

# **COVID-19 Health Guidance for Child Care and Out-of-School-Time Care**

## **Spring and Summer 2021**

**Effective: May 1, 2021**

**Issued by the Vermont Department of Health, Department for Children and  
Families—Child Development Division, and Agency of Education**

**First Issued: March 13, 2020**

**Revised: April 23, 2021**



**VERMONT**

**DEPARTMENT OF HEALTH  
AGENCY OF EDUCATION  
DEPARTMENT FOR CHILDREN AND FAMILIES**

## Table of Contents

<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>Summary of Changes</b> .....	<b>3</b>
<b>Health Equity Considerations</b> .....	<b>4</b>
<b>Child and Staff Health Considerations</b> .....	<b>4</b>
Health Screenings.....	4
Travel .....	5
Stay Home When Sick: Exclusion/Inclusion Policies .....	5
Return to Work/Care Post-Vaccine.....	6
Cases of COVID-19 in Care .....	6
COVID-19 Testing .....	7
<b>Daily Considerations</b> .....	<b>7</b>
Buses and Transportation .....	7
Drop-Off and Pick-up / Arrival and Departure.....	8
Hand Hygiene .....	8
Masks .....	9
<b>Operational and Program Considerations</b> .....	<b>9</b>
Cleaning and Disinfecting.....	9
Physical Distancing and Use of Cohorts.....	9
Communal Spaces, Large Group Activities and Special Programming.....	10
Volunteers, Visitors, Field Trips and Community Service .....	10
Food Services Guidance.....	10
Communication Systems .....	10
<b>Resources</b> .....	<b>11</b>
Vermont Resources .....	11
Social Emotional Resources for Children and Staff .....	12
Cleaning Resources.....	12
National Resources .....	12

## Introduction

For child care and out-of-school-time programs that are open during the COVID-19 pandemic, it is crucial to minimize the risks of spreading of SARS-CoV-2. The following guidance is designed to help you maintain health and safety requirements and best practice while providing much-needed programming. This guidance is intended for child care (regulated and unregulated, center and family-based), out-of-school-time care, summer, recreational, and afterschool programs. Additional guidance for schools (through the end of this school year) can be found on the [Agency of Education website](#).

Program directors, staff, and family child care 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.

The following represents the universal guidance for the prevention of COVID-19:

1. Stay at home when sick
2. Wear masks
3. Physically distance
4. Practice hand hygiene
5. Think before traveling
6. Be outside as much as possible

## Summary of Changes

Since this guidance was last published, our understanding of SARS-CoV-2 has significantly evolved. Programs have operated under extraordinary conditions, gaining real-world, on the ground experience in preventing and responding to cases of COVID-19. With that in mind, the role of this document and the importance of some of the requirements and recommendations have changed. Additionally, we are well into the nation's vaccine campaign and expect the majority of individuals 16 and older to be vaccinated by early summer. Lastly, the Governor has announced his [Vermont Forward Plan](#) which establishes the roadmap to Vermont's full reopening.

Accordingly, this guidance has been largely streamlined and large sections of this guidance have been wholly redrafted to reflect these changes and the new understanding.

This guidance has an effective date of May 1, 2021.

It is important to note that some guidance changes after May 1 and is tied to the [Vermont Forward Plan](#), specifically regarding masks, physical distancing, and travel. These are all outlined in detail below.

## Health Equity Considerations

Systemic and structural racism, and oppressive systems affect the conditions in which people are born, grow, live and work. People in communities that are underserved may:

- Have higher rates of underlying medical conditions.
- Work in jobs with higher risk for exposure and have less paid sick time.
- Be more likely to live in multi-generational housing or congregate living spaces.
- Have less access to personal protective equipment and hand sanitizer.

The absence of in-person educational and recreational options may disadvantage children from low-resourced communities, which includes unequal representation of racial and ethnic minority groups, English learners, and children with disabilities. Black, Indigenous and other Vermonters of color, including former refugees, have had a disproportionate burden of illness and serious outcomes from COVID-19. Plans for safe delivery of in-person instructional and recreational opportunities must consider efforts to promote fair access to healthy environments for all children and staff.

## Child and Staff Health Considerations

### Health Screenings

All children, their families and staff must comply with and ensure daily monitoring of COVID-19 exposure and COVID-19 symptoms ([see below](#)).

Staff and children and/or their families should complete an exposure and symptom screening before arriving at the program. Anyone who has been exposed to COVID-19 (unless [vaccinated](#)) or who has COVID-19 symptoms (regardless of vaccination status) should remain home, and should follow [Department of Health guidance](#) regarding quarantine and testing.

Temperature checks should be performed at home before departing for child care/recreational programs. Individuals with a fever (100.4 or greater) should not come to care.

Children or staff arriving visibly sick to care should be screened (including a temperature check) and sent home if symptomatic, regardless of vaccination status.

Close contact means being within six feet for a total of 15 minutes or more over a 24-hour period of someone with COVID-19 during their infectious period.

The infectious period is when the person with COVID-19 is contagious. It starts two days before symptoms began and continues until they are recovered. For people who haven't had symptoms, the infectious period starts two days before they had a positive test. Information on the recovery period for COVID-19 can be found on the [Health Department's website](#).

COVID-19 symptoms include the following:

- Cough
- Fever (100.4 or greater)
- Shortness of breath, or difficulty breathing

- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Congestion or runny nose
- Nausea, vomiting or diarrhea (diarrhea is defined as frequent loose or watery stools compared to one's normal pattern)

A reminder that best practice ([Caring for Our Children](#)) before COVID recommends a daily check in with children regarding health and safety.

## Travel

As part of Vermont's phased reopening plan, there is new travel guidance. This information can be found at the Health Department's website [Travel page](#). There are different requirements for [international travel](#).

## Stay Home When Sick: Exclusion/Inclusion Policies

Programs should coordinate decision-making around a child's care with the family, family's healthcare provider, and school/camp nurse (where applicable) if there are specific health concerns, chronic disease or complex social or emotional dynamics in the home. Information healthcare providers would use for triage, evaluation, testing and return to care can be found on the [VCHIP website](#). Health care provider notes for return to care are not required.

All children and staff will be excluded from in-person activities if they:

- Show [symptoms of COVID-19](#) (see [post-vaccine section](#) below).
- Have a fever (temperature greater than 100.4°F).
- Are currently in isolation due to testing positive for COVID-19, or in quarantine due to being a close contact.

Healthy children and staff with the following symptoms/conditions are not excluded from in-person activities:

- Allergy symptoms (with no fever) that cause coughing and runny nose. These children and staff may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma.

Children with documented allergies or well-controlled asthma do not require a medical clearance note from a healthcare provider to enter care. However, a child with a new diagnosis of asthma does require written confirmation from the child's healthcare provider.

Unvaccinated children and staff will be excluded from in-person activities if they have been in close contact with someone with COVID-19 and are quarantining.

If the above signs and symptoms begin while in care, regardless of vaccination status, the child (or staff member) must be sent home as soon as possible, and the individual should be isolated from other staff / children until they can go home, to the best extent possible.

Children and staff who arrive from out-of-state must follow appropriate guidance under the current step of the [Vermont Forward Plan](#). Please reference the [Vermont Department of Health's COVID-19 travel page](#) for updated information.

**The Vermont Department of Health strongly encourages all Vermonters who are eligible to receive a COVID-19 vaccine to do so to protect their health and their community.**

### **Return to Work/Care Post-Vaccine**

Individuals experiencing symptoms potentially related to receipt of the COVID-19 vaccine may not come to work if they do not pass the health screening. There are some signs and symptoms that could be attributable to receipt of the COVID-19 vaccination, SARS-CoV-2 infection or another infection like influenza. These include fever, chills, fatigue and muscle aches. Employees experiencing these symptoms, regardless of vaccination history, should not attend work and should consult with their health care provider to determine if symptoms are attributable to the vaccine or to infection. If symptoms are determined to be associated with the COVID-19 vaccine, an employee may return to work if they feel well enough to do so.

### **Cases of COVID-19 in Care**

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

- The person diagnosed with COVID-19 should isolate according to [guidelines](#) set forth by the Vermont Department of Health.
- Unvaccinated staff or children who have been identified as a [close contact](#) must [quarantine](#).
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Once an individual is sent to isolation, clean and disinfect all high-touch areas potentially used by the person after the sick individual has left the classroom or other space that they were in as soon as possible. (It will likely not be known whether this individual has a diagnosis of COVID-19 at this time).
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
- Participate in contact tracing as requested by the Health Department. More information on contact tracing can be found on the [Health Department website](#).
- [Communicate](#) with staff and parents/caregivers with information while maintaining patient confidentiality, in accordance with the Americans with Disabilities Act (ADA).

If COVID-19 is confirmed in a child or staff member, programs will work with the Department of Health to determine next steps. Identification of a child or adult with COVID-19 in the program is not the only indication to close the program. For more resources and information, refer to the Health Department's [community webpage](#).

## **COVID-19 Testing**

The Health Department recommends testing for people with COVID-19 symptoms, regardless of vaccination, people who are not vaccinated who have had [close contact](#) with someone who tested positive for COVID-19, and people who are referred by their health care provider for testing for another reason.

Please visit the Department of Health's [testing website](#) to learn more about who should get tested and where to get a test. Additional testing opportunities may be made available this summer.

## **Closing Programs for In-Person Instruction**

The decision to close programs or certain classrooms for in-person programming will be made by the program administration or family child care provider after consulting with the Department of Health on a case-by-case basis. The Department of Health will provide guidance based on a number of factors, including the level of community transmission, the number of children or staff infected, the status of contact tracing, the number of days the infectious person was onsite, infection control policies and practices, the number and structure of classes/pods affected, and other opportunities for transmission.

## **Daily Considerations**

### **Buses and Transportation**

#### **General Guidance**

Regardless of weather conditions, maintain constant airflow through the interior of the bus by:

- Opening all the bus roof hatches to exhaust bus indoor air unless rain is actively coming inside. Hatches should be partially opened on the rearward side.
- Opening windows to increase outdoor air ventilation
  - Even an inch of opening with at least four windows open can help:
    - Two windows in the front of the bus (each of the front passenger seats)
    - Two windows in the rear of the bus (the very last windows on each side of the bus)
  - Preferably the windows should remain fully open. For modifications for inclement weather, see [inclement weather considerations](#).

Sick children should not get on the bus. See [Stay Home When Sick](#) for more detail. If a child is determined to be sick while on the bus, they should sit in the front seat, with the window open, if possible. The child should not sit with any other children.

If feasible, leave the seat or two behind the bus driver empty. To reduce the number of children riding the bus:

- Encourage parents/caregivers or other designated adults to transport their children, whenever possible.
- Encourage children to walk or bike if it is safe to do so.

The use of masks on buses must follow the Vermont Forward Plan.

### **Van and Car Transport Considerations**

Space out passengers for the available space in the vehicle. Operate the ventilation blowers at full power and 100% outside air, keeping windows open to maximize fresh air and the usual cleaning guidance and asking ill or symptomatic persons to stay home.

The use of masks on vans must follow the Vermont Forward Plan.

### **Inclement Weather Considerations**

In the event of inclement weather, transportation providers must consider the health and welfare of all passengers on the bus while at the same time ensuring they remain as comfortable as possible. It is recommended that transportation providers do the following:

- Regardless of weather conditions, maintain constant airflow through the interior of the bus (see above).
- Maintain a suitable temperature on the bus:
  - Recommend children wear weather appropriate clothing.
  - Utilize heaters, per vendor instructions, to maintain a suitable interior temperature.

### **Cleaning**

Routine cleaning of vehicles should occur regularly to follow basic infection control practices. All buses and vans must have an adequate supply of hand sanitizer.

### **Drop-Off and Pick-up / Arrival and Departure**

Programs shall structure arrival and departure in a manner that ensures the health and safety of children, staff and families. Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of COVID-19. Staggered drop off is an optional strategy.

Individuals who show symptoms of COVID-19, are quarantining or are in isolation should not do drop-off or pick-up.

### **Hand Hygiene**

Please refer to basic infection control approaches as outlined in [Caring for Our Children](#) and [child care licensing regulations](#).



Programs should ensure that all staff and children receive education/training on proper hand hygiene.

Place posters describing handwashing steps near sinks. [Developmentally appropriate posters](#) in multiple languages are available from CDC.

## **Masks**

Masks must be worn in accordance with the [Vermont Forward](#) plan.

Staff and children should follow [CDC guidance](#) for selecting and wearing properly fitted masks.

CDC recommends no masks for children under 2 years of age. As such, children under 2 years of age **must not** wear masks.

Masks are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering. Children who have a medical or behavioral reason for not wearing a facial covering should not be required to wear one. These decisions should be made in partnership with the health care provider. [Guidance on Mask Exemptions in Children and Adolescents](#) provides guidance for the rare conditions that allow children or adolescents to qualify for a mask exemption.

Masks with ties are not recommended for young children as they pose a risk of choking or strangulation.

Children/staff should not wear masks while sleeping, eating or swimming (or when they would get wet). Reinforce physical distancing during these times, as appropriate.

## **Operational and Program Considerations**

### **Cleaning and Disinfecting**

[Caring for Our Children](#) sets national policy for cleaning, sanitizing and disinfection of educational facilities for children. In addition to the guidance below, regulated programs must also follow [child care licensing regulations](#).

### **Physical Distancing and Use of Cohorts**

Physical distancing in order to reduce the frequency of close contact between individuals is still one of the most effective ways to slow the spread of the SARS-CoV-2.

Physical distancing guidance should follow the [Vermont Forward](#) plan.

While physical distancing is still in effect, programs should follow the following guidance:

- Staff and adult visitors or volunteers: 6 feet of distance from other adults and children, as much as possible
- Children and youth: 3 feet of distance from other children, as much as possible

Best practice guidance:

- Be outside as much as possible.

- Plan activities that do not require close physical contact between multiple children.
- When eating, work to maintain as much distance as possible.
- Space out children when waiting in line.
- Avoid opportunities where staff or children are likely to congregate.
- Ensure distance between children when participating in singing and music that involves woodwind or brass instruments.
- Rearrange furniture to avoid clustering in common areas.

### **Cohorts and Pods**

Based on Vermont’s experience to date, all children may mix classes/pods/cohorts; programs should ensure careful attendance records are kept.

### **Communal Spaces, Large Group Activities and Special Programming**

Large group activities must conform to the maximum number allowed by current [state guidance](#).

### **Volunteers, Visitors, Field Trips and Community Service**

Outside visitors are discouraged during steps 1, 2, and 3 of the Vermont Forward Plan, with the exception of employees or contracted service providers for the purpose of special education or required support services, as authorized by the program or district. Individuals who ensure the health and safety of the program, such as STARS assessors, licensors, fire inspectors, maintenance, etc. are allowed when following proper procedures and do not count in the group size.

Volunteers are allowed if they are fully vaccinated or have had COVID-19 within the past 90 days, based on self-attestation.

Student teachers, interns and other learners from established educational programs are allowed. These individuals must follow all precautions outlined in this guidance.

Field trips are allowed if the program can maintain all health guidance in this document.

Community service is allowable if children can follow all guidance measures.

After step 3 of the Vermont Forward plan, programs are encouraged to work with their communities and/or families to re-establish practices for visitors, volunteers, field trips, and community activities. This includes regulated programs following child care licensing regulatory requirements for parents to have free access to their child, their child’s teacher, and their child’s classroom.

### **Food Services Guidance**

Food service guidance will be issued under separate cover. Programs should ensure space for distancing among children while eating, to the best extent possible.

### **Communication Systems**

Programs should continue clear, consistent and regular communication with staff, children, families and community members during this time, including changes to policies and operations, such as health screenings, drop-off/pick-up, classroom arrangements, etc.

Communications should include posting signs, use of handbooks and regular parent and student communication regarding ways to stay healthy and stop the spread of COVID-19, and actions taken by the program to contain SARS-CoV-2.

Consistent with health equity considerations, programs should conduct active and specific outreach to underserved families – including parents/guardians of children of color, children from low-income backgrounds, children with disabilities, English language learners, children experiencing homelessness, and children in foster care. This communication should be conducted in families' home languages and in alternate formats as needed to support effective communication for individuals with disabilities, and, where appropriate, in partnership with trusted community-based organizations.

## Resources

General questions about COVID-19? [Dial 2-1-1](#)

### Vermont Resources

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

- [Vermont Department of Health COVID-19 Multilingual Resources](#)
- [Schools, Colleges and Child Care Programs page](#)
- [Child Safety Fact Sheet](#)
- [Contact Tracing Resources](#)
  - [Timeline for people who test positive and have symptoms](#)
  - [Timeline for people who test positive but do not have symptoms](#)
  - [Timeline for close contacts of a positive case](#)

[Vermont Afterschool, Inc. Summer Matters](#) (includes resources for summer programs, families, schools, and summer program map)

- [Summer Program Resources](#)

[Vermont Agency of Education COVID-19 Guidance for Vermont Schools](#)

[Help Me Grow Vermont](#)

[Vermont Center for Children, Youth and Families COVID-19 Resources](#)

[Building Bright Futures Statewide COVID 19 Resources](#)

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

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

[Vermont Health Connect](#)

## **Social Emotional Resources for Children and Staff**

[Coping with Family Stress During COVID-19](#)

Vermont Department of Mental Health: [COVID resources for families and individuals](#)

[A Strong and Healthy Start Social, Emotional and Mental Health Supports During COVID-19](#)

[Vermont Afterschool Summer Matters Resources for Families](#)

State of Vermont [COVID-19 Mental Health & Crisis Counseling Resources](#)

[Administration for Children & Families Office of Child Care / Mental Health and Wellness Resources](#)

[CDC COVID-19 Parental Resources Kit](#) (Ensuring Children and Young People's Social, Emotional, and Mental Well-being)

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

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

## **Cleaning Resources**

Disinfecting products:

- [List N: Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency)
- Alcohol solutions with at least 70% alcohol
- Diluted household bleach solutions (however, environmentally friendly products are preferable and safer)

Cleaning products:

- Certified as environmentally preferable by an independent third party (e.g. EPA's Safer Choice, Green Seal or ECOLOGO)
- Environmentally preferable cleaning products under [state contracts](#) with the Vermont Department of Buildings & General Services

## **National Resources**

[CDC Guidance for Operating Child Care Programs during COVID-19](#)

[COVID-19 Resources for Child Care Providers](#)