

# PRACTICES TO PROTECT AGAINST THE SPREAD OF COVID-19 IN CHILD CARE AND YOUTH CAMP PROGRAMS

Throughout the pandemic, the OEC has engaged with the Department of Public Health (DPH) to establish requirements and recommendations for the safe operation of child care and youth camp programs. As the pandemic continues to evolve and strains of COVID-19 change, it is important that child care and youth camp providers continue to implement strategies to reduce the risk of COVID-19. In addition, programs need to consider the need for programs to remain open so that children can continue to benefit physically, socially, and emotionally from their child care and camp experiences; and parents can continue to work.

This document provides strategies for child care and youth camp providers to consider to reduce the risk of COVID-19 spread in their facilities. There are no new requirements in this document.

## REQUIREMENTS

As of this publication date, the following requirements are in place for licensed child care and youth camp facilities:

- ◆ Reporting of COVID-19 cases
  - ◆ COVID-19 has been permanently added to the list of reportable diseases.
- ◆ Reporting of permanent closure of a licensed child care facility
  - ◆ This is a child care licensing requirement that has not been amended.
- ◆ Licensing requirements per existing statutes and regulations

**Reporting Positive Cases:** Programs required to report cases of COVID-19 to the DPH and their local department of health should do so 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.

### Permanent Closure of an OEC-licensed Facility

- ◆ Providers must notify OEC's Child Care Licensing Division when a licensed site closes permanently. Providers do not need to report short-term closures related to COVID-19.

### Practices to Reduce the Risk of COVID-19 in Child Care Programs

**Certain health and safety precautions are required under established regulation, and providers use these practices as the basis on which they operate. COVID-19 necessitates attention to additional mitigation strategies that help reduce the likelihood of disease so that children may remain in care. Child care and youth camp providers should consider four areas as they plan their disease mitigation strategies:**

- ◆ Health & Safety Practices
- ◆ Facility Ventilation
- ◆ Testing
- ◆ Isolation & Quarantining



The following information is offered for providers as they set policies for operation. It should be noted that local health districts, an important resource to providers, can provide assistance to child care and youth camp leaders as they set their policies.



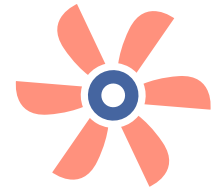
# HEALTH & SAFETY PRACTICES

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

- ◆ Group Size/Cohorting & 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 & Disinfection
- ◆ Symptom Screening
- ◆ Hand & Respiratory Hygiene
- ◆ Mask-Wearing

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. The CDC's **Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning** provides additional details on prevention and response strategies to help reduce the spread of COVID-19 and other infectious diseases.

## VENTILATION



Plan activities to take place outdoors as much as possible throughout the program day.  
Identify or design shaded spaces that can be used for activities during the hottest times of the day.

- ◆ Increase the amount of fresh air coming into buildings 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 be avoided to the extent possible (recognizing that their use may be necessary to maintain an individual's thermal comfort during the summer months).
  - ◆ 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 when the building is in use.
  - ◆ There are also **Frequently Asked Questions** and access to **webinars** on the topic of ventilation and outdoor play on the OEC website.



# MASK-WEARING

While not currently required, OEC recommends providers continue to follow guidance considered best practice for health and safety, including mask-wearing. The information below offers considerations for providers as they construct masking policies.

- ◆ Have a written policy for mask-wearing, and provide the policy to staff and families. In creating a policy, the program may wish to consider updated CDC, American Academy of Pediatrics (AAP), 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.
- ◆ Policies for children who report to the facility without a mask (e.g., will one be provided by the facility).
- ◆ 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.
- ◆ Masks do not need to be worn outdoors. 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.
  - ◆ Children under 2 years old should not wear masks.
  - ◆ Masks should not be worn while sleeping.



# TESTING

At-home tests may be used in addition to laboratory tests to determine COVID status, and to inform isolation and quarantine decisions.

- ◆ 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&taxono  
my\\_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)



# DEALING WITH EXPOSURE



## ISOLATION & QUARANTINING

While not required, programs may consider the guidance below when making decisions in response to exposure 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' 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 an at-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, or a healthcare provider.

For individuals who test positive for COVID-19, consider the following combination of strategies:

- ◆ Isolate at home for at least 5 days.
- ◆ Return to activities on Day 6 or when fever-free for at least 24 hours and other symptoms are significantly improved.
- ◆ Mask when around others up to Day 10 after symptoms started.

For individuals who are exposed to COVID-19, but do not show symptoms:

- ◆ Consider whether they will be allowed to continue attending child care or camp, with a combination of strategies to reduce risk:
  - ◆ Ask parents to screen for (and affirm the absence of) symptoms of COVID-19 for 5 days (after last exposure). Wear a mask when indoors (note exceptions).
  - ◆ Test for COVID-19 at home once on the day after the exposure occurred and again on Day 5; share any positive result with the program for report to DPH.

For individuals who are exposed to COVID-19 and exhibit symptoms while at the child care program:

- ◆ Isolate from others and leave the program as soon as possible.
- ◆ Ventilate and clean the areas used by the sick individual.
- ◆ Test at home for COVID-19 on the day symptoms begin and again after symptoms resolve before returning to care or camp; share any positive result with the program for report to DPH.
- ◆ If negative, return to activities when fever-free for at least 24 hours and other symptoms are significantly improved.
- ◆ See above for those who test positive.

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 the isolation or quarantine period.

- ◆ Children under 2 years old should not wear masks, and so programs may consider that testing and isolation or quarantine may need to be more stringent for this age group.
- ◆ 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.

An individual who has tested positive for COVID-19 does not need to quarantine for a period of 90 days following that test.



# TRAVEL GUIDANCE

CDC guidance regarding travel is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>



## 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>

