



Health Guidance for Childcare and Out-of-School-Time Care

(Revised August 31, 2020)

For childcare and out-of-school-time 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), out-of-school-time care, 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 during out of school time care (whether school-based or not) should thoroughly review this guidance, and complete mandatory COVID-19 training provided by [VOSHA](#).

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Re-Opening Childcare and Care during Out of School Time 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 Out-of-School-Care Program Providers

Some individuals are at higher risk of developing severe COVID-19. Among adults, the risk for severe illness from COVID-19 increases with age. Older adults and those with specific underlying medical conditions should be encouraged 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.

Based on what we know now, those at higher risk for severe illness from COVID-19 are people of all ages with [underlying medical conditions, particularly if not well controlled](#), including, but not limited to:

- 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](#). This list is continually evolving, so programs and staff should plan to periodically review the list for revisions 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 (at least 6 feet) 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](#).

Please note on July 24, 2020, Governor Scott issued an Executive Order which requires facial coverings in public wherever close contact is unavoidable. The Order includes the following language:

For the sake of clarity, the requirements for masks or facial coverings or permitted alternatives in specific circumstances shall continue to apply as set forth in the following guidance:

- *Phased Restart Work Safe Guidance issued by the Secretary of the Agency of Commerce and Community Development (ACCD) permitting limited alternatives to face masks in limited workplace settings, as well as some flexibility on use of masks or facial coverings in other circumstances, such as when eating in a restaurant;*
- *Safety and Health Guidance for Reopening Schools, Fall 2020 issued by the Secretary of the Agency of Education (AOE);*
- *Health Guidance for Childcare and School Age Camps/Care issued by the VDH, AOE and the Department for Children and Families; (please note that this is this guidance)*
- *Guidance to Healthcare Providers issued by the VDH; and*
- *Other as set by a designated Secretary or Commissioner, with the approval of the Governor.*

Facial coverings for children are strongly 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.
- **Parents/caregivers should encourage their children to wear facial coverings upon arrival and pick-up.**
- 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)—**encourage physical distancing during these times, as much as 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. School age children should wear facial coverings while in childcare or care during out-of-school-time.**

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). **Reinforce physical distancing from children and other adults as much as possible during these times.**
- 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
- **Providers and staff who may consider using clear face coverings include:**
 - Those who interact with children or staff who are deaf or hard of hearing
 - Providers and staff of children learning to read
 - Providers and staff of children in English as a second language classes
 - Providers and staff of children with disabilities
- **The use of clear facial shields for adults that cover the eyes, nose, and mouth is less preferable, but allowable. They must meet all of the health guidance of the Vermont Department of Health. Face shields should extend below the chin and to the ears**

laterally, and there should be no exposed gap between the forehead and the shield's headpiece. Student should not wear face shields.

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

Please note: This is a major change from the previous version.

All children (or their parents/caregivers on their behalf) and staff should conduct daily monitoring for COVID-19 exposure and symptoms. Programs should develop processes to receive parental/caregiver and staff reports regarding exposure and symptoms. **Programs may choose to ask children and staff to do symptom monitoring at home or prior to entering the school building.** (Note: Family childcare providers are required to conduct this daily health check on themselves before the first childcare child arrives):

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.

Exposure is defined as: close contact with a person who has COVID-19 within the last 14 days. *Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.*

COVID-19 symptoms include the following:

- Cough
- Fever (100.4 or greater)
- Shortness of breath
- 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 child's normal pattern)

Childcare and out-of-school-time care should conduct temperature screening of children and staff. This should occur at the first point of contact. Programs should use the protocol provided

below. If staff conduct temperature screening at home, they should report this information daily.

Staff or children who have COVID-19 exposure, or signs/symptoms of COVID-19 must not come to care/program or should be sent home as soon as possible.

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.
- **Parents and designated person should NOT do drop-off or pick-up when:**
 - They have possible symptoms of COVID-19,
 - They are self-quarantining due to close contact with a COVID-19 positive individual or travel or awaiting their own COVID-19 test results, and/or
 - They are isolating because they are currently infected with COVID-19.
- 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 out-of-school-time 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
- Have consulted with their healthcare provider about current symptoms, COVID-19 testing was recommended, and they are awaiting test results.
- Have been in close contact with someone with confirmed COVID-19 in the last 14 days
- Have a fever (temperature greater than 100.4°F)

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 their child's healthcare provider. Based on 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 **not** 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

New symptoms of congestion/runny nose should be excluded and contact the child's healthcare provider, and not return until no longer contagious.

Children with documented allergies or well-controlled asthma do NOT require a medical clearance note from the child's healthcare provider to attend the program or Family Child Care Home. However, a child with a new diagnosis of asthma does require written confirmation from the child's healthcare provider.

The Health Department is currently drafting symptom and testing protocol to support return-to-care determinations for children with COVID-like symptoms. Once finalized, this will be posted on the Health Department [website](#).

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:

- **The person diagnosed with COVID-19 should isolate according to [guidelines](#) set forth by the Vermont Department of Health.**
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.

- Close off areas used by a sick person (e.g. offices, bathrooms, classrooms, and common areas) and keep them closed until the area is disinfected according to the following protocol:
 - If possible, wait 24 hours since the person has been in the space before cleaning. *Family Childcare Providers should clean the room immediately.*
 - Focus on frequently touched surfaces and shared electronic equipment
- 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.
- Provide the name and contact number of the Primary Contact for the program/childcare center to families and staff who may need to provide it 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.

If COVID-19 is confirmed in a child or staff member, work with the Department of Health to determine next steps. Identification of a child or adult with COVID-19 in the program is not an indication to close the entire program. The Department of Health is developing materials and algorithms to use with programs to support making decisions on how best to respond.

The Health Department has published a [flowchart](#) of what happens at the Health Department when someone tests positive for COVID, which describes this process well.

COVID-19 Testing

The Department of Health does not recommend routine COVID-19 testing of providers or children. Please visit the Department of Health's [Testing Site](#) to learn more about who should get tested and where to get a test. In the event of a case of COVID-19 in a program or Family Child Care Home, the Department of Health will identify close contacts and recommend to administrators/Family Child Care Providers who should be tested for COVID-19

Closing Centers/Programs for In-Person Activity

The **decision to close programs or certain classrooms should be made by the administrator/Family Child Care Provider after consulting with the Department of Health.**

The Department of Health epidemiologists will provide guidance based on a number of factors, including the level of community transmission, the number of children, providers, staff, or Family Child Care home household members infected, and other indicators the Health Department uses to assess the status of COVID-19, and the ability of the program or Family Child Care Provider to implement infection control strategies.

Decisions to close will be determined on a case-by-case basis.

- If the program is keeping children in a single classroom/cohort/pod, the Health Department recommendation will *most likely* be to exclude children and staff in the affected classrooms/cohorts/pod for a minimum of 24 hours while contact tracing is conducted.
- If multiple classrooms/cohorts/pods are comingling (e.g. during outside time), the Health Department recommendation will *most likely* be to exclude children and staff in the affected classrooms or the entire program or Family Child Care Home for a minimum of 24 hours while contact tracing is conducted.

The Health Department will use this time to gather the facts about the situation, including the period of time in which the individual was in the program while infectious. The Health Department will convene a rapid response team with administrators/Family Child Care Provider and will initiate the investigation which includes contact tracing. Based on this information, the Health Department will make further recommendations regarding further closure and other infection control measures.

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.

An expanding body of scientific evidence continues to support the finding that younger children less than 10 years are least likely to acquire COVID-19 and least likely to transmit to others when infected, even in very close-contact scenarios, such as within households. Therefore, the added benefits of strict physical distancing in this age group is likely to be far lower than for other age groups. With these considerations in mind, the following guidance is provided on who should physically distance, and how and when this should occur.

- Children younger than age 10 should be spaced at least 3 feet apart.
- As much as possible, adults and adult staff within programs and staff within Family Child Care Homes should maintain a distance of 6 feet from one another. *Close contact is allowable in cases where there are child health and safety reasons that require two or more staff.*
- To the extent possible, older children (Grade 6 and up) should be spaced 6 feet apart.
- When physical distancing is not possible, it is even more important for children and staff to adhere to the facial covering requirement, when developmentally appropriate.
- Please follow childcare and school programs regulations for group size. If Vermont's data requires smaller group size than childcare regulations, we will revise.
- Children coming from school or multiple schools can mix with other children in the program/family child care home. Careful attendance records must be kept.
- Wherever possible, the same childcare and out-of-school-time care staff should remain with the same group each day.
- Setup activities at tables **3 to 6** feet apart (*depending on children's ages*), 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.
- *Indoor group activities with the potential to generate increased respiratory droplets and aerosols should be avoided. This includes activities such as singing and music that involves woodwind or brass instruments. However, if children are outside and spaced six feet apart, singing may be permissible and use of woodwinds and brass instruments is permissible.*
- Adjust the system that circulates air through the facility to allow for more fresh air to enter the program space.
 - *Airflow into a building with open windows is not guaranteed. To help address this, programs can consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window and indoor air out of the classroom via another window. Note that devices that simply recirculate the same indoor air without filtering it or replacing it with fresh air are not helpful in reducing any airborne virus present in the room (including most window air conditioning units, fans used in rooms with closed windows, and fan coils and radiators).*
- 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—[children and staff should continue to wear facial coverings when physical distancing cannot be achieved.](#)

- 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 3 to 6 feet apart at nap or rest time.

Volunteers, Visitors, Field Trips

- There should be no outside visitors and volunteers except for employees contracted service providers for the purpose of special education or required support services, as authorized by the school or district. Enrichment staff or activity specialists who undergo health screening and are included in attendance may participate in classrooms at the discretion of the program. [Consider the use of virtual visits, where appropriate.](#)
- 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.
 - [Field trips to locations where activities primarily occur indoors \(or involve frequent visits to indoor spaces\) are not recommended at this time.](#)

Healthy Hand Hygiene Behavior

Programs should ensure that all staff receive education/training on proper hand hygiene. Also, staff and Family Child Care Providers should teach and model proper hand hygiene for older children and assist young children who are not able to wash their hands independently.

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 out-of-school-time 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 out-of-school-time 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. **Ensure safe and correct use and storage of cleaners and disinfectants, including storing products securely away from children.**
2. **Following the product's directions,** 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
3. Specifically, regarding shared bathrooms, bathroom use should be kept to the groups that are already in cohorts together. Schedule bathroom breaks to avoid crowding.
4. Children may use playground equipment under the following conditions:
 - **Staff should ensure that children thoroughly wash or sanitize their hands prior to, and after, designated play times such as outside time.**
 - Hand washing/sanitizing stations must be set up on the playground.
 - Children **must** wash hands before and after outside play
5. If the program or Family Child Care Home has sufficient toys to rotate, toys may be placed away from use for a minimum of 3 days and returned for use without disinfecting.
6. 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.

7. 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.
8. Do not shake dirty laundry; this minimizes the possibility of respiratory droplets spreading through the air.
9. 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.
10. Given the regular cleaning and disinfecting, additional deep cleaning is not needed on a weekly basis, unless there is a case of COVID-19 in the program.

The following products may be used for 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 Department of Buildings & General Services

The following products may be used for disinfecting:

- Most common EPA-registered household disinfectants – products that contain ethanol, isopropanol (isopropyl alcohol, hydrogen peroxide, L-lactic acid or citric acid are preferred because they are safer for health and the environment
- See [List N: Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency)
- Alcohol solutions with at least 70% alcohol
- Diluted household bleach solutions

Programs and Family Child Care Homes should ensure adequate supply of the following:

- Soap
- Hand sanitizer (at least 60% alcohol)
- Paper towels
- Tissues
- Cleaning and disinfection supplies
- Cloth face coverings (as feasible)

Additional items to consider:

- No-touch/foot pedal trash cans
- No-touch soap/hand sanitizer dispensers
- Disposable food service items

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 out-of-school-time 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 out-of-school-time 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 out-of-school-time 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 out-of-school-time 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 out-of-school-time 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 out-of-school-time care.

ROLE OF CHILDCARE/OUT-OF-SCHOOL-TIME CARE

Program administrators and Family Child Care Providers should develop a proactive plan for when a child or staff member tests positive for COVID-19. This could be part of an updated emergency response plan. The Health Department is actively developing materials to support programs in making these plans. 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. Attendance records should be kept for a minimum of 14 days to ensure that contact tracing and case investigation can happen thoroughly. After 14 days, licensed child care programs are required to follow their licensing regulations for keeping attendance records.

- 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 interacted with (if within 6 feet for more than 15 minutes) 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.
- As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of coronavirus. Encourage staff and families to maintain a personal contact journal to support contact tracing should it be needed.

Health Resource for Childcare and Out-Of-School-Time Care

The Vermont Department of Health has public health nurses available to childcare and out-of-school-time care to answer health related childcare and out-of-school-time 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 – Licenser 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>

[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](#)