



Grays Ferry Early Learning Academy's COVID-19 Pandemic Plan

When Grays Ferry Early Learning Academy reopened to children and families during Governor Wolf's Yellow Phase of the COVID-19 pandemic on Monday, June 8, 2020, there are measures that our governing bodies required that we implement both at the city and state levels. This is a "living document" and changes to this pandemic protocol document will change as guidance changes. The more we learn about COVID-19, different recommendations or guidance will be issued, and we will have to update our pandemic protocol accordingly.

The pandemic protocol is **an addendum to the parent agreement and the family handbook**. Our hope is that this document gives you confidence in knowing our mitigation strategies that we are implementing with the health and welfare of children and staff in mind.

The sources of guidance that we use as we plan for our reopening are:
Pennsylvania Office for Child Development and Early Learning (OCDEL)
Pennsylvania Department of Health
Philadelphia Department of Health
Centers for Disease Control (CDC)

We depend on the expertise of the authorities to guide us as we navigate through operating during the pandemic.

The purpose of this pandemic policy is intended to help reduce the risk of exposure to and spread of COVID-19 at Grays Ferry Early Learning Academy and to provide the healthiest and safest environment for our children, families, members and community. Our goal to prioritize the health and safety of all children, families, and staff while maintaining a developmentally appropriate learning environment for every child. Every family plays a critical role in helping us reduce the exposure at Grays Ferry Early Learning Academy. It is important to follow the new policies and procedures in place that are outlined in this pandemic protocol. It is important to open communication with Administration during this time. Our expectation is that you will follow the directives in this pandemic policy to help ensure the health and safety of everyone (children, families and staff).

TRANSMISSION:

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, prevention practices and environmental cleaning and disinfection are important principles that are covered below.

SYMPTOMS OF COVID-19:

People with COVID-19 have had a wide range of symptoms reported. Symptoms may appear **2-14 days after exposure to the virus**. The chart below defines the criteria for a COVID-19 like illness:

A COVID-like illness is defined as:		
At least ONE of these symptoms	OR	At least TWO of these symptoms
<input type="checkbox"/> new or persistent cough <input type="checkbox"/> shortness of breath <input type="checkbox"/> new loss of sense of smell <input type="checkbox"/> new loss of sense of taste		<input type="checkbox"/> fever $\geq 100.4^{\circ}\text{F}$ <input type="checkbox"/> chills <input type="checkbox"/> muscle pain <input type="checkbox"/> headache <input type="checkbox"/> sore throat <input type="checkbox"/> nausea/vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> fatigue <input type="checkbox"/> congestion/runny nose

Continue to follow normal exclusion protocols for infectious diseases outside of COVID- 19. When applicable, children suspected of an infectious illness shall be excluded pursuant to 55 Pa. Code §3270.137, §3280.137, and §3290.137 relating to children with symptoms of disease.

PRACTICES, POLICIES, AND PROCEDURES:

All guidance below is strongly recommended in order to adhere to guidelines published by the CDC and DOH.

DROP-OFF/ARRIVAL AND DEPARTURE PROCEDURES

In order to provide a secure setting for the children and staff at Grays Ferry Early Learning Academy we are requesting that all family members maintain social distancing from other families. Child health screenings will take place on an individual family basis.

In order to provide for social distancing upon arrival and departure, we are asking families to follow these steps:

Arrival:

1. Parent and child(ren) arrive at Grays Ferry Early Learning Academy. Please limit the drop off to a single adult and only children who are enrolled in our program. Please have all items for each child in a single bag.

2. The parent and child(ren) will wait to enter as a single unit by staying at least 6 feet from other families. Adults must wear a mask during drop-off and pick-up.
3. Hand hygiene stations will be at the entrance of the facility, so that children, facility persons, and parents can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. When a family's turn has arrived, the parent should sanitize their hands. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
4. A staff member will be present in protective gear (face mask, face shield or goggles and gloves) to ask pre-screening questions of the family and to check the temperature of arriving children with a non-contact thermometer.
5. Children will be escorted into the childcare facility by a staff member with their belongings.

**If you arrive and do not immediately see a staff member, please call the childcare facility to alert the staff of your arrival.

Departure:

1. When possible, parents should schedule a time to pick up their child by calling the childcare center at least 10 minutes prior to their arrival.
2. The parent should call the childcare center to alert staff of their arrival. The staff will respond and bring the child(ren), with their daily belongings to the door.
3. Parents should wait at least 6 feet from other families.

Parents should expect arrival and departure routines to take longer especially during peak times. We appreciate your patience.

HEALTH POLICIES

The health of all children and staff attending Grays Ferry Early Learning Academy is very important. By monitoring each child's health status, teachers will be able to maintain a healthy environment for the entire class. Any child or staff member who is ill should not attend childcare.

During this re-opening phase and until further notice, temperature screenings and a visual check will be completed upon arrival for all children. In addition, families will be asked screening questions. Should a child arrive in the morning showing symptoms of ill health, the childcare center will be unable to accept him/her. These screenings will also take place for staff on a daily basis. We encourage staff and families to take temperatures before leaving home as well in order to self-determine the ability to pass this screening.

The best way to prevent the spread of COVID-19 is to prevent it from getting inside the facility.

Screen Children and Staff for Symptoms of COVID-19:

- Upon arrival, staff that will be performing the screenings will wash their hands and put on a facemask, eye protection (goggles or face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown or an oversized long-sleeved shirt could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness as outlined in the above chart
- Take the child's temperature.

A daily screening checklist will be administered to staff, parents/ caregivers and any person entering the building upon arrival. The daily check includes:

- **Fever:** Every staff-member and child coming to the site should have their temperature checked each morning at the facility, prior to lunch and before dismissal. If either child or staff-member has a temperature of 100.4 or higher, they should return home.
 - A designated staff-member wearing a mask, face shield and gloves will 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 daily on-site temperature screening.

- **Symptoms:** A designated staff-person should administer the brief daily COVID-like illness symptom checklist to all staff and parents/ caregivers upon arrival. If the child or staff member has symptoms, the child or staff-member should return home.
- **Visual Inspection:** Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- **Exposure:** Every staff member and parent/ caregiver should be asked if they or their child have been exposed to anyone with a confirmed case

of COVID-19 in the past 14 days. If the answer is yes, the child or staff member should return home.

After screening, remove and discard gloves. Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds

If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.

We will not allow facility persons, children, family members to enter the childcare facility if:

- They have tested positive for or are showing COVID-19 symptoms as outlined in the above chart on; or
- They have recently had potential exposure with a person with COVID-19.
 - A potential exposure means being in a household or having close contact within 6 feet of an individual with a confirmed or suspected COVID-19 case for at least 15 minutes during the case's infectious period.
 - Persons with COVID-19 are considered infectious from 2 days before onset of symptom until the end of isolation (discussed below in "Discontinuing at home isolation").
- Continue to monitor all facility persons and child health throughout the day.
- Immediately isolate a child or facility person that develops COVID-19 symptoms as outlined in the above chart on and send them and any family members home as soon as possible.
- While waiting for a sick child to be picked up, if the child has symptoms of COVID-19, the caregiver should remain as far away as safely possible from the child (preferably 6 feet) while maintaining supervision. The caregiver must wear a cloth face covering and a face shield. If the child is over the age of 2 and can tolerate a face covering, the child should also wear a cloth face covering.
- A letter will be given to caregivers explaining why the child is being dismissed and criteria for returning to the facility.

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

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: https://www.phila.gov/media/20201208110019/Calculating-Isolation-and-Quarantine-12_8_20.pdf

- 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 childcare 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 on above chart, 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 [Philadelphia Department of Public Health](#): 800-722-7112 as per 55 Pa. Code §3270.136(d), §3280.136(d), and §3290.136(d), 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 who tests positive for COVID-19:

Exposure is defined as being within 6 feet of the individual who tests positive for COVID- 19 for a period of 15 minutes or more. 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).

If a facility person, household member, or a child is exposed to an individual who tests positive for COVID-19:

- They shall self-quarantine at home for 10 days after the last contact with someone who has COVID-19.
 - Quarantine may be shortened to 7 days if you test negative for COVID-19. The test should be done no more than 48 hours before you plan to leave quarantine.based on the CDC guidance.
- 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 as defined on the above chart, please report to the [Philadelphia Department of Public Health](#): 800-722-7112
- 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.

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 Southeast Region OCDEL
801 Market Street
Suite 5132
Philadelphia, PA 19107-3126

Telephone: (215) 560-2541
Toll Free: (800) 346-2929
Fax: (215) 560-5139

[Philadelphia Department of Public Health](#): 800-722-7112

ADDITIONAL RESOURCES:

DHS provider resources:

www.dhs.pa.gov/coronavirus/Pages/COVID19-PROVIDER-RESOURCES.aspx

Pennsylvania Key resources on COVID-19 (coronavirus) in Pennsylvania for ECE programs and professionals: www.pakeys.org/ece-coronavirus-resources/

Department of Economic and Community Development: Pennsylvania COVID-19 PPE & Supplies Business-2-Business (B2B) Interchange Directory- to connect with Pennsylvania business selling supplies: dced.pa.gov/pa-covid-19-medical-supply-ports/pennsylvania-covid-19-ppe-supplies-business-2-business-b2b-interchange-directory/

Additional Food Safety Procedure:

- Plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- 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.

Routine disinfecting/sanitization procedures:

Signs are posted in highly visible locations (e.g., facility doors, lobby, restrooms) that promote everyday protective measures and describe how to stop the spread of COVID-19 such as by properly washing hands and properly wearing a cloth face covering.

Caring for Our Children (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth must be cleaned and sanitized (see “Intensify cleaning and disinfection efforts” below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

Intensify Cleaning and Disinfection Efforts:

Facilities must develop a schedule for cleaning and disinfecting. An example can be found [here](#).

Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This should also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilets, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants for childcare settings.

- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-registered for use against the virus that causes COVID-19 is available [cleaning products](#)

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- All cleaning materials must be kept secure and out of reach of children per regulations.
- 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.

Clean and Sanitize Toys:

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse thoroughly, sanitize with an EPA-registered disinfectant, rinse thoroughly again, and air-dry. You may also clean in a mechanical dishwasher.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.

- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.

Clean and Disinfect Bedding:

- Use bedding 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 weekly or before use by another child.
 - When possible, bedding should be laundered by the facility to reduce the back and forth transportation between the child’s home and the facility

SOCIAL DISTANCING IN THE CHILD CARE SETTING:

If possible, childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day. If your childcare program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. Cancel or postpone special events such as festivals, holiday events, and special performances.

- Consider whether to alter or halt daily group activities that may promote transmission. Keep each group of children in a separate room.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

FACE COVERINGS:

With the exception of children 2 years old and younger, all persons in a childcare facility are required to wear a face covering pursuant to the [Order of the Secretary of the Pennsylvania Department of Health Order for Universal Face Coverings](#), unless one of the exceptions included in Section 3 of the Order applies.

If a child 2 years old or older is unable to remove a face covering without assistance, the child is not required to wear one.

The Department of Health recognizes that getting younger children to be comfortable wearing face coverings and to keep them on may create some difficulties. Under these circumstances, parents, guardians, licensed childcare providers in

community-based and school settings or responsible persons may consider prioritizing the wearing of face coverings to times when it is difficult for the child to maintain a social distance of at least 6 feet from others who are not a part of their household (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper face covering size and fit and providing children with frequent reminders and education on the importance and proper wearing of cloth face coverings may help address these issues.

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.**
- **Children during naptime.**
- **Staff:** Our staff will wear cloth face coverings or disposable surgical masks when present inside the building. Accommodations for staff face coverings may be made to address a specific staff need. Infant/Toddler staff will wear smocks/gowns over their clothing. If contaminated by a bodily fluid, the staff member will change their smock/gown. Smocks/gowns will be laundered if soiled and on a daily basis.
- **Children:** We request that parents provide and encourage the use of masks for their children ages 2 and above, per the guidance from the CDC and the PA Department of Health. Please send a second mask for each child in case of contamination.

Use Personal Protective Equipment (PPE):

- 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, it should be laundered every day.

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.

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.