

LAUNCHING INTO HEALTHY LEARNING:

Child Care and Youth Camp Program-Specific Guidance

As we continue last year's transition to local decision-making about COVID-19, it is important for child care programs and youth camps to keep in mind the tools and resources for virus prevention that are available to them. The Connecticut Office of Early Childhood (OEC) continues to work with the Department of Public Health (DPH), the State Department of Education (SDE), local health departments, and community members, including staff and families, to decide on prevention strategies that make the most sense for programs statewide. Please use the following guidance to help your program 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. 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.

VACCINATION

Vaccinations are the first and most important way to prevent respiratory diseases like COVID-19 from disrupting child care programs and youth camps. Everyone 6 months of age or older can receive both the COVID-19 vaccine and a seasonal vaccine for the flu. Child care programs and youth camps should encourage all children and staff to get up-to-date with their COVID-19 vaccinations prior to the start of the school year and should encourage the same for seasonal flu vaccines when they become available.

REQUIREMENTS

The following requirements are in place for licensed child care and youth camp facilities:

1. Reporting of COVID-19 cases

COVID-19 has been permanently added to the list of reportable diseases. 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 [here](#).

- 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.

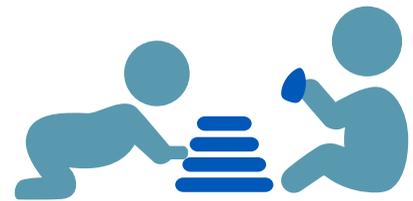
Administrators who may have case clusters or outbreaks at a program should **contact DPH** and their **local health department**.

- For information on testing, please visit the **Connecticut COVID-19 Response site**.
- To locate a testing location near you, please visit **2-1-1**.

2. Reporting of permanent closure of a licensed child care facility

This is a child care licensing requirement that has not been amended. 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.

3. Licensing requirements per existing statutes and regulations



TEST-MASK-GO

Test-Mask-Go is an **optional** strategy that hopes to increase the number of days of in-person child care and camp participation. Child care programs and camp operators choosing to utilize Test-Mask-Go can give children and staff with mild respiratory symptoms (e.g., infrequent cough, congestion, runny nose, sore throat, etc.) the option to continue participating in-person as long as:

- they are fever-free (< 100°F) and feel well enough to participate,
- they do not live with anyone who has had COVID-19 in the past 2 weeks,
- they can wear a mask consistently and correctly (if the program requires them to do so), and
- they test negative for COVID-19 before coming to the program every day they have symptoms, as well as one final test on the morning their symptoms have completely resolved.

Anyone who has any respiratory symptoms should not use the Test-Mask-Go strategy if:

- they have a fever ($\geq 100^\circ\text{F}$) or feel feverish (they should not report in-person until their fever has resolved for at least 24 hours without the use of medication), and/or
- they live with a person who recently tested positive for COVID-19 (within the past 2 weeks).

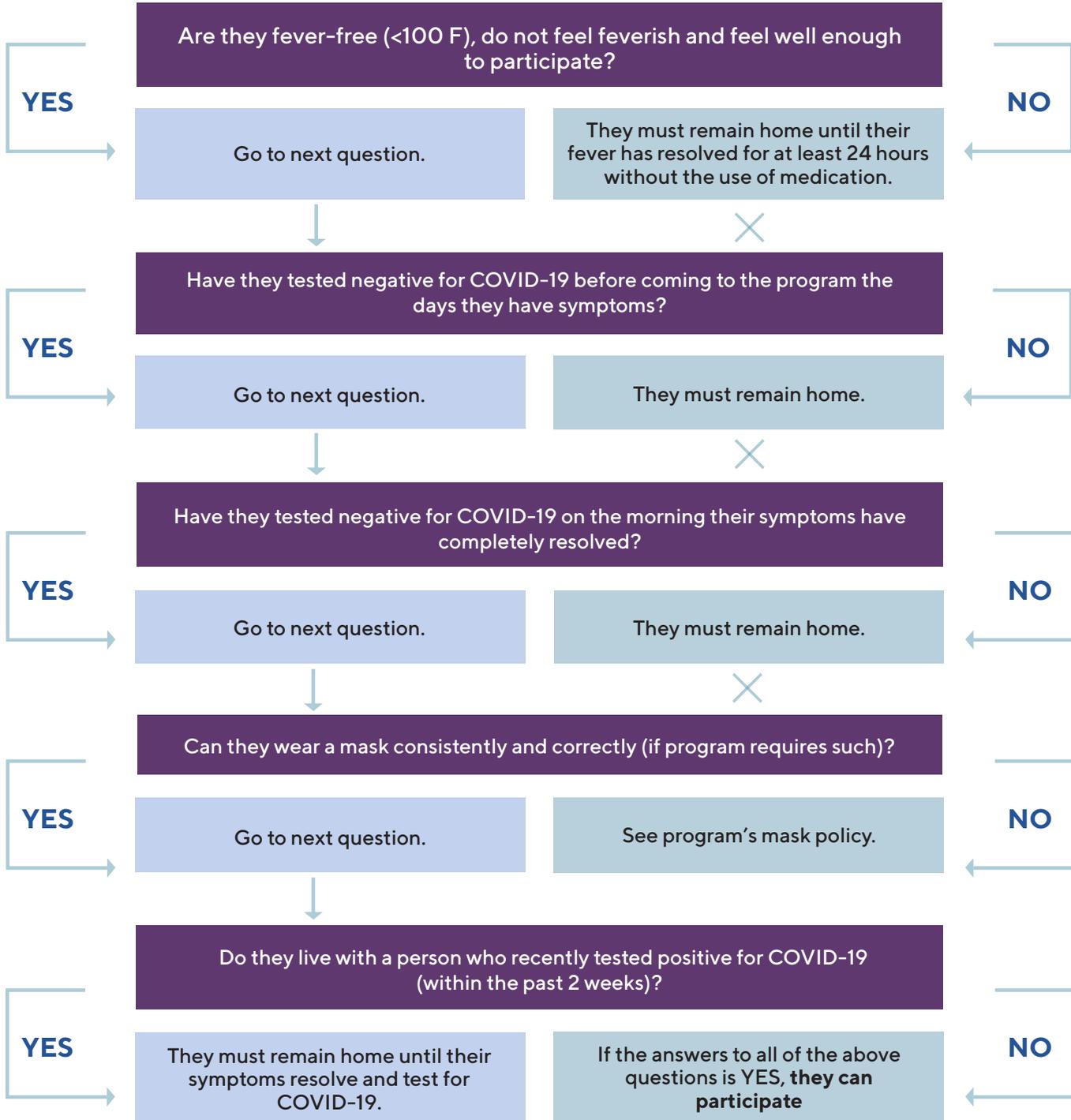
Instead, these individuals should stay home until their symptoms resolve and test for COVID-19.

Child care or youth camp administrators or health staff who have questions regarding Test-Mask-Go should contact **DPH.EPI@ct.gov**.

TEST-MASK-GO DECISION TREE

Use the following decision tree to determine if a child or staff member with mild respiratory disease symptoms can be at your program on any given day.

For children and staff with mild respiratory symptoms (e.g., infrequent cough, congestion, runny nose, sore throat, etc.), ask the following questions:



Persons testing positive for COVID-19 and those who have been in close contact with a person who tests positive for COVID-19 should review the guidance found on the CDC website at [CDC Q/I Calculator](#).



COVID-19 COMMUNITY LEVELS

DPH recommends that child care and camp administrators rely on the **CDC COVID-19 Community Levels** to decide when to apply stronger measures for the prevention of respiratory viral diseases like COVID-19.

Programs located in counties with **LOW** community levels can focus on maximizing in-person days and rely on everyday ways to provide healthy learning environments.

- Encourage and facilitate COVID-19 vaccination for all children 6 months of age and older and all staff, including booster vaccine doses when recommended.
- Support children and staff who choose to continue wearing a mask, even when not required.
- Follow isolation guidelines for those who test positive for COVID-19 or who have symptoms and live in a household with someone with COVID-19.
- Recommend self-testing and masking for children and staff with respiratory disease symptoms (with or without fever) or known exposures to COVID-19 cases with or without symptoms.
- Make sure that ventilation systems are well-maintained and operating appropriately.
- Continue routine cleaning and disinfection for all classroom surfaces and common areas.
- Continue telling parents to report cases of COVID-19 to the program and maintain absentee information.

If your county moves to the **MEDIUM** level, administrators can decide to use additional prevention strategies to try and continue to maximize the most in-person days at the program

- Increase spacing between children seated in rooms and during other activities, if possible.
- Be prepared to respond quickly to rapid increases in absenteeism, cases, or outbreaks.
- Increase ventilation to make sure the most fresh outdoor air is coming into the building, there is good filtering of any recirculated air, and use outdoor spaces as much as possible.
- Reinforce frequent hand cleaning and proper coughing and sneezing etiquette (covering mouths, using and disposing of tissues, and washing hands afterward).
- Communicate early and often with staff and families about any changes in policies and procedures.

Programs in counties with a **HIGH** COVID-19 Community Level or those experiencing outbreaks can choose to use even more advanced strategies.

- Use a universal mask use policy for indoor spaces.
- Limit outside visitors to the facility.
- Cohort classrooms and children during meals, recess, and other gathering times.
- Use strategies to monitor and prevent in-school transmission of COVID-19, such as contact tracing, quarantine, or daily screening testing of close contacts of a COVID-19 case in any setting (with or without symptoms), and classroom-level exposure notifications.
- Discuss if activities that involve high-intensity close contact (e.g., indoor athletics) should be stopped until the level comes down.

For tips and information on proper ventilation to minimize the spread of viruses indoors, please see our [Ventilation Tips](#).



HEAD START PROGRAMS

Head Start programs operating in public schools and in the community must also meet national performance standards and follow **COVID-19 requirements from the U.S. Department of Health and Human Services**. These requirements may differ from State guidance, and programs are asked to work closely with Head Start programs to make sure that policies and procedures take into account any differences that may impact a child or family's experience with in-person care.

MASK-WEARING POLICY

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.

For more information and FAQs, please visit our **COVID-19 Frequently Asked Questions** and CT DPH's Fact Sheet: **What You Need to Know: COVID-19 Vaccination, Mask-Wearing, and Social Distancing**.

