



Ned Lamont
 Governor
 Susan Bysiewicz
 Lt. Governor

STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Connecticut Office of
 Early Childhood

Beth Bye
 Commissioner

DATE: March 16, 2020 REVISED April 20, 2020 REVISED June 5, 2020
 REVISED June 25, 2020 November 3, 2020 December 21, 2020 **REVISED March 15, 2021**

TO: Providers of Services to Young Children

FROM: Beth Bye, Commissioner

RE: **Conoravirus Memo #6 REVISED**
 Message from the State of Connecticut Regarding Child Care

March 15, 2021	Amends requirement for allowable group size of no more than 20 as of March 29, 2021.
----------------	--

The Office of Early Childhood is in close communication with the Governor, the Department of Public Health (DPH) and the state’s Emergency Operation Center. This situation continues to evolve and we will continue to monitor closely and communicate with providers.

1. Child care is a critical part of the public health emergency response. It is particularly important to ensure that public safety workers are able to work, healthcare workers are able to care for the sick (including those with coronavirus), and other workers can continue vital services in society, such as pharmacies and food stores.
2. In the child care environment, programs and providers should use a variety of screening methods including asking those individuals who come to the program:
 1. In the past 14 days, have you had contact with any persons who were sick with suspected COVID-19 or tested positive for COVID-19?
 2. Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever or shortness of breath)?
4. Be a good neighbor! Inform your child care provider if your child will not be attending care. This will open up spaces for essential workers in your community who need child care.
5. For people who are unable to secure a backup child care plan, call 2-1-1 to identify open and available spaces for care near your work or home.

Families and staff need to be vigilant in implementing health care practices to prevent the spread of respiratory viruses. These practices include frequent handwashing, wearing of a face covering, social distancing and most importantly staying home when they are sick.

The CDC website includes links to tip sheets, posters on handwashing, and tips for families in its

[Interim Guidance for Administrators of US ChildCare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease](#). The CDC guidance for [child care that remains open](#) is incorporated into the content below for reference as programs determine their ability to serve essential workers. All CDC guidance is updated as necessary to respond to this changing situation and child care providers should revisit this source frequently.

Child care facilities must implement control measures to reduce the risk of spreading any infectious disease. Control measures in settings serving young children shall consider the following factors:

- age of children served;
- space available to allow for appropriate distancing (and whether that space is indoors or outdoors);
- the frequency of close contacts (within 6 feet) that could reasonably be anticipated;
- specific activities and movements of groups; and
- total time (hours/day and days/week) groups of students/children in care are likely to be interacting together.

The following **requirements** must be included in a program’s plan for operating during this public health emergency:

1. Health screenings of all staff and children for any observable illness, including cough or respiratory distress.

When conducting screening, the child care facility should consider the following:

- Staff shall wash hands and wear face coverings.
- Staff shall stand at least 6 feet away from the child and parent/guardian or 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.
- Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath, or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Limit group size to no more than 20 children in one space.
- Identify, per licensing requirements, a plan for a child or children with an elevated temperature or who may be ill, i.e. a “sick room.”

- Comply with the requirements listed in the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) per Executive Order 7V.
- Use of a face covering for each employee at all times while in the workplace as directed by the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) per [Executive Order 7BB](#). Instructions for the [use of a face covering](#) are available from the CDC.
- Use of a face covering by children 3 years of age and older while in child care programs as detailed in [OEC Memo 29](#), Group Size and Mask Requirements as part of a system of protections against COVID-19.
- Implement hand hygiene:
 - Reinforce to staff and children, regular hand washing with soap and water for at least 20 seconds should be done:
 1. Before coming in contact with any child;
 2. Before and after eating;
 3. After sneezing, coughing or nose blowing;
 4. After using the rest room;
 5. Before handling food;
 6. After touching or cleaning surfaces that may be contaminated; and
 7. After using any shared equipment like toys, computer keyboards, mouse.
 - If soap and water are not available, use an alcohol based hand sanitizer. Use of alcohol based hand sanitizers should always be supervised by adults.
- Implement respiratory hygiene:
 - All staff: cover coughs and sneezes with tissues or the corner of the elbow;
 - Encourage children, when appropriate to cover coughs and sneezes with tissues or the corner of the elbow; and
 - Dispose of soiled tissues immediately after use.
- Develop protocols for intensified cleaning and disinfection.
- Implement appropriate social distancing strategies. Social distancing is required, and may take many forms as outlined by CDC with a dedicated section for “social distancing strategies” in its [guidance for child care programs that remain open](#).
- Implement strategies for groups of children and staffing patterns that minimize transitions between groups. Strict adherence to cohorting may help reduce the spread of the disease and limit the need for quarantine and/or isolation and limit the impact on a program’s overall operation. To establish cohorts:
 - Assign staff and children to consistent groups
 - Document changes in staff assignments between groups
 - Limit the number of regroupings of children and eliminate interaction between groups
 - Limit the number of staff (custodians, floaters, administrators) who have contact with multiple classrooms where possible
- If a child or staff member who has been present in the program is diagnosed with COVID-19, the child care provider must notify families and staff of the child care program about the exposure.

In February 2020, COVID-19 was added to the List of Reportable Diseases. Those required to report such diseases must **report cases of COVID-19 infection immediately to the DPH Epidemiology and Emerging Infection Program (860-509-7994) and the local department of health in the town of residence of the case-patient** by telephone on the day of recognition or strong suspicion of the disease. For weekend and after-hours reports to DPH, dial 860-509-8000. Contact information for the local health department can be found at <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration--Site-Map>

Responding to COVID-19 Exposure in Child Care

Contact tracing helps to keep child care and youth camp facilities and the community safer by identifying sources of exposure and allows local health departments and other community partners to respond with appropriate actions to interrupt chains of transmission and prevent future infections. When COVID-19 exposure happens in a child care program, it is critical that the program be prepared for participation in contact tracing at the direction of the local health department. To support this process the child care provider should be prepared to:

- Designate an individual to serve in a lead role for contact tracing to interface with local health department
- Ensure up-to-date contact information for staff and children
- Assemble documentation of staff and children’s attendance, staffing patterns and daily group schedules
- Identify where, when and with whom the individual had contact while present at the program.
 1. Determine if the child/staff member attended/worked at the program while symptomatic or during the two days before symptoms began.
 2. Identify what days the child/staff member attended/worked during that time.
 3. Determine who had close contact with the child/staff member at the program during those days (staff and other children). Close contact is defined as having spent at least 15 minutes over a 24 hour period within 6 feet of someone who has tested positive for COVID-19. Mask wearing does not play a role in the identification of close contacts.
 4. Exclude the children and staff members who are determined to have had close contact with the affected child/staff member according to public health direction.
- Work with public health officials to determine messaging about exposure, need for quarantine and/or isolation, and closures.
 1. Consult SDE Resources which may be useful to child care programs:
 - [Addendum 5](#), Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts
 - [Addendum 9](#), Contact Tracing Scenarios in Schools

- Depending on the size of the program and the number of people affected, closure of a particular room(s) in the program or the entire program might need to be considered.
- 2. Listen to the recorded training on contact tracing available at <https://portal.ct.gov/SDE/COVID19/Professional-Support-Series-for-Districts/Guidance-on-Health-and-Safety/COVID-19-Contact-Tracing---Recommendations-for-K-12>.
 - Provide information on [testing](#) and the link to the [CT Testing locator to families and staff](#).
 - Encourage staff and families to respond to outreach from contact tracers to help stop the spread of COVID-19. Contact tracers will never reveal the identity of the individual who is COVID-19 positive.
 - Provide notification to local health department in the community where the COVID-19 positive individual lives if that is not the same town or city where the program is located.
 - Conduct appropriate cleaning and disinfection:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue enhanced routine cleaning and disinfection.

The OEC provides a sample [COVID-19 Contact Tracing Checklist](#) which corresponds to the guidance above and outlines steps to take when a COVID-19 case is diagnosed in a child or staff member of the program.

We thank you all for your continued support and commitment to children and families in CT.