

Health & Safety Guidance for Providing Emergency Child Care Frequently Asked Questions (FAQ) (Revised 4/14/20)

This FAQ is supplemental to [Health Guidance for Childcare and Schools Providing Childcare for Essential Persons](#) guidance. Please reference this guidance **in addition** to this FAQ. Updates since the last FAQ are indicated in orange.

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

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COVID Epidemiology

- 1. Can you have COVID-19, RSV, or influenza without fever?**
Yes. Especially since we use so many fever reducing medications (Tylenol and Advil).
- 2. Are there other viruses out there that are mimicking this one?**
Yes: RSV and influenza
- 3. Should we be concerned about false negatives?**
Not really. This is always possible, but the test for COVID is highly sensitive.

4. **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.

5. **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.

Maximum Number of Individuals

6. **Is it expected that staff providing essential care 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.

7. **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 10 unique individuals in a classroom throughout the week. Is that ok? Is the 10 limit more for social distancing during a given day, or is it to minimize the greater exposure?**

The guidance about 10 individuals is about any given day trying to minimize exposure while balancing the need for childcare.

8. **Do I have to count my household members and/or own children in my registered FCCH along with the number of child care children?**

If your household members and/or your own children have the ability to practice social distancing (a minimum of 6 feet) between the child care children and the household member(s), you do not need to count them in the total of 10 persons allowed by Vermont Department of Health guidance. Ideally in this situation, the household member(s) would remain in rooms that are separate from the children in care.

If your FCCH is set-up in a manner in which social distancing can't be practiced between the children in care and your household members and/or your own children, then you need to count them in the total of 10 persons allowed by Vermont Department of Health guidance.

Provider Restrictions

9. **If we have staff over the age of 60 and they are in good health that want to work, can they continue to work in direct care with children?**

This guidance has been updated to staff over the age of 65. If staff over the age of 65 want to work, please consult the Vermont Department of Health at 802-863-7240, select the option for "Childcare Programs".

- 10. Pregnant women have not yet been added to the list of high risk but are being asked to take caution as if they are on the list, is that correct?**

Pregnancy women are on the list and should not provide care during this time.

Health Screening/Temperature Taking

- 11. 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 3) and the use of masks/cloth facial coverings and gloves.

- 12. Should we be documenting temperatures taken for each child as we take them daily?**

No.

- 13. 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.

- 14. 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. Examples can be found at: schoolhealth.com/catalogsearch/result/?q=no%20touch%20thermometer&rows=16&view=grid&start=0. They are in very short supply right now. Contact Let's Grow Kids for supplies by sending an email to LGK jens@letsgrowkids.org.

- 15. Additional options for conducting health screening.**

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

Newly
added
4/14

- 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 Depart of Health [guidance](#) around taking temperatures and screening questions.

Essential Supplies, Cloth Facial Coverings, and other Protective Measures

- 16. Where do I get essential supplies (e.g. hand sanitizer, paper towels, disinfectant spray and wipes, facial covering, gloves, etc.)?**

Contact Let's Grow Kids for supplies by sending an email to LGK jens@letsgrowkids.org.

- 17. Since the new recommendations are to wear masks in the public setting, I am wondering if this would perhaps mean that Essential Childcare workers should be wearing them?**

Adults doing drop-off and pick-up are also encouraged to wear cloth face coverings.

- 18. Should staff wear cloth facial coverings all of the time? Just when in close contact?**

It is recommended that all staff wear cloth face coverings while providing care. Face coverings are to prevent caregivers from spreading COVID-19, and not protecting you from others (due to possible asymptomatic transmission). Wearing face covering can help keep spread to a minimum in combination with handwashing, social distancing, regular cleaning and disinfecting, and staying home when sick. We are trying to preserve medical masks for healthcare workers. We are currently recommending the use of cloth face coverings for those not in healthcare settings where medical personal protective equipment is needed.

- 19. Should kids wear facemasks?**

We are not recommending face coverings for children during childcare. The CDC does not recommend face coverings for children under age 2.

- 20. Many of us are concerned about teachers wearing face coverings with infants and toddlers since those children are especially reliant on seeing faces for communication/social emotional development. Can you comment on that, please?**

We recognize this is difficult and also know that childcare providers will figure out creative ways to make facial covering ok with children. We are hopeful this will be a short period of time and children are resilient. We hope you will talk to each other, to the health department, to the Child Development Division and to Let's Grow Kids to find creative ways to support children during this time.

- 21. What would you suggest for "eye protection"?**

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

- 22. 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

- 23. 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.).

- 24. 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.

- 25. The guidance sounds like you should change your shirt every time a child drools on you. Is that not the recommendation?**

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.

Drop-off/Pick-up

Please review the Guidance for new recommendations on drop-off/pick-up.

- 26. 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.

- 27. Essential Persons who are bringing children to care may have to answer "yes" to the question of whether they have been in contact with someone diagnosed with COVID-19 and should be excluded, but they need to drop off or pick up. How do you suggest this is done?**

The essential person should be self-quarantining and should not be dropping a child off or picking a child up.

- 28. When we have a parent/caregiver who is an Essential Employee who is exposed daily to patients with COVID-19. She does not have anyone else to drop off/pick up her child. How do we balance the need for care with the need to isolate and minimize the spread?**

Get to know your essential workers providing care to those in healthcare settings and ask questions. Healthcare workers generally wear the appropriate PPE to protect themselves from being exposed to droplets from those for whom they are caring. Ideally the family may try to get a non-healthcare worker to drop off their children to childcare, but we must balance this with capability with other preventive measures such as social distancing, facial coverings, handwashing, and staying home when sick to ensure these individuals can get their children to childcare when they do not have others that can drop children off.

Exclusions

- 29. Should children who are sick with mild respiratory symptoms like runny nose be excluded?**

Yes.

- 30. If a child has a cough without a fever, do we exclude them from the program?**

If the cough is new, yes.

If it is an old, chronic cough, no.

When in doubt, check with the child's primary care provider.

- 31. What if a parent or other member of the household is sick and wanting to send their child to care? What if a child is not showing any symptoms?**

If a parent/other household member has COVID-19 and the child is a close contact, the child should self-quarantine: stay at home and watch for symptoms for 14 days. See Guidance and [VDH website](#) for definition of "close contact". If the parent/other household member is sick with a cold or other illness, and the child is healthy—the child may attend childcare.

- 32. If you have a child that comes from a home with two essential parents and one parent has possible exposure should child attend care, should the whole family be under quarantine for 14 days?**

If a parent/caregiver is close contact with a confirmed COVID-19 patient, and has been contacted by the Health Department, they will follow the appropriate quarantine recommendations for themselves. The whole family would not need to quarantine unless there is a confirmed COVID-19 case in their home, and they are considered close contacts.

- 33. What about parents that are health care providers that provide direct care of COVID-19 patients. Are we able to care for those children? Even though the parents have contact with COVID-19 every day?**

If the child has any symptoms, they should be excluded. If the child is a **close contact** of an individual with COVID-19, including their parents/caregivers—they should not come to care, and follow instructions for close contact in the guidance and on the health department website. Where possible, we are recommending that health care workers identify someone else to do drop-off and pick-up.

Children with Chronic Diseases and Disabilities

- 34. 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.

- 35. 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.

COVID Cases in Care

- 36. If a child or staff member in a program is diagnosed, do we shut the whole program down or just the group that the child was in?**

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

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

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

Social Distancing, Playgrounds, Bathrooms, Water Fountains and Handwashing Stations

Please review the Guidance for new recommendations on Social Distancing Strategies: Class Size, Napping and Cleaning & Disinfecting, including toys & bedding.

37. What guidance can you provide about social distancing between the children in care?

This is difficult to do with little kids. Just do your best. For example, when children put toys in their mouths, staff should make sure the toy is placed in a bin to be properly cleaned and disinfected after the child is done with it.

38. Are water fountains an acceptable way for our children to have access to water, should we provide bottled water?

As part of routine precaution, children should be provided cups to fill with water from drinking fountains.

39. Are we able to take the kids outside on the playground? What about common spaces? Gyms or playgrounds?

Wash hands and faces before and after using playgrounds. Keep individuals in groups of 10 or less (children and adults) in a space, inside or outside. Clean high-touch areas including indoor equipment, after each group has finished using it. Clean Playground equipment to the best of your ability.

40. Can groups play on the playground together if there are more than 10? Or only 1 group at a time?

No more than 10 individuals (children and adults) in a space.

41. We have a local sanitation company that will donate portable sinks for our entry ways but It is cold water only is that ok?

This is not well studied, but prefer warm water, and handwashing for 20 seconds. If this is the best option to ensure handwashing before entry into the building, make sure that proper handwashing technique is fully adhered to.

42. What should we do about shared bathrooms?

- Whenever possible, assign a bathroom to each group of 10 people.
- If there are fewer bathrooms than the number of groups, assign which groups will use the same bathroom. For example, bathroom A is assigned to groups 1, 2 and 3; and bathroom B is assigned to groups 4 and 5.
- Bathroom sink areas including faucets, countertops and paper towels dispensers need to be cleaned after each group has finished.

Toys and Nap Mats

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

Yes, to the best of your ability.

44. 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.

45. 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.

46. 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.