



# Health Guidance for Childcare and Schools Providing Childcare for Essential Persons (Revised April 5, 2020)

For childcare facilities that remain open and for schools providing childcare, it is crucial to minimize the risks of spreading coronavirus. The following guidance is designed to help maintain health and safety standards and social distancing directives while providing a much needed childcare service.

This document serves as a supplement to Agency of Education guidance: [Supporting the Childcare Needs of Essential Persons During a Novel Coronavirus Outbreak Guidance to Schools and Childcare Programs](#)

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, or are at high risk due to underlying health conditions.

**NEW** It is recommended that all staff wear cloth face coverings while providing care. CDC recommends cloth face coverings in settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off and pick-up are also encouraged to wear cloth face coverings. Instructions for wearing and making cloth face coverings can be found on the [CDC website](#).

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## Staff and Childcare Providers

The following individuals should not provide childcare during this time:

**NEW**

- 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, Crohns Disease, recent cancer treatment)*If individuals have specific questions about their own health conditions – they should contact their medical provider before providing childcare*
- Pregnant women
- People with HIV

*For home-based childcare:* If a household member has any of the conditions described above, providers should ensure social 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 guidance should also be followed, as described below.

## All Individuals: Close Contact **UPDATED**

If a staff person, child, or parent/caregiver has been in close contact to someone who is diagnosed with COVID-19, they should self-quarantine: stay at home and watch for symptoms for 14 days:

- Start your 14-day count from the day you last had contact with the person. Day 0 is the day you were last in contact with the person.
- Watch for fever, cough and shortness of breath, even if the symptoms are mild.
- Don't leave home, except to get medical care.
- Call ahead before visiting a health care provider or emergency department.
- If possible, stay in a specific room in your home and use a separate bathroom.
- Stay at least six feet away from others in your home at all times. Don't share household items.

**Close contact means** being within 6 feet, for a long time, of someone who is diagnosed with COVID-19 during their infectious period, which starts two days before any symptoms began and continues until they are recovered. Read [what to do if you're a close contact of someone with COVID-19](#). Close contact does not mean: being more than six feet away in the same indoor environment for a long period of time, walking by, or briefly being in the same room.

## Drop-Off and Pick-Up NEW

- ❑ Consider staggering arrival and drop off times and/or plan to limit direct contact with parents and caregivers, as much as possible.
- ❑ 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.
- ❑ 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 clean their hands before they enter, or immediately upon entry into the facility.
- ❑ Parents and caregivers who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up. Consider recommending that parents and caregivers who are health care workers identify someone else to do drop-off and pick-up.
- ❑ Infants could be transported in their car seats. Store car seat out of children's reach.

## Health Screening NEW

- ❑ Conduct a Daily Health Check for the **child(ren) attending childcare**, and your **staff**:
  1. Have they been in close contact with a person who has COVID-19?
  2. Have they felt unwell with respiratory symptoms in the last few days? *For example, have they had a cough, high temperature, shortness of breath, or difficulty breathing?*
- ❑ Screen children and staff for cough or shortness of breath upon arrival each day.
- ❑ 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.*

- Perform hand hygiene
- Put on a cloth facial masks or coverings, eye protection, and a single pair of disposable gloves
- Check individual's temperature
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual 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 an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely*
- Remove and discard gloves in between children

## Children Attending Care

- 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,

**UPDATED**

and

2. Other symptoms have improved, and

3. At least 7 days have passed since symptoms first appeared.

- If symptoms begin while at the childcare program or school the child should 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.

- Childcare 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. 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.
- Childcare providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Childcare providers should change the child's clothes if secretions are on the child's clothes, including drool. They 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.

- People with a temperature greater than 100.4 F should 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 care 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.

## COVID Cases in Care **NEW**

When there is a confirmed case of COVID in the childcare program, consult with the Vermont Department of Health at **802-863-7240**. In partnership with the Health Department, the following should be considered:

- Dismiss children and most staff for 2-5 days
- Communicate with staff and parents/caregivers
- Clean and disinfect thoroughly
- Decisions about extending closure

➔ If there is a reduction in childcare capacity, notify the Child Development Division by calling (800-649-2642 option 3) or emailing ([ahs.dcfcdchildcarelicensing@vermont.gov](mailto:ahs.dcfcdchildcarelicensing@vermont.gov)).

## Social Distancing Strategies: Class Size, Napping

1. Children must be kept in small groups, not more than 10 individuals in a classroom, including teachers. Classrooms and outside play areas divided by gates or partial walls are considered one room and shall only serve one group of children.
- NEW** 2. Wherever possible, the same childcare providers should remain with the same group each day.
3. There must be absolutely no large group activities. Social distancing practices should be in place which means different groups of children should not have contact with one another.
4. Childcare facilities and schools can maintain operations with an occupancy greater than 50 children 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, etcetera) at the same time.
- NEW** 5. At nap time, place resting children head to toe in order to further reduce the potential for viral spread. Programs with sufficient space should place children 6 feet apart at naptime as much as possible.
6. There should be **no outside visitors and volunteers** with the exception of **employees or contracted service providers for the purpose of special education or required support services, as authorized by the school or district.**
7. Conversations about a child's day are encouraged to be done by phone with parents or caregivers. Handwritten notes about a child's day are also recommended to support information sharing and social distancing.

## Healthy Hand Hygiene Behavior **UPDATED**

1. All children, staff, and volunteers 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
  - After handling garbage
  - After cleaning
2. 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. If possible, have plenty of hand lotion to support healthy skin.
3. Supervise children when they use hand sanitizer to prevent ingestion.
4. Assist children with handwashing, including infants who cannot wash hands alone.
5. After assisting children with handwashing, staff should also wash their hands.
6. Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

## Cleaning & Disinfecting, including toys & bedding **UPDATED**

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

1. Programs and schools should engage in frequent thorough cleaning each day. Childcare programs shall follow regulations regarding cleaning, sanitizing and disinfecting. Schools shall follow routine cleaning and disinfecting practices. 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. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets.
  3. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Per childcare licensing regulations, 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.
  4. Children's books, like 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.

## Caring for Infants and Toddlers NEW

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 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 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.
  - Childcare providers should wash their hands, neck, and anywhere touched by a child's secretions.
  - Childcare providers should change the child's clothes if secretions are on the child's clothes, including drool. They 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 center or home-based childcare.

## Food Preparation and Meal Service **NEW**

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. Caregivers should ensure children wash hands prior to eating.
5. Caregivers should wash their hands before preparing food and after helping children to eat.

## Health Questions Resource for Childcare Services

The Department of Health has public health nurses available to childcare programs and school providing childcare services to answer health related childcare questions from 8:00 AM to 3:00 PM Monday through Friday. Call: **802-863-7240**, select the option for “**Childcare Programs**”. After hours there will be a childcare question mailbox to leave a message and VDH staff will return your call the following business day.

## Resources

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

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

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

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

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

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



## 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 facility. For example, know how to reach your local or state health department in an emergency.
- **Emergency evacuation drills.** Hold practice evacuation drills with staff once a week and within 1 day of operation with new staff. It is important for staff to know who is responsible for what role during an emergency evacuation, where to go, and how to safely get all children outside. **Children and staff must remain in groups of 10 or fewer.**
- **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.

NEW

### COMMUNICATE

- **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, staying home when sick, and supporting employees who need to take care of a sick family members.
- **Communicate about COVID-19 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 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.