and a support for children experiencing food shortages at home. Many centers provide food that is prepared by outside vendors. It is true that this method carries more risks than food provided by parents for their individual child, but risks can be reduced through safety measures.
- The use of safety protocols that include reducing the number of staff involved in the provision of meals, masking, and increasing disinfection and hand hygiene are the best strategies for all staff at the center.
- Child care centers that are using outside food suppliers should talk to the vendors about their safety practices and ask to be informed if that vendor experiences cases of COVID-19 among their workers.
- At this time, testing child care center staff, including kitchen staff, for COVID-19 is not required or recommended unless staff are symptomatic or exposed to a COVID-19 case.
 - Testing in the absence of symptoms is not recommended. Repeated testing can create unnecessary costs to centers and does not increase safety more than symptom monitoring with corresponding sick policies for teachers and children.

Will my child be grouped with a child whose parent is a health care worker?

- The CDC has not recommended segregating children based on the exposure of family members. Pre-screening, distancing, hygiene, and disinfection are the primary strategies that will be used to prevent the spread of virus. These strategies, when performed early and often, have been shown to be highly effective.
 - In addition to being well-trained in hygiene and safety procedures, health care workers have access to personal protective equipment and a high level of safety protocols in hospital and medical settings to prevent infection.

SUPPORT SERVICES

Can Early Intervention (EI), such as speech therapists or special instructors, provide services in child care centers?

- Pennsylvania's Office of Child Development and Early Learning (OCDEL) is recommending EI providers continue with virtual intervention or, when allowed, in a child's home or alternate location chosen by the family. This is part of the strategy of reducing exposures in the building.
- Participation in child care is beneficial to most children and EI is important to continue even if the supports are in a different location.
- Ask your EI provider to reach out to your child care provider to discuss goals, ideas for activities and approaches to support your child. A three-way call that includes you is also encouraged.
- For other support services, prescreening, masking policies and distancing protocols will reduce risk of

transmission and preserve access to important therapeutic services for children.

- Disruption of these services is harmful to children and families and efforts to accommodate service providers should be made.
- To date, there is no evidence to suggest that children with special needs, asthma, or most other underlying health conditions that are well-controlled are at increased risk for severe COVID-19 illness.

COVID-19 CASES

What happens if someone in the child care setting tests positive for COVID-19?

- If a child or staff member at a child care setting has a confirmed diagnosis of COVID-19, your child care provider is required to call their local public health department for further instructions. In Philadelphia, the Department of Public Health (PDOH) can be reached at 215-685-6741.
- The child care provider will have a plan for isolating the staff or child with symptoms until they can go home.
- All children and staff in the same classroom or who have come in close contact with an infected individual (defined as greater than 10 minutes of interaction less than 6 feet away) will be asked to quarantine at home for 14 days. For other support services, prescreening, masking policies and distancing protocols will reduce risk of transmission and preserve access to important therapeutic services for children.
- Those who have symptoms or test positive during that time should contact their health care provider.

Child care centers should use the following guidance:

- 1. Symptomatic child or staff 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 or staff 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 or staff not tested:** may return to child care when symptoms resolved or if seen by primary care provider who provides written documentation that the individual has a diagnosis other than COVID-19.

FOR MORE INFORMATION, CONTACT:

Meredith Matone, DrPH, MHS – MatoneM@email.chop.edu

Marsha Gerdes, PhD – Gerdes@email.chop.edu

Sherita Williams, MS, PHMA – Williams26@email.chop.edu

Tara Dechert, MS – DechertTE@email.chop.edu

References

1. (Posfay-Barbe KM et al.) Covid -19- in Children and Dynamics of Infection in Families, *Pediatrics* May 26, 2020
2. Wu Q et al. Co-infection and other clinical characteristics of Covid 19 in children, *Pediatrics 2020 pre-publication release*
3. Heavey L, Casey G, Kelly C, Kelly D, McDarby G. No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020. *Euro Surveill.* 2020;25(21):10.2
4. Lee B, Rsazka Jr WV. Covid 19 transmission and children. The child is not to blame. *Pediatrics 2020 pre-publication*
5. Children under 12 may play little role in transmitting Coronavirus (*Netherlands Institute for Health @ www.rivm.nl/en/novel-coronavirus-covid-19/children-and-covid-19*)
6. Ludvigsson JF. Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults. *Acta Paediatr.* 2020;109(6):1088-1095. doi:10.1111/apa.15270