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General Questions

1. Can the Health Department do site visits to review how a setting has implemented their strategies?

Unfortunately, we are not able to. We are happy to talk on the phone to review interventions. If it's a childcare center, I've been suggesting they may also consult with their [local licensor](#).

2. Is there specific guidance for overnight camps guidance on opening overnight camps is expected this week

Please visit ACCD's website at: <https://accd.vermont.gov/content/stay-home-stay-safe-sector-specific-guidance#summer-camps>

COVID Epidemiology

3. Can you have COVID-19, RSV, or influenza without fever?

Yes. Especially since we use so many fever reducing medications (Tylenol and Advil).

4. Are there other viruses out there that are mimicking this one?

Yes: RSV and influenza

5. Should we be concerned about false negatives?

Not really. This is always possible, but the test for COVID is highly sensitive.

6. I understand sending a child home with a fever or if they may have symptoms of COVID-19, however, can you spread the virus days before showing symptoms at all?

Yes, the virus can be spread by people without symptoms; this is the reason for new guidance regarding masks/cloth facial coverings.

7. What is the website for updated cases?

healthvermont.gov/covid. See the section “COVID-19 Activity in Vermont” for case numbers, trend data, and map.

8. Was quarantine time changed to 12 days?

The quarantine time is 14 days. A person without symptoms may quarantine for 14 days but be tested on the 7th day. If the results come back negative, they may end their quarantine.

9. Do we know about the dangers of having Lyme with COVID?

I am not aware of any reports of Lyme Disease with COVID infection but some of the symptoms are similar which may lead to mistaken diagnosis. Please consider both infectious diseases if symptoms develop

10. How much do we know about stool transmission? Is hand washing enough?

We know that virus particles may end up in the stool but it is not currently thought to be a mode of transmission. We are studying it more as we learn about COVID-19. Handwashing with soap and water is always best and must occur whether one wears gloves or not.

Maximum Number of Individuals

11. Is it expected that staff providing childcare and summer programs will not move between groups to minimize the spread of germs (for child care providers)? For example, we have the same staff person covering breaks for all the groups of children in our care and going into each classroom for this purpose.

Wherever possible, the same childcare providers should remain with the same group each day.

12. If some staff are only working M/W/F and other staff are working Tu/Th, or children are doing the same, there could be more than 25 unique individuals in a classroom throughout the week. Is that ok? Is the 25 limit more for social distancing during a given day, or is it to minimize the greater exposure?

The guidance about 25 individuals is about any given day trying to minimize exposure while balancing the need for childcare.

Health Screening

13. We have heard many questions about WHO takes the temperatures? Child care staff? Family report? At school-based programs there is debate, does it have to be school nurse, or can it be "trained" staff person?

Each program should identify a person to take temperatures. They do not need to be a nurse. The daily health screen should be done at entry into home or building. See the guidance for detailed guidance on temperature check protocol (page 4) and the use of masks/cloth facial coverings and gloves.

14. Should we be documenting temperatures taken for each child as we take them daily?

No.

15. If we take temperatures under the arm, should we be adding a degree or half a degree?

In times of supply issues with sheaths, it is ok to use axillary temperatures and add the degree. This is certainly not the most precise method, but it is good enough for now.

16. What is the definition of a no-contact thermometer?

A no-contact thermometer is held 1 to 6 inches from the forehead and is scanned across the forehead to get a reading.

17. Additional options for conducting health screening.

CDC recently published an additional example under their health screening guidance: Reliance on Barrier/Partition Controls.

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Follow Vermont Department of Health guidance around taking temperatures and screening questions.

18. We have an infant with a fever lower than 100.4. It might be related to teething. Can they still go to care?

The first step is for the family to consult with their primary care provider. If it's agreed that it's likely a result of teething, and they do not think it necessary to be tested for COVID-19 than it may be appropriate to return to care. There may also be a few other things to consider. They should monitor for changes in symptoms including temperature. If the child is very irritable and requires much more consoling that requires close contact, that may be a consideration in their decision making. There may also be more drool, so the provider would need to be vigilant about items touched or put in the child's mouth. You may need to determine this on a case-by-case basis with the family.

19. Are we looking for conjunctivitis in children now as well? And when screening are we looking for any symptoms or two or more etc.?

Conjunctivitis is always something to keep in mind regardless of COVID-19. If children's eyes are runny and they are wiping them all the time they should be seen by a healthcare provider. For symptoms of MIS-C after exposure to COVID-19 the red eyes may look bloodshot.

Exclusions/Inclusions

20. Could really use clarification about which staff should/should not return - i.e. pregnant staff, staff with underlying conditions and older staff.

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, summer, or afterschool 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.

21. I am 7 months pregnant. Is it recommended that I continue working remotely/virtually or can I return to providing services in the community as long as I exercise safety protocol?

See prior question—if individuals have specific questions about their own health conditions—staff should contact their medical provider before providing childcare or summer programs.

22. Is it legal to ask a family to stay home if they have a child with a compromised system?

We have to rely on the relationship that the family and their child's primary care provider have developed to determine what is best for a child that may have a compromised system or other chronic illness that may put them at increased risk for an adverse outcome if they were diagnosed with COVID-19. That would be their personal decision in consultation with their child's primary care provider.

23. At what point will those at risk from say severe asthma / steroid inhaler be safe to return to their work?

This may be tricky. This is a question for you to work out with your primary care provider. Unfortunately, we cannot provide specific medical advice about your chronic health condition.

24. What about allergies?

If the child has clinically documented allergies (and a related plan for care) that cause a runny nose, that child may be able to attend child care provided they do not have any other symptoms of illness such as: 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; diarrhea, severe sore throat. This decision should be made in consultation with the family and primary care provider.

25. What about adults who are considered at significantly high risk? Should they consider holding off returning to work?

Adults who feel they are at a high risk should consult their medical provider to help the adult decide if returning to a previous job is the best thing to do at this time. It can always be re-evaluated. See question 1 above.

Cross State Travel

26. What about employees who live out of state?

Commuter (day trip) traffic to and from Vermont by those who travel daily between Vermont and adjacent states is authorized for essential travel (e.g. essential work, healthcare, groceries) and currently authorized daily work, family visitation, or recreation. **Travel to and from Vermont from outside the daily commuting area AND by those who do not travel to and from adjacent states daily is currently restricted and subject to mandatory quarantine upon arrival in Vermont.**

27. Do out-of-state day students need to be tested before attending summer programming?

Daily commuters are okay; if people leave to vacation, they need to quarantine before coming back to summer program. Updated guidance from the Health Department is coming soon.

28. If a staff travels out-of-state and comes back, I know they have to quarantine but if all staff are wearing masks do you still feel they should quarantine to be able to come back to work?

Staff may travel out of state for essential business for a day and return without having to quarantine. Otherwise, they are subject to mandatory quarantine, which includes work.

29. So, just to be clear, staff in "high risk" categories can decide to work?

If individuals have specific questions about their own health conditions—they should contact their medical provider before providing childcare or summer programming.

Hand Hygiene

30. Is it safe to use an alcohol-based hand sanitizer with infants and toddlers? What about children ages 2 and older?

Supervision is key: Store hand sanitizer out of children's reach. Although a lick of sanitizer probably won't make kids sick, they could swallow enough to cause alcohol poisoning. Always monitor the use of sanitizer. Put a dime-sized amount on dry hands and have children rub their hands together until completely dry. Make sure youths do not put hands wet with sanitizer in their mouth. Teach kids the right way to use sanitizer, so they use it safely in school or public places.

[healthychildren.org/English/safety-prevention/at-home/Pages/Keep-Hand-Sanitizer-Out-of-Childrens-Reach.aspx](https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Keep-Hand-Sanitizer-Out-of-Childrens-Reach.aspx)

31. Do you have to wash your hands every time you want a drink of water?

You want to wash your hands frequently to be sure that when you put your hands in your eyes, nose, or mouth they will not be transmitting COVID-19 accidentally. This is a huge change for many of us, because we often don't realize how often touch our face potentially infecting ourselves.

Contacts and Cases in Care

32. Is there guidance around assessing a child who becomes ill during their time at school or childcare program?

Observing a child for illness should follow the childcare regulations. If a child becomes ill during the day, they must be sent home immediately. If the child has documented allergies that cause a runny nose, they may be able to attend childcare provided they do not have any other symptoms of illness such as: 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; diarrhea, severe sore throat.

33. Do the guidelines around confirmed case include if it is a parent who has dropped off, and not a child in the program?

The confirmed case is only the person who tests positive for COVID-19. But the children living in close contact with the person diagnosed with COVID-19 in their household would have to stay home for 14 days and be observed for symptoms of COVID-19 since they would be considered a close contact.

34. If a family doesn't disclose for tracking all of the people they are in contact with, is there a way for the health department to have that information?

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.

Caring for Infants & Toddlers

35. Are there extra precautions or guidelines for children under 6 months-1 year?

Lots of love! All precautions about hand washing, wearing face covers, and physical distance from others apply, except during diapers, feeding and comforting them when feasible. The Guidance document provides detail on working with infants and toddlers.

36. How do we get the additional guidance i.e. caring for toddlers?

The public health nurses on the child care warm line would be happy to help you with specific questions about toddlers and COVID-19 precautions. 802-863-7240. You can also contact the Child Development Division Licensor on Duty line by phone at (800) 649-2642 option 3 or by email at ahs.dcfddchildcarelicensing@vermont.gov.

37. If my health care provider deems me at significant risk and has said that I should not work with young children, will the DOL be allowing people such as myself to collect unemployment?

Specific inclusions and exemptions apply: If an individual left employment due to one of the following reasons, they may still be eligible for benefits:

- Being sick or isolated as the result of COVID-19
- An unreasonable risk of exposure at place of employment
- Caring for a family member who is sick or isolated as the result of COVID-19
- Caring for a child who is unable to attend school or a childcare facility. please check this link for steps to take: labor.vermont.gov/unemployment-insurance/refusal-return-work-covid-19

38. What about a staff person who has a persistent cough due to allergies?

A cough that is persistent because of allergies may be something that should be checked by a doctor to rule out other health conditions or post nasal drip that could be treated.

Personal Protection

39. Where can we get equipment or supplies?

Visit the Child Development Division [COVID-19 provider webpage](#). Or contact the Licensor on Duty line by phone at (800) 649-2642 option 3 or by email at ahs.dcfddchildcarelicensing@vermont.gov.

40. Are face shields ok? Instead of cloth coverings?

We are recommending cloth face covering as the primary way to reduce respiratory droplets in your setting, as described in the Health Guidance for Childcare Programs and Summer Programs. Face shields are also fine to use in these settings. We encourage the use of medical grade equipment for healthcare settings due to supply shortages. Face shields should fit well on the forehead with no gaps. They should cover the eyes, nose, and mouth. They should cover the face to below the chin. They should also wrap around to the sides of the face. We recognize that cost or availability may be a factor and continue to encourage the use of cloth facial coverings as a more readily available tool.

41. Masks are not required just recommended?

It is required that all staff wear cloth facial coverings while providing care. CDC recommends cloth 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 cloth facial coverings. Instructions for wearing and making cloth facial coverings can be found on the CDC website.

42. I have a concern about seeing facial expression--are masks necessary in therapy session if the office can allow 6-foot distance?

Yes, face shields are ok, Face shields need to cover the whole face if they cover the eyes, nose and mouth, we are fine with that but also recognize that cost or availability may be a factor. While cloth face covering may do a better job containing germs from the wearer, it is important to wash hands before and after putting face covers or shields on or off. Both need to be cleaned at least daily or when soiled or wet. Soap and hot water are best and air drying is ideal.

43. What would you suggest for "eye protection"?

Eye glasses, goggles, safety glasses; anything that protects your eyes.

44. If we wear eye protection, should they be worn the whole time while the children in care?

Eye protection is important during close contact so use your judgement about the times when this is important including at health check, when holding children and close contact

45. Do we have to wear gloves all day?

Gloves should be worn to take temperatures, but not all day. Wash hands before and after activities (e.g. going outside, preparing food, using the restroom, etc.).

46. Should we also cover our necks, chest and possibly any other exposed skin?

It's more important to cover eyes, nose, and mouth. If clothes or skin become saturated with drool, take the appropriate steps to clean your skin and change clothing or facial coverings as needed.

47. The guidance sounds like you should change your shirt every time a child drools on you.

This will require your own judgement, based on amount of drool and frequency. If clothes or skin become saturated with drool, take the appropriate steps to clean your skin and change clothing or facial coverings as needed. For this reason, it is essential to wash hands frequently and thoroughly.

48. Are there other PPE guidelines like gloves?

Glove use should follow routine child care regulations for food and diapering. Each child should have their separate supplies.

Drop-Off and Pick-Up

49. Can you address if you need to have a disposable sink at the drop off entrance, or can you escort a child to the bathroom?

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.

50. Parents who are dropping off - are they required to wear masks and have temperature taken at drop off?

The Health Department encourages all adults to wear face covering at pick up and drop off. Temperature checks are for the health screening of children and staff attending childcare and summer programs.

51. Should families come into the building with their child or are they "outside visitors"?

Families are not outside visitors. If they are free of symptoms, they can enter the building.

52. I teach at a school for emotionally disturbed and developmentally delayed kids, and most students will not be able to keep masks on for the entire school day. I'm worried about winter days when windows can't be opened. How can the student's health be managed in this environment?

We have a long way to go to understand the impact on winter and closed windows and this virus. We are hopeful in the coming months we will gain more information that can help us to plan for the above situation.

Field Trips & Swimming

53. Can we bring kids to community parks/playgrounds?

Playgrounds and being outside are great places for children. You will want to know if others are there and if your group of 25 can be kept separate from other children. Working with others to choose a time with other groups are not there or taking turns between groups may help. Children that are frequently putting their hands in their face or mouth may need more frequent access to soap and water. It is best that children wash their hands before but especially after playing on playgrounds with soap and water or rinse off the alcohol-based hand sanitizer when they return to the program.

54. Can you talk about health guidelines to follow when swimming?

The best guidance for swimming is to avoid groups larger than 25 and keep a distance of at least 6 feet from others. When out of the water, it is recommended that they wear face coverings. There should be no sharing of any items, e.g. towels, toys, food. Remember to always swim with adult supervision.

There is no evidence that COVID-19 can be spread to humans through the use of pools and hot tubs. Proper operation, maintenance, and disinfection (for example, with chlorine and bromine) of pools and hot tubs should remove or inactivate the virus that causes COVID-19.

Children with Chronic Conditions/Disabilities

55. If a child has a chronic disease like the ones listed for staff and child care providers (for example, asthma), should they be allowed to come to the center?

In general, children with a chronic disease should not be exposed to others during this time of community spread. If a child with a chronic disease is well controlled, like in the case of asthma on medication, parents and staff should weigh the risk and the benefit. This is a gray zone, but if a child needs care and is well controlled, they are at minimal risk to attend childcare. When in doubt, check with the child's primary care provider.

56. Thoughts about keeping children and others safe if a child has a disability that requires (or may require) 1:1 support?

Protecting the health and safety of those with disabilities is no different than every cold and flu season. If you or the family has concerns about the ability for a child to fight infection, they may want to ask their medical provider about it. Most families of children with disabilities are already protective of their children and may already be taking extra steps to be careful.

Toys, Nap Mats & Shared Items

57. What about sandbox toys: are we cleaning them also?

Yes, to the best of your ability.

58. Can we use soft toys if they can be thrown in a dryer on site?

In general, we are not recommending the use of toys that cannot be cleaned and sanitized including items such as soft toys, dress-up clothes, and puppets.

59. Should we prohibit the children's stuffed animals/comfort items from home that they nap with?

If the stuffed animal/comfort item can be used exclusively by that child (not shared with other children), it should be ok. Ideally it would be sent home weekly with bedding for laundering.

60. I have fold up cots that the children use, I spray them down with Lysol after each naptime, but they are stored folded up and they touch, is this best practice or is there a better alternative that I should explore for storage such as individual bags and if so what material should they be made of? Also, since they are sprayed down daily should each cot have a tagged name on them or is it ok for them to be used by any child?

Make sure they are clean and dry before stacking. If you have the capability to label mats and dedicate them to individual children, that is great. Clean mats should be used in combination with the other recommended nap time strategies such as maintaining 6 feet apart and resting children head to toe.

61. How concerned should we be about sharing items such as with kids (or each other) such as food, sports equipment, games etc.?

Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets. Children should not share food for health and safety reasons (allergies) and sports equipment that is worn should not be shared unless they can be disinfected prior to use by the other child.

Special Circumstances

62. What are you supposed to do with dual families?

It is important to educate both families on the procedures of your childcare setting and help them both understand their role in helping you provide a safe and healthy place for their child/ren. We understand this is an extra challenge during typical day care operations so more communication takes more time. We know these extraordinary times are a big change for everyone; it does take extraordinary patience, but we believe the children will benefit from these extraordinary sacrifices.

63. What if you don't have enough room?

There may be childcare providers who have to reduce the number of children they can take in when providing as much physical distancing as the 6 ft. recommendations. This may be a question for your local childcare licenser.

64. How should we work with students who require physical intervention? There is not usually time to put long sleeves on. Can you talk about guidelines to follow if needing to do a child safety restraint?

The Vermont Department of Mental Health (DMH) and Vermont Care Partners are convening a meeting to discuss this important topic. we are hopeful that some guidance will follow.