



Health Guidance for Childcare and Summer Programs

(Revised May 28, 2020)

:: Effective June 1, 2020 ::

For childcare and summer programs that are open during the COVID-19 pandemic, it is crucial to minimize the risks of spreading the coronavirus. The following guidance is designed to maintain health and safety standards requirements and physical distancing directives while providing much-needed services. **Key updates/changes are indicated in orange.**

Exclude children, staff, parents and guardians from sites if they are showing symptoms of COVID-19, have been in contact with someone with COVID-19 in the last 14 days, have been tested and are awaiting results, or are at high risk due to underlying health conditions.

Each person providing care for children in a childcare or summer program (whether school-based or not) should thoroughly review this guidance, and complete mandatory COVID-19 training provided by [VOSHA](#).

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Re-opening childcare and summer programs that have been closed

[Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Existing licensed providers do not need to complete lead testing and remediation before re-opening on June 1. Only providers now applying for a child care license are required to complete lead testing (and other water tests) prior to opening, consistent with existing CDD regulations. Existing providers will proceed with testing and remediation as instructed by Vermont Department of Health Lead Water Testing Program.

Staff and Childcare and Summer Program Providers

The following individuals should not provide childcare or work in summer programs during this time unless discussed with and approved by the individual's healthcare provider:

- Adults **65** years of age and older
- People who have serious underlying medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease
 - Underlying immune disorders/people with compromised immune systems/people taking immune suppressant medications (examples of these disorders include Rheumatoid Arthritis, Crohn's Disease, recent cancer treatment)

If individuals have specific questions about their own health conditions—they should contact their medical provider before providing childcare and summer programs.
- Pregnant women
- People with HIV

If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.

For home-based childcare: If a household member has any of the conditions described above, providers should ensure physical distancing (a minimum of 6 feet) between the childcare children and the household member, ideally the household member would remain in rooms separate from the children. Cleaning/disinfecting standards should also be followed, as described below.

Facial Coverings

All staff must wear facial coverings while providing care. CDC recommends facial coverings in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off and pick-up are encouraged to wear facial coverings. Instructions for wearing and making facial coverings can be found on the [CDC website](#).

Facial coverings for children are recommended, with the following guidance:

- CDC recommends no facial coverings for children under 2-years-old. As such, children under 2-years-old must not wear facial coverings.
- Help children understand the importance of wearing facial coverings to prevent the spread of germs
- Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering.
- Children who have a medical reason for not wearing a facial covering must not be required to wear one.
- There should be no facial coverings while children are sleeping, eating, or swimming (or when they would get wet).
- Facial coverings with ties are not recommended as they pose a risk of choking or strangulation.
- Facial coverings may be removed during outdoor activities where children and staff can maintain physical distancing and have ready access to put them back as needed when activity stops.
- Providers and staff may take off their facial covering in very select instances, such as when a parent/caregiver is hearing impaired and reads lips to communicate.
- The use of clear facial shields is allowable as long as they meet all of the [health guidance](#) of the Vermont Department of Health. Face shields should extend below the chin, to the ears laterally, and there should be no exposed gap between the forehead and the shield's headpiece.

Drop-Off and Pick-Up

- Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents should not pick up their children, because they are more at risk for serious illness.
- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents and designated persons, as much as possible.

- ❑ Hand hygiene stations could be set up at the entrance of the facility or the entrance process could be rerouted through a different entrance nearest the sink, so that children can wash their hands before they enter, or immediately upon entry into the facility.
- ❑ Parents and designated persons who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up.
- ❑ Infants could be transported in their car seats. Store car seats out of children’s reach.
- ❑ If programs are transporting kids:
 - Programs must adhere to requirements of group size
 - Programs should space children out in the vehicle to the best of their ability. [CDC guidance for bus transit operators](#) can be found on their website.
 - Vehicles should be thoroughly cleaned and disinfected before and after transporting children

Health Screening

- ❑ Conduct a Daily Health Check for the **child(ren) attending childcare and summer programs** and your **staff upon arrival each day**:
 1. Have they been in close contact with a person who has COVID-19?
 2. Do they feel unwell with any symptoms consistent with COVID-19? *For example, have they had a cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?*
- ❑ Conduct temperature screening, using the protocol provided below.
- ❑ Make a visual inspection of the child for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.

Temperature check protocol: *Health screening should occur upon entrance and near sink.*

- Wash hands
- Wear a facial covering, eye protection, and a single pair of disposable gloves
- Check each child’s temperature
- If performing a temperature check on multiple children, ensure that a clean pair of gloves is used for each child and that the thermometer has been thoroughly cleaned in between each check. *If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used.*
- Remove and discard gloves in between children

Exclusions/Inclusions for Children and Staff

- Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:
 1. It's been 3 full days of no fever without the use of fever-reducing medication, and
 2. Other symptoms have improved, and
 3. At least **10** days have passed since symptoms first appeared.
- The following children and staff will be **excluded** from care:
 - Sick for any reason
 - Showing symptoms (outlined below) of COVID-19
 - Have been in close contact with someone with COVID-19 in the last 14 days
 - A cough, fever, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
 - Fever (temperature higher than 100.4 degrees Fahrenheit)
 - Severe sore throat that lasts more than 48 hours, especially with a fever
 - A significant rash, particularly when other symptoms are present
 - Large amounts of discolored nasal discharge
 - Severe ear pain
 - Uncontrolled cough
 - Diarrhea
 - Severe headache, especially with a fever
- Healthy children and staff with the following symptoms/conditions **may attend programming**:
 - Allergy symptoms (with no fever) that cause coughing and *clear runny nose* may stay if they have medically diagnosed allergies and follow medical treatment plans.
 - Well-controlled, mild asthma
- If symptoms begin while at the childcare and summer program, the child must be sent home as soon as possible. Keep sick children separate from well children and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the child until they leave.
 - Providers/staff can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Those that haven't worn a button-down shirt and who have had close contact with the child sent home, should assess the need to leave the facility to shower and change clothes, depending on proximity of contact.
 - Providers/staff should change button-down shirt if there are secretions on it.

- Providers/staff should wash their hands, neck, and anywhere touched by a child’s secretions.
 - Providers/staff should change the child’s clothes if secretions are on the child’s clothes, including drool.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- ☐ People with a temperature greater than 100.4 F must be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
 - ☐ Materials, toys, and furniture touched by the child who is sent home, should be thoroughly cleaned and disinfected.
 - ☐ The health department encourages all providers and families to coordinate decision making around the child’s care with the family health care provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.
 - ☐ Children who arrive from out-of-state need to quarantine for 14 days or be tested at day 7 before entering childcare and summer programs.

Close Contact and COVID Cases in Programs

If a staff person, child, or parent/caregiver has been identified as a [close contact](#) to someone who is diagnosed with COVID-19, they should self-quarantine: stay home. *This does not include healthcare workers that are properly using Personal Protective Equipment (PPE).* Please refer to the [Health Department’s website](#) for what it means to be in close contact and for instructions for [isolation, quarantine, and self-observation](#).

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus. A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact. (Close contact means being closer than 6 feet apart for a long time while the person was infectious.) Those contacts might include family members, co-workers or health care providers.

When there is a confirmed case of COVID-19 in the childcare and summer program; you will be able to consult with the contact tracing team at the Vermont Department of Health. To reach this team directly, you may call **802-863-7240**.

Staff should be encouraged to keep a daily list of other people they are in close contact with. As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this

will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of the coronavirus.

If COVID-19 is confirmed in a child or staff member:

- Close off areas used by the child or staff member who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the child or staff member who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the child or staff member who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.
- Communicate with staff and parents/caregivers with general information about the situation. It is critical to maintain confidentiality.

➔ Decisions about extending closure should be made in consultation with the Vermont Department of Health. You may reach us by calling 802-863-7240.

Physical (Social) Distancing Strategies: Class Size, Napping and **Field Trips**

Physical distancing is still the best way to slow the spread of the virus; although, it is recognized that this is frequently not possible in settings with young children.

1. Children must be kept in small groups, not more than 25 individuals in a single classroom or care area, including teachers.
2. Classrooms and outside play areas divided by gates or partial walls are considered 1 room and shall only serve 1 group of children and staff members—if **plexiglass dividers or other partitions are going to be used, the local fire marshal needs to be consulted in advance.**
3. Wherever possible, the same childcare and summer programs/staff should remain with the same group each day.
4. There must be absolutely no large group activities. Physical distancing practices should be in place which means different groups of children must not have contact with one another.
5. Facilities and programs may maintain operations up to the total occupancy limits for their programs as long as children are separated into classrooms as above and do not

share common places (e.g. outside play area, eating areas, indoor gross motor rooms, etc.) at the same time.

6. Increase the distance between children during table work.
7. Plan activities that do not require close physical contact between multiple children.
8. Limit use of water or sensory tables and wash hands immediately after any use of these tools.
9. Children standing in line should be spaced apart as much as possible.
10. Staff should ensure that one group passes through or uses a corridor or hallway at a time.
11. Encourage staff to provide additional outside time as is possible and open windows frequently when air conditioning is not being used.
12. Adjust the system that circulates air through the facility to allow for more fresh air to enter the program space.
13. At nap time, place resting or napping children head to toe to further reduce the potential for viral spread. Programs with sufficient space should place children 6 feet apart at nap or rest time.
14. There should be **no outside visitors and volunteers except for employees or contracted service providers for the purpose of special education or required support services, as authorized by the school or district.**
15. Conversations about a child's day are encouraged to be done by phone with parents or designated people. Handwritten notes about a child's day are also recommended to support information sharing and physical distancing.
16. Field trips are only allowed if the program is able to maintain all the health guidance, as well as guidance from the Agency of Commerce and Community Development as it relates to public outdoor spaces and pools.

Healthy Hand Hygiene Behavior

1. All children, staff, and contracted service providers should engage in hand hygiene at the following times:
 - Arrival to the facility
 - After staff breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - After diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors
 - After playing with sand and sensory play
 - After handling garbage
 - After cleaning
2. As much as possible, have plenty of hand lotion to support healthy skin for children and staff.
3. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Follow these 5 steps for hand washing or hand sanitizing every time.
 - a. Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
 - b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - c. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 - d. Rinse your hands well under clean, running water.
 - e. Dry your hands using a clean towel or air dry them.
4. Supervise children under 2 when they use hand sanitizer to prevent ingestion.
5. Assist children with handwashing, including infants who cannot wash hands alone.
6. After assisting children with handwashing, staff should also wash their hands.
7. Place posters describing handwashing steps near sinks. [Developmentally appropriate posters](#) in multiple languages are available from CDC.

Cleaning & Disinfecting, including bathrooms, toys & bedding

[Caring for Our Children](#) sets national policy for cleaning, sanitizing and disinfection of educational facilities for children.

Childcare and summer programs should engage in frequent thorough cleaning each day. **At a minimum, common spaces, such as kitchen or cafeterias, and frequently touched surfaces and doors should be cleaned and disinfected at the beginning, middle and end of each day.** Licensed or registered childcare and summer programs shall continue to follow regulations regarding cleaning, sanitizing, and disinfecting.

1. Clean and disinfect frequently touched objects and surfaces such as:
 - All surfaces especially where children eat
 - Bathrooms
 - Frequently used equipment including electronic devices
 - Door handles and handrails
 - Items children place in their mouths, including toys
 - Playground equipment to the best of your ability
2. Specifically, regarding shared bathrooms:
 - Whenever possible, assign a bathroom to each group of 25 people.
 - If there are fewer bathrooms than the number of groups, assign which groups will use the same bathroom. For example, bathroom A is assigned to groups 1, 2 and 3; and bathroom B is assigned to groups 4 and 5.
 - Bathroom sink areas including faucets, countertops and paper towel dispensers need to be cleaned after each group has finished.
3. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets.
4. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Children's bedding is required to be stored separately. This may be 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.
5. Do not shake dirty laundry; this minimizes the possibility of respiratory droplets spreading through the air.
6. Children's books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

The following products may be used for disinfecting:

- Diluted household bleach solutions
- Alcohol solutions with at least 70% alcohol
- Most common EPA-registered household disinfectants
- See [List N: Disinfectants for Use Against SARS-CoV-2](#)

Caring for Infants and Toddlers

1. When diapering a child, wash your hands and wash the child's hands before you begin and if possible, wear gloves. Follow safe diaper changing procedures.
2. After diapering, wash your hands (even if you were wearing gloves) and clean and disinfect the diapering area
3. If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.
4. It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. When washing, feeding, or holding very young children, childcare and summer program providers:
 - Can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - Should wash their hands, neck, and anywhere touched by a child's secretions.
 - Should change the child's clothes if secretions are on the child's clothes, including drool.
 - Should change the button-down shirt, if there are secretions on it, and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the childcare and summer programs.

Food Preparation and Meal Service

1. If a cafeteria or group dining room is typically used, serve meals in classrooms instead, where possible. 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.
2. Wherever possible, food preparation should not be done by the same staff who diaper children.
3. Sinks used for food preparation should not be used for any other purposes.
4. Childcare and summer programs should ensure children wash their hands before eating.
5. Adults preparing children's food should wash their hands before handling the child's plate or lunch box, and wash or use hand sanitizer between the handling of the next child's lunch box.
6. Childcare and summer programs with food service must follow routine food service practices.

7. Childcare and summer programs must wash their hands before preparing food and after helping children eat. Hand sanitizer may be used in place of washing hands before assisting the next child with eating.
8. **For schools implementing summer programs: additional COVID-19 guidance for food service programs can be found on the Agency of Education's [COVID-19 webpage](#).**

Health Resource for Childcare and Summer Programs

The Vermont Department of Health has public health nurses available to childcare and summer programs to answer health related childcare and summer programs from 8:00 AM to 3:00 PM Monday through Friday. Call: **802-863-7240**, select the option for “**Providers of Child Care and Summer Program**”. After hours there will be a childcare and summer program question mailbox to leave a message and Health staff will return your call the following business day.

Additional Strategies

PREPARE

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information. Monitor the [CDC COVID-19 website](#) and the [Vermont Department of Health website](#) for the latest information.
- **Update an emergency contact list.** Update emergency contact lists for families, staff and key resources and ensure the lists are accessible in key locations in your program. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to being prepared is developing a communication plan that outlines how you plan to reach different audiences (e.g. families, staff, community) including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.
- **Protecting the Safety and Health of Workers (Coronavirus Disease 2019).** All employees, including those already working (except healthcare workers, first responders, and others already trained in infection control, personal protection/universal precautions), must complete, and employers must document, a mandatory training on health and safety requirements as provided by VOSHA.
 - The VOSHA training may be accessed here: <https://labor.vermont.gov/VOSHA>
- Establish and continue communication with local and State authorities to determine current data on spread of COVID-19 in your community.
- Consider designating a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures

COMMUNICATE

- **Signs must be posted at all entrances** clearly indicating that no one may enter if they have symptoms of respiratory illness.
- Reinforce your communication system, so that all staff and families know how to best contact the program director and/or program administrator about COVID-19 information and questions specific to the program.
- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your program's emergency response plans.
- **Communicate your expectations for modeling** respiratory etiquette, physical distancing, wearing facial coverings, refraining from touching their face, staying home when sick, and supporting employees who need to take care of sick family members. **All common areas, such as break rooms and cafeterias, excluding restrooms, are closed.**
- **Staff meeting/trainings should be online** and not in person
- **Communicate about COVID-19 with families.** Provide updates about changes to your policies or operations. Use all communication channels available to you, including direct communications (face-to-face, letters), electronic communications (your program's or school's website or social media pages), and remote parent meetings to share updates. *It is critical to maintain confidentiality for staff and children.* Make sure to plan ahead for linguistic needs, including providing interpreters and translating materials.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

Testing Resources for Childcare and Summer Program Providers

- Testing will be available for childcare and summer providers who wish to be tested for the coronavirus, even if they don't have any symptoms. The Vermont Department of Health's [website](#) has up to date pop up sites and registration links for this type of testing.
- Please consult your primary care physicians for testing options if you are sick. If you do not have a primary care provider, please contact 2-1-1 to be connected to a primary care provider.
- Coronavirus testing is not required for reopening and is offered on a voluntary basis.
- Testing cannot be used as a requirement for working in a childcare and summer program.
- A negative test represents one moment in time and does not change any of the health standards regarding infection prevention.

- If you test positive for coronavirus, the Vermont Department of Health will contact you, keep in close touch, determine the close contacts, and assist with decisions about classroom closure.

Resources

General questions about COVID-19? **Dial 2-1-1**

[Vermont Department of Health COVID-19 site](#)

- [Schools and Childcare Programs page](#)
- [Child Safety Fact Sheet](#)
- [Coping with Family Stress During COVID-19](#)

Child Care Licensing – Licenser on Duty: (800) 649-2642 option 3 or ahs.dcfcdchildcarelicensing@vermont.gov

[Help Me Grow Vermont](#)

[CDC Interim Guidance for Administrators of US K-12 Schools and Childcare Programs](#)

[CDC Supplemental Guidance for Childcare Programs That Remain Open](#)

[Let's Grow Kids: Coronavirus Resources](#)

[Vermont Health Connect](#)

[Vermont Federation of Families for Children's Mental Health COVID-19 Resources](#)

[Childcare Aware Coronavirus Resources](#)

[Parent and Caretaker guide for helping families cope with COVID 19](#)

[Just For Kids: A Comic Exploring The New Coronavirus](#)

[Talking to Children About COVID-19 \(Coronavirus\) - A Parent Resource \(English Resource\)](#)

[Talking to Children About COVID-19 \(Coronavirus\) - A Parent Resource \(Spanish Resource\)](#)