



Health Guidance for Childcare and School Age Camps/Care

(Revised July 13, 2020)

For childcare and school age camps/care 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 help you maintain health and safety requirements and physical distancing directives while providing much-needed services. This guidance is intended for childcare (regulated and unregulated, center and family-based), summer, recreational, and afterschool programs. Additional guidance for schools can be found on the [Agency of Education website](#). Key updates/changes are indicated in orange.

Staff and family childcare providers are responsible to set-up the environment and to adjust their practices based upon this health guidance. Children may or may not be able to assist with following the health guidance. Children should be encouraged and supported with following the health guidance as is developmentally appropriate.

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

Table of Contents

- [Re-Opening Childcare and School Age Camps/Care that Have Been Closed](#) 2
- [Staff and Childcare and School Age Camps/Care Providers](#)..... 2
- [Facial coverings](#) 3
- [Health Screening](#) 4
- [Drop-Off and Pick-Up](#)..... 5
- [Stay Home When Sick: Exclusion/Inclusion Policies](#) 6
- [COVID Cases in Programs](#) 8
- [Physical Distancing Strategies](#)..... 9
- [Volunteers, Visitors, Field Trips](#) 10
- [Healthy Hand Hygiene Behavior](#) 10
- [Cleaning & Disinfecting, including Bathrooms, Playgrounds, Toys & Bedding](#)..... 11
- [Caring for Infants and Toddlers](#) 13
- [Food Preparation and Meal Service](#) 13
- [Contact Tracing](#) 14
- [Health Resource for Childcare and School Age Camps/Care](#)..... 15
- [Additional Strategies](#) 16
- [Social Emotional Health of Children and Staff/Teachers/Providers](#)..... 17
- [Resources](#) 19

Re-Opening Childcare and School Age Camps/Care 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 after June 1. Only providers now applying for a childcare license are required to complete lead testing (and other water tests) prior to opening, consistent with existing CDD regulations. Existing providers will complete testing and remediation as instructed by Vermont Department of Health Lead Water Testing Program.

Childcare Staff, Family Childcare Providers, and School Age Camps/Care Providers

The following individuals might be at higher risk for severe illness from COVID-19. **If you have staff members 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 avoid in-person contact in which physical distancing cannot be maintained.** This also applies to Family Childcare Providers who are age 65 or older or with serious underlying health conditions.

Based on what we know now, those at higher risk for severe illness from COVID-19 are:

- [People 65 years and older](#)
- People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Immunocompromised state from solid organ transplant
 - Obesity (body mass index [BMI] of 30 or higher)
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease
 - Type 2 diabetes mellitus

Based on what we know at this time, a list of conditions for individuals who *might be* at increased risk for severe illness from COVID-19 can be found on the [CDC's website](#).

NOTE: This list is continually evolving, so providers and staff should reference the [CDC website](#) and work with their healthcare provider to determine individual risk.

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

Wearing cloth face masks or coverings has been shown to be effective in reducing the risk of spreading coronavirus. This is because the virus can spread even if a person does not have any symptoms. **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 **required** 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, older than 2-years, who have a medical **or developmental** reason for not wearing a facial covering **should not wear one. These decisions should be made in partnership with the family and the child's healthcare provider.**
- Children should not wear facial coverings while sleeping, eating, or swimming (or when they would get wet). **Staff should keep 6 feet distance from children while eating, whenever possible.**
- Facial coverings with ties are not recommended **for young children** as they pose a risk of choking or strangulation.
- Children remove facial coverings during outdoor activities when they can maintain physical distancing and have ready access to put them back on as needed when activity stops.
- **Please note: Facial coverings are required for children in all programs in schools, including prekindergarten and afterschool programs, as medically and developmentally appropriate.**

The following is guidance for childcare providers, staff, teachers:

- Adults should not wear facial coverings while eating or swimming (or when they would get wet).
- Adults may remove facial coverings during outdoor activities when they can maintain physical distancing and have ready access to put them back on as needed when activity stops.
- **Adults may remove facial coverings indoors for brief periods of time including during eating and drinking if they can assure 6 feet of distance between children and other staff, to the best of their ability.**
- **Child care licensing regulations require staff/providers sit with children while they eat. Health recommendations encourage staff/providers to not eat at the same time as children when 6 feet of distance cannot be maintained.**
- Staff may take off their facial covering in select circumstances when physical distancing cannot be maintained, such as when a parent/caregiver is hearing impaired and reads lips to communicate. **It is also recommended to use facial coverings with clear plastic windows to support communication when there is ongoing contact with individuals who are hearing impaired and for young children to visually read social cues.**
- **Facial shields:** The use of clear facial shields is allowable. Face shields should extend below the chin, to the ears on both sides, and there should be no exposed gap between the forehead and the shield's headpiece. They should be cleaned if condensation or droplets are visible on the inside of the shield. They should also be cleaned regularly and handled like face coverings when putting on or removing (e.g. wash hands after handling).

The following is specific guidance for family childcare providers:

- **Adult household members must wear facial coverings when they are within 6 feet of children in care.**
- **The same facial covering requirements apply to children who live in the home as children in care, as described above.**

Health Screening

All children and staff **must** have a Daily Health Check at the **first point of contact**, as described below. Children who have arrived from school or children who are arriving via Specialized Child Care Transportation Vendors are not required to have a daily health check, as this would have already occurred.

- **Conduct a Daily Health Check for the **child(ren) attending childcare and school age camps/care programs** and your **staff upon arrival each day.** (Note: Family childcare**

providers are required to conduct this daily health check on yourself before the first childcare child arrives):

1. Have they/you been in close contact with a person who has COVID-19?
2. Do they/you feel unwell with any symptoms consistent with COVID-19?

For example, have they/you had a cough, 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.

Note: The [definition of close contact](#) can be found on the Health Department's website.

Temperature check protocol: *Temperature checks should occur upon entrance and when possible near a sink/hand sanitizer station. A non-contact thermometer is strongly recommended.*

- Wash hands
- Wear a facial covering, eye protection (goggles* or a face shield), and a single pair of disposable gloves. Note: Personal glasses and safety glasses are inadequate.
- 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.
- Remove and discard gloves in between children—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. Instructions may include helpful information such as optimal conditions for using the device, calibration if necessary, or proper cleaning and storage.

* Goggles do not need to be airtight but do need to prevent splashes or droplets from landing in the eye. For this reason, lab goggles with holes are not sufficient.

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, caregiver or designated person should drop-off and pick-up the child every day.

- 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 **should** 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 or childcare home.
- 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 **and in a manner that ensures car seats aren't touching one another.**
- If programs are transporting children:
 - Programs **must** adhere to requirements of group size.
 - Programs should space children out in the vehicle to the best of their ability.
 - **Drivers are required to wear facial coverings while transporting children.**
 - **Assign seats for children on a bus/vehicle.**
 - Cleaning and disinfecting:
 - **Practice routine cleaning and disinfecting of frequently touched surfaces, including surfaces commonly touched in the driver’s area of the car.**
 - **Drivers and monitors/additional adults should wash hands regularly with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.**
 - **All vehicles must have an adequate supply of hand sanitizer.**
 - **If there is a known or suspected case of COVID-19 that has been transported, please follow [CDC Guidance](#).**

Stay Home When Sick: Exclusion/Inclusion Policies

The health department encourages all providers and families to coordinate decision making around the child’s care with the child’s healthcare provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.

Children who travel to or arrive from out-of-state **must** follow Agency of Commerce and Community Development (ACCD) and Health Department guidance around quarantine before returning to childcare and/or school age camps/care, which includes travel out-of-state at any point during the year. More information is available on the [Vermont Department of Health’s COVID-19 travel site](#) and the [ACCD website](#).

Children and staff will be **excluded from in-person activities, if they:**

- Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
- Have been in close contact with someone with COVID-19 in the last 14 days
- Have a fever (temperature higher than 100.4°F)
- Have a significant new rash, particularly when other symptoms are present
- Have large amounts of nasal discharge in the absence of allergy diagnosis

If above signs and symptoms begin while in care or in your program, the child (or staff member) **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 sick child(ren) until they leave. If a family childcare provider has any of the above signs and symptoms, she/he **must** arrange for children to be picked-up as soon as possible and keep as much a distance from children while waiting for children to be picked-up as possible.

- Children and staff **must** be excluded from care or your program and family childcare providers should remain closed until they are no longer considered contagious. The family should consult with the child's healthcare provider. Based on their clinical judgment, the child's healthcare provider will be able to help the family determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary). A medical note is not required for anyone to return to care in cases in which COVID-19 is suspected.
- Children and staff with a fever greater than 100.4°F, no specific diagnosis, and COVID-19 is not suspected by the healthcare provider **must** remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- A family childcare provider who has a fever greater than 100.4°F, no specific diagnosis, and COVID-19 is not suspected by the healthcare provider should remain closed until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications.
- Materials, toys, and furniture touched by children or staff who are sent home should be thoroughly cleaned and disinfected.
 - Family childcare providers and/or staff should 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 shower and change clothes, depending on proximity of contact.

- Family childcare providers and/or staff should change button-down shirt if there are secretions on it.
- Family childcare providers and/or staff should wash their hands, neck, and anywhere touched by a child's secretions.
- Family childcare providers and/or 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.

Healthy children, family childcare providers, and/or staff with the following symptoms/conditions **are not excluded from in-person activities:**

- 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 asthma

This inclusion does NOT require a medical clearance note from a healthcare provider when the child's allergy and/or asthma condition was known by the childcare program/provider prior to COVID-19. A new diagnosis does require written confirmation from the child's healthcare provider.

Note: If a parent/caregiver or staff member reports symptoms of COVID-19, encourage them to have a conversation with their healthcare provider to see if they should be tested for COVID-19. The parent/caregiver or staff member can [contact 2-1-1 for](#) information on where to access a healthcare provider if they do not have one. Families who do not have insurance can contact [Vermont Health Connect](#) for information about affordable insurance options. This also applies to family childcare providers who have symptoms of COVID-19.

COVID Cases in Programs

If a family childcare provider, 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 **or stay closed in the case of a family childcare provider.** *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](#).

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

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#); wait 24 hours or as long as practical before beginning cleaning and disinfecting to allow droplets to settle.

- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Clean and disinfect all areas such as offices, bathrooms, common areas and shared electronic equipment used by the ill person, focusing especially on frequently touched surfaces.
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products out of reach of children. Follow instructions provided on the product's label.
- Participate in contact tracing as requested by the Health Department.
- 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

Physical distancing to reduce the frequency of close contact between individuals is still the single most effective way to slow the spread of the coronavirus. General principles to promote physical distancing and reduce viral spread.

- Children **must** be kept in groups, not to exceed the maximum number allowed by state [Executive Order](#), including teachers and staff, although keeping children in pods of 25 is considered best practice. (Note: When childcare licensing regulations require a smaller group size than the state Executive Order, licensed childcare and school age programs are required to continue to follow the smaller group size.)
- Wherever possible, the same childcare and school age camps/care; staff should remain with the same group each day.
- Setup activities at tables 6 feet apart, to the best extent possible.
- Plan activities that do not require or that limit close physical contact between multiple children, to the best extent possible.
- Limit use of water or sensory tables and wash hands immediately after any use of these tools.
- Children standing in line should be spaced apart (consider tape marks on the floor).
- Staff should ensure that one group passes through or uses a corridor or hallway at a time.
- Adjust the system that circulates air through the facility to allow for more fresh air to enter the program space.

- Encourage staff to provide additional outside time as is possible and open windows frequently when air conditioning is not being used. **Consider the use of outdoor classrooms.**
- **Limit sharing of materials, to the best of your ability.**
- **Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas reserved for each child's individual use. Used items should be taken home each day and cleaned.**
- At nap time, it is required to place resting or napping children head to toe to further reduce the potential for viral spread. Programs with sufficient space should also place children 6 feet apart at nap or rest time.

Volunteers, Visitors, Field Trips

- 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.
- **Individuals who ensure the health and safety of the program/center, such as licensors, STARS assessors, fire inspectors, maintenance, etc. are allowed when following proper procedures and do not count in the group size.**
- **Interns (e.g. human service student from a high school technical center) and other learners (e.g. medical student learning about child development) from established educational programs. These individuals must be screened daily and follow all precautions outlined in this guidance.**
- Conversations about a child's day are encouraged to be done by phone with parents or designated people. Handwritten **or electronic notes** about a child's day are also recommended to support information sharing and physical distancing.
- 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, interns, other learners, and contracted service providers should engage in hand hygiene at the following times:
 - Arrival to the facility (**can include upon entry into the classroom**)
 - After staff breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food or feeding children (This includes staff helping children open milk cartons or peel fruit.)

- Before and after administering medication or medical ointment
 - After diapering (staff only)
 - 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
 - Before and after playing outdoors
 - After playing with sand and sensory play
 - After handling garbage
 - Before and after cleaning
 - Prior to transitioning from one room or playground area to another
2. 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.
 - Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
 - Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 - Rinse your hands well under clean, running water.
 - Dry your hands using a clean towel or air dry them.
 4. Supervise children under 2, or others depending on developmental needs, when they use hand sanitizer to prevent ingestion.
 5. Assist children with handwashing, including infants who cannot wash hands alone.
 6. Consider placing posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Cleaning & Disinfecting, including Bathrooms, Playgrounds, Toys & Bedding

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

Childcare and school age camps/care should engage in frequent thorough cleaning each day. **At a minimum, common spaces, such as kitchens or cafeterias, and frequently touched surfaces, doors, and toys should be cleaned and disinfected at the beginning, middle and end of each day.** Licensed or registered childcare and school age camps/care shall continue to follow

regulations regarding cleaning, sanitizing, and disinfecting. Definitions are found in childcare regulations for regulated programs or in *Caring for Our Children* for unregulated programs.

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
2. Specifically, regarding shared bathrooms, bathroom use should be kept to the groups that are already in cohorts together. Schedule bathroom breaks to avoid crowding.
3. Children may use playground equipment under the following conditions:
 - Plastic and metal playground equipment **must** be cleaned before and after each group. Wooden playground equipment does not need to be cleaned/disinfected.
 - The targeted use of disinfectants can be done effectively, efficiently, and safely on outdoor plastic and metal surfaces and on objects frequently touched by multiple people (e.g., handrails, metal/plastic benches); make sure disinfectant has thoroughly dried before allowing children to play.
 - Staff should continue to support physical distancing during playground play.
 - Children **must** wash hands before and after outside play
4. If the program or center has sufficient toys to rotate, toys may be placed away from use for a minimum of 3 days and returned for use without disinfecting.
5. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets. Dress-up clothing brought from home is acceptable but is required to be put away in the child's cubby after the child takes it off and must not be shared with other children.
6. Use bedding (e.g. 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.
7. Do not shake dirty laundry; this minimizes the possibility of respiratory droplets spreading through the air.
8. 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.
9. One of the following products may be used for disinfecting:
 - Diluted household bleach solutions according to manufacture or product label
 - 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 children, and they often need to be held. When washing, feeding, or holding very young children, childcare and school age camps/care 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 school age camps/care.

Food Preparation and Meal Service

- **Key areas to check include:**
 - Correct dishwasher temperatures for sanitization
 - Employee handwashing
 - Cleaning and sanitizing surfaces
 - Procedures for employees calling in sick or doing non-food related duties when sick
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead, where possible.
- Meals should not be self-serve. 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.

- Napkins and silverware should be provided directly by staff, not for individuals to grab.
- Take steps to support physical distancing when children are waiting to receive their meals.
- Sinks used for food preparation should not be used for any other purposes.
- Follow hand washing requirements.
- Prohibit or limit food-sharing activities (e.g. a family bringing a snack to share as part of a cultural lesson plan, for a special event like a birthday, and etcetera).
- Childcare and school age camps/care with food service **must** follow routine food service practices.

Contact Tracing

ROLE OF THE HEALTH DEPARTMENT

Contact tracing is a strategy used to identify people who have been in close contact with a person who has tested positive for COVID-19 during their infectious period. Close contact is defined as being within 6 feet for more than 15 minutes with a person with COVID-19 while they were contagious. Close contacts are at higher risk of becoming infected, so it is recommended that they quarantine to help prevent 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 person questions about their activities and people they have been in contact with while they were contagious. This helps identify the people who were in close contact with the person diagnosed with COVID-19. These might include family members, classmates, and coworkers.

When there is a confirmed case of COVID-19 identified in a childcare and school age camp/care, a member of the contact tracing team will reach out to the person with COVID-19 to identify who had close contact with them. The contacting tracing team will also reach out to the childcare and school age camp/care administration to determine next steps. The contact tracing team will work with the administration to notify families and staff who were possibly exposed to the virus that causes COVID-19. The Health Department will work with administrators to address and mitigate the situation if more than one case is identified in the childcare and school age camp/care.

ROLE OF CHILDCARE/SCHOOL AGE CAMPS/CARE

Take measures so that persons exposed can be more easily traced:

- Take attendance for every classroom of children and include all individuals who were in the classroom which includes noting who dropped-off or picked-up each child. When a parent or other designated person enters the building to drop-off or pick-up a child, this also includes noting the parent's or other designated person's name on the attendance.

- There may be times when children need to transition to another age-appropriate classroom within the program/center. Consider ways to minimize the duration of the transition process between groups, but also meets the social, emotional, and developmental needs of the child to transition smoothly. Keep track of transition activities to support Health Department contact tracing activities should the child (or staff member) participating in the transition process be diagnosed with COVID-19 and have close contacts in both groups.
- For formal/informal family conferences or meetings, use a sign-in sheet to document each person who attended
- Keep accurate records of any persons other than children and staff that enter the building, their reason for being there, names of the people they came within 6 feet of and the locations in the building they visit.
- When completing the daily health screening, document illnesses. (Note: Center Based Child Care and Preschool Programs and Family Child Care Homes are also required by childcare licensing regulations to document injuries.)
- Provide the name and contact number of the Primary Contact for the program/childcare center for when a family (or staff) has a positive COVID-19 case. The Department of Health can use this information to notify the program in off hours and share with the contact tracing team.
- Encourage staff and families to maintain a personal contact journal to support contact tracing should it be needed.

Health Resource for Childcare and School Age Camps/Care

The Vermont Department of Health has public health nurses available to childcare and school age camps/care to answer health related childcare and school age camps/care from 8:00 AM to 3:00 PM Monday through Friday. Call: **802-863-7240**, select the option for “**Providers of Child Care and School Age Camps/Care**”. After hours there will be a childcare and school age camps/care 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.
- **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.
- **Ensure all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.**
- **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.

Social Emotional Health of Children and Staff/Teachers/Providers

Tipping the Scale Towards Resiliency for Staff/Teachers/Providers

Children's well-being depends on the well-being of their parents and early childhood professionals. Early childhood professionals (like you) must take care of themselves, so they have the internal resources to care for and educate children.

1. Acknowledge how you are feeling. And most importantly, don't "should all over yourself!" When we experience "negative" emotions, we often launch into self-talk that is judgmental rather than compassionate. Be aware of when you are telling yourself, "I should be stronger, dealing better, less anxious, grateful, etc." Be kind to yourself and give yourself grace during this challenging time.
2. Know what is in your control and focus your energy on those things rather than the things we don't have any control over.
3. Maintain a routine. Feelings of loss and uncertainty understandably cause anxiety and distress in any person. Like children, we thrive when we know what to expect and can organize ourselves around a degree of predictability. This is not always possible, but where you can, hold space for a regular schedule. FUN can and should be included in your routine.
4. Establish a healthy lifestyle. Exercise, practice mindfulness, eat healthy, and get plenty of sleep. A healthy lifestyle improves mental health and resilience.
5. Maintain a connection with your support networks. Find ways that work for you to nurture the relationships you value.
6. Develop a gratitude practice. Studies show that nurturing gratitude increases happiness and offers a host of health and psychological benefits. One simple way to develop more gratitude is to make a list or journal about something that you are grateful for each day.
7. Know where to go when you need help.

Tipping the Scale Towards Resiliency for Children

Healthy brain development is a building process that begins before we are born. Positive experiences and loving relationships create a strong foundation that helps ensure that a child builds the skills necessary for a lifetime of strong mental health. Resiliency is the ability to bounce back when faced with adversity or hardship. It is a dynamic process that can be influenced towards health and wellbeing. Even when there are negative things (like a pandemic) weighting the scale, adding positive things such as responsive and nurturing caregiving relationships and environments can tip the scale towards resilience. By providing positive experiences, early educators and community providers can help children who experience adversity build resilience. By connecting families to community supports and services, educators can help families manage stress and cope through tough times. As your families are experiencing varying degrees of changes and challenges, your role is important now more than ever.

1. Develop a program policy around promoting social emotional well being
Need help? Visit [Building Bright Futures](#) for resources.
2. Implement developmentally appropriate practices to promote social and emotional skills (e.g. social stories, routines, reassurance, and emotion regulation)
3. Establish family engagement strategies to support families to understand their child's social/emotional development, and to promote resiliency at home.
4. Implement universal practices for screening using a validated tool (Ages and Stages Questionnaire: Social Emotional2[®])
Need training or technical assistance? Contact [Lauren Smith](#).
5. Ensure you and your staff recognize additional risk factors that may impact a child's social emotional wellbeing
 - Those who have experienced a death, separation, divorce
 - Those with significant disruptions to their lifestyle (food insecurity, financial insecurity, housing insecurity)
 - Those with a history of trauma and chronic stress or pre-existing mental health problems
 - Those with exposure to abuse and neglect
6. Establish a referral process for supporting children's mental health when needed
Need help? Contact [Help Me Grow Vermont](#) @ 211 ext. 6 get up-to-date information to connect families to resources

Resources

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

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

- [Schools and Childcare Programs page](#)
- [Sample Daily COVID-19 Health Checklist Child Care and School Age Camps/Care \(Word version\)](#)
- [Sample Weekly COVID-19 Health Checklist Child Care and School Age Camps/Care \(Word version\)](#)
- [What Parents Can Expect from Child Care and School Age Camps and Care - also in Arabic | Burmese | French | Kirundi | Nepali | Somali | Spanish](#)
- [Multisystem Inflammatory Syndrome in Children and COVID-19](#)
- [Resources \(Resources for Families with Children, Posters and Infographics, Food Resources\)](#)
- [Child Safety Fact Sheet](#)
- [Coping with Family Stress During COVID-19](#)
- [Pop-up testing dates & locations](#)
- [Guidance for employers: "What do I do if my employee tests positive for COVID-19?"](#) can be found on the [Communities and Workplaces](#) web page

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

[Vermont Agency for Commerce and Community Development](#)

- [Outdoor Recreation Guidance \(including pools\)](#)
- [Overnight Camp Guidance](#)
- Travel: <https://accd.vermont.gov/covid-19/restart/cross-state-travel>
- Group size requirements (if this isn't provided by ACCD, then a link to where it can be found)

[Help Me Grow Vermont](#)

[Building Bright Futures COVID-19 Response](#)

[Vermont Afterschool COVID-19](#)

[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 \(Spanish Resource\)](#)

Resources for Social Emotional Health

- [Agency of Education PreK Learning from Home](#)
 - [For families](#)
 - [For early educators](#)
- [Building Bright Futures social/emotional supports](#)
- [PBS Parents](#)
 - [How to Cope with Back-to-School Anxiety](#)
- [NCPMI Resource Page](#)
 - [Greetings Board During Physical Distancing](#)
 - [Helping your Child During the Pandemic](#)
- [Barton Research Lab Resources for Caregivers \(Vanderbilt University\)](#)
- [Sesame Street in Communities](#)
 - [Feeling Separation Anxiety](#)