

# COVID-19 GUIDANCE FOR CHILD CARE AND YOUTH CAMP PROGRAMS

The Office of Early Childhood (OEC) has engaged with its partner agencies, predominantly the Connecticut Department of Public Health (DPH), when establishing the recommendations contained in this guide. Programs must consider any current mandates put in place by local orders and/or requirements put in place by federal or municipal governments, school districts, and property owners, as those requirements may prevail. This guide is also informed by updated recommendations from the American Academy of Pediatrics and the Centers for Disease Control & Prevention (CDC).

## REPORTING REQUIREMENTS

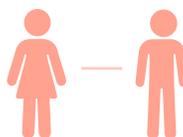
- ◆ Reporting Positive Cases: Programs required to report cases of COVID-19 to the DPH and their local department of health will now do so, in lieu of calling, by submitting weekly non-identifiable information on the total number of enrolled children and staff that have tested positive for COVID-19 on either a self-test or a laboratory test using a form found at:  
[https://forms.office.com/pages/responsepage.aspx?id=-nyLEd2juUiwJH\\_abtzi-XnLB2c4-RLhUuoE9uLWJJUNURSR09GNIBBWFVIMIFaQ1BGUzcxMFNDUy4u](https://forms.office.com/pages/responsepage.aspx?id=-nyLEd2juUiwJH_abtzi-XnLB2c4-RLhUuoE9uLWJJUNURSR09GNIBBWFVIMIFaQ1BGUzcxMFNDUy4u)
  - ◆ No individual case information (names, DOBs, etc.) needs to be reported.
  - ◆ Report non-identifiable data by close of business Tuesday of each week.
  - ◆ Report total number of enrolled children and total number of staff that tested positive in the previous week (Sunday-Saturday).
- ◆ If a child or staff member who has been present in the child care program/camp is diagnosed with COVID-19, the program shall notify families and staff in accordance with existing laws and program policies about the exposure.

## GUIDANCE

It is important to note that while mask and vaccine requirements have been lifted, the OEC requires providers to continue their efforts to implement public health policies and procedures to ensure the continued safe operation of programs serving young children.

The following mitigation strategies limit the spread of the COVID-19 virus:

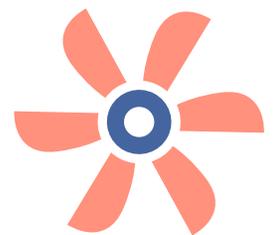
- ◆ Group Size/Cohorting and Social Distancing
  - ◆ It is unrealistic to expect young children to maintain social distance from each other during play activities. For this reason, the OEC strongly recommends that providers minimize the number of transitions between groups for children and adults; establish cohorts of children and staff that remain together throughout the day/week; plan activities that maintain physical distance between children whenever possible; and ensure that staff maintain physical distance of 6' between each other throughout the day as possible.
- ◆ Enhanced Cleaning and Disinfection
- ◆ Health Screening
- ◆ Hand and Respiratory Hygiene
- ◆ Mask-Wearing (see below)



## GUIDANCE CONTINUED

- ◆ Ventilation
  - ◆ Increase the amount of fresh air coming into the building either by adjusting mechanical systems or opening windows. Ventilation is particularly important in shared spaces including break rooms, staff lounges, rest rooms, and conference rooms, even if those spaces are used individually but by multiple people during the day.
  - ◆ Facilities should understand what their current mechanical systems are capable of and how they can adjust the function of those systems to optimize their capabilities. Consultation with a Heating, Ventilation, and Air Conditioning (HVAC) professional should provide information on how to maximize the features of your system. Guidance from the CDC on **Ventilation in Schools and Childcare Programs and Improving Ventilation in Your Home** provides additional information.
  - ◆ For buildings with central ventilation systems (e.g. air conditioning), the following is recommended:
    - ◆ Keep the system running during all hours that the building is occupied.
    - ◆ Provide daily ‘air flushing’ periods by running the system for full occupancy with maximum fresh air intake for 1 hour prior to occupancy.
    - ◆ Do not allow building occupants to make changes to ventilation system controls in their respective floors or classrooms.
    - ◆ Change the filters according to the manufacturer’s recommended schedule.
  - ◆ For buildings without central ventilation systems or with certain areas not served by the central ventilation system, there are other important design considerations staff should be aware of, and in control of, in order to maximize available dilution ventilation and minimize the spread of virus particles inside the facility.
    - ◆ At a minimum, where temperature allows and no other means of ventilation is available, windows should be opened to allow for some minimum level of fresh air exchange into occupied spaces.
    - ◆ Window air conditioning units should be adjusted to maximize fresh air intake into the system, if possible. If window air conditioner units are to be used, blower fans should be set on low speed and pointed away from room occupants to the extent possible.
    - ◆ Ceiling fans should be adjusted so that fins are rotating in a direction that draws air up toward the ceiling rather than down onto occupants.
    - ◆ Window fans should be turned to exhaust air out of the window in the direction of the outdoors. Ensure that fans are not blowing out of windows directly into walking paths or areas where individuals may congregate.
    - ◆ Window fans that blow air into a room or free-standing fans that only serve to circulate existing air around a room should not be used.
    - ◆ Separate, free-standing air cleaner or HEPA filter units are not generally recommended for individual office spaces or common areas, unless no other means of ventilation is available and multiple individuals will spend their workday in an enclosed space with minimal ventilation.
    - ◆ Allow restroom ventilation systems to run continuously.
  - ◆ The **OEC’s webinar** resources include sessions addressing healthy air quality:
    - ◆ **Risk Reduction in Child Care Programs** – The Science and Art of Healthy Buildings
    - ◆ **Warm Attitudes About Cold Play**
  - ◆ There are also **Frequently Asked Questions** on the topic of ventilation.

Important public health guidance from the CDC, DPH, OEC, and other official sources continues to inform the strategies providers should implement to protect the health of children, staff, and families.



# MASK-WEARING

While not currently required, OEC strongly recommends providers continue to follow guidance considered best practice for health and safety, including mask-wearing as described below.

- ◆ Staff and children, vaccinated or unvaccinated, should not need to wear masks outdoors.
- ◆ Staff, vaccinated or unvaccinated, should wear masks indoors.
- ◆ Children 3 years of age and older should wear masks indoors.
- ◆ Children in residential camps who sleep together in a cabin, bunkhouse, or other quarters may be defined as a “household cohort” and should not need to wear masks when they are together, whether indoors or outdoors, provided no non-household cohort members are nearby.
- ◆ Programs should create a written policy for mask-wearing and provide such policy to staff and families. In creating a policy, the program may wish to consider updated CDC, American Academy of Pediatrics, and American Camp Association (ACA) guidance on the wearing of masks. Guidance to assist children with the social emotional aspects of mask-wearing is available on the OEC website.

## Policies should include:

- ◆ Protocols for the wearing and removal of masks.
- ◆ How to address non-compliance by children as they adjust to mask-wearing; considering gentle reminders and other least restrictive means of supporting compliance.
- ◆ Program response to parent(s) or guardian(s) who refuse to permit their child to wear a mask.
- ◆ Children should not be excluded from the program or isolated from their peers due to the child’s non-compliance with mask-wearing.
- ◆ If a child care program’s policy is to continue to require masks for children, the following exceptions to mask requirements are recommended:
  - ◆ Providers should consider the health and special circumstances of children in their programs when determining mask requirements. These should include medical conditions, special health care or development needs, and disability or special education status. Mask breaks should be planned and scheduled throughout the day.
  - ◆ Mask breaks should be planned and scheduled throughout the day.
  - ◆ Children under 2 years old should not wear masks.
  - ◆ Masks should not be worn while sleeping.



## NOTIFICATION OF OPEN/CLOSED STATUS VIA 211 CHILD CARE SURVEY

- ◆ Providers should maintain their open/closed status with 211 Child Care at the following link: <https://resources.211childcare.org/covid>
- ◆ If you have already reported your status, use the link to report change in open/closed status.
- ◆ Please do not report short-term closure due to COVID-19 exposure or quarantine if you will re-open once that term is over.
- ◆ If you have multiple sites that you need to report on, please complete the survey for each site.

## TESTING

- ◆ For information on testing, please visit the Connecticut COVID-19 Response site: <https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/COVID-19-Testing>
- ◆ To locate a testing location near you, please visit 2-1-1: [https://www.211ct.org/search?terms=COVID-19%20Diagnostic%20Tests&page=1&location=Connecticut&taxonomy\\_code=11048&service\\_area=connecticut](https://www.211ct.org/search?terms=COVID-19%20Diagnostic%20Tests&page=1&location=Connecticut&taxonomy_code=11048&service_area=connecticut)

2.28.2022



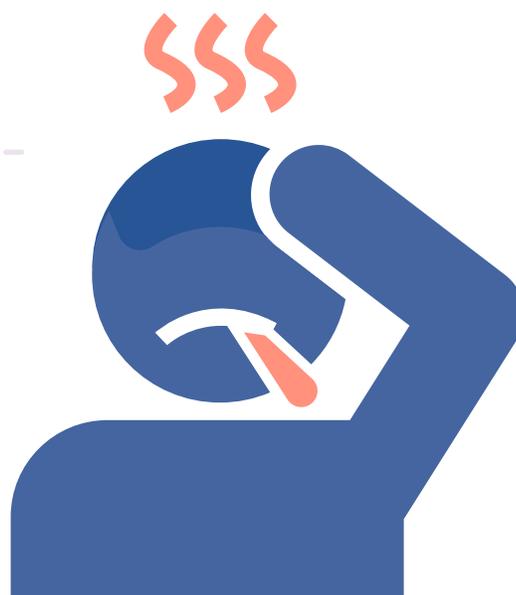
# DEALING WITH EXPOSURE

## ISOLATION AND QUARANTINING

The chart found [here](#) provides guidance to child care and youth camp providers when enrolled children or staff have COVID-19 symptoms; have been notified of a close contact with a person who has tested positive with COVID-19; and/or have tested positive for COVID-19.

Programs may consider the guidance below when making decisions about isolation and quarantine periods for children and staff:

- ◆ Isolation means to separate sick people with a contagious disease from people who are not sick.
- ◆ Quarantine means to separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick.
- ◆ A close contact is someone who was less than 6 feet away from an infected person for a cumulative total of 15 minutes or more over a 24-hour period.
- ◆ A person who tests positive using a home test should be considered to be infected with COVID-19 and does not need to confirm such test result with a laboratory test unless otherwise instructed by a health care provider.
- ◆ The testing of children should not be administered by program staff but rather the child's parent or guardian.
- ◆ Children under 2 years old should not wear masks and so isolation or quarantine periods of 10 days should be observed in all cases as outlined in the table found [here](#).
- ◆ For children 2 years old and older and staff, a program shall consider an individual's ability to wear a mask consistently and correctly (e.g. a well-fitting mask worn directly on the face that completely covers the nose and mouth) during any activities when around others (excluding while eating and sleeping) when deciding whether the isolation or quarantine period should be reduced from 10 days to 5 days.
- ◆ If the isolation or quarantine period is reduced to 5 days as outlined in the chart found [here](#), the individual (who may be as young as 2 years old) should wear a mask consistently and correctly for an additional five days at all times (except when eating or sleeping) when around others.
- ◆ If the conditions for isolation have been satisfied, it is not necessary that a child or staff member who tested positive be required to demonstrate a negative test prior to their return to the program.
- ◆ A program may reach out to their local health department for assistance with implementing this guidance.



# TRAVEL GUIDANCE

- ◆ The current advisory is to follow travel-related guidance from the CDC and the CT DPH: <https://portal.ct.gov/coronavirus/travel>



## HOW CAN I BE SURE I'M MAKING GOOD DECISIONS RELATED TO COVID-19 POLICIES AND PRACTICES?

As the nature of the pandemic continues to change and the information we have advances, requirements and recommendations continue to change. It is likely that programs will need to make more decisions about practices that were previously requirements. Here are some suggestions for approaching these decisions:

- ◆ Ensure that you know current requirements and public health recommendations, and continue to follow these.
- ◆ Contact your local health department or health consultant for guidance based on local circumstances.
- ◆ Consult with the families you serve and program staff when possible.
- ◆ Create and document policies and procedures. Share these with families and staff, and review them regularly.
- ◆ When considering the unique factors related to each situation, document the factors considered and the decisions made.
- ◆ Consult local orders and/or policies of federal and municipal governments, school districts, and property owners.

For more information and FAQs, please visit <https://www.ctoec.org/covid-19/covid-19-frequently-asked-questions-faq> and [https://portal.ct.gov/-/media/Coronavirus/Community\\_Resources/Vaccinations/Print-Materials/Fact-Sheets/COVID\\_Rules\\_Vaccinated.pdf](https://portal.ct.gov/-/media/Coronavirus/Community_Resources/Vaccinations/Print-Materials/Fact-Sheets/COVID_Rules_Vaccinated.pdf).

## ADDITIONAL GUIDANCE FOR YOUTH CAMPS

- ◆ OEC strongly encourages all youth camps to consider the recommendations in ACA's most up-to-date guidance when developing policies and procedures for the operation of their camp.

Please refer to the following link:

- ◆ <https://www.acacamps.org/resource-library/coronavirus-information-camps>

