

Health & Safety Guidance for Providing Emergency Child Care Frequently Asked Questions (FAQ)

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?**
There is some evidence that people can spread the virus without symptoms (asymptomatic spread) but this factor is not a major contributor to the outbreak.
- 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.**
Healthy staff (symptom-free) can work with any group.
- 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?

We are working on an exception process with CDD. Stay tuned for more information.

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.

Screening

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.

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.

Drop off/Pick up

14. 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.

15. 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.

Exclusions

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

Yes.

17. 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.

18. 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?

Healthy (symptom-free) children can attend care even if their parent is sick.

Children with Chronic Diseases and Disabilities

19. 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.

20. 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

21. 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?

If a staff member or child who tests positive for COVID-19 had symptoms while at the child care program, the other staff and children sharing a room with this person should stay home for 14 days after exposure. If a staff member or child who tests positive for COVID-19 didn't have symptoms while at the child care program, the other staff and children sharing a room with this person should/may continue to attend child care with one another.

Definition of close contact: Being within 6 feet of someone who has tested positive for COVID-19 for a long time. This happens when caring for, being intimate partners with, living with, visiting, or sharing a health care waiting area. See new resource: "[What to do if you are a close contact of someone who is diagnosed with COVID-19](#)"

Social Distancing, Playgrounds, Bathrooms, and Water Fountains

22. 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.

23. 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.

24. 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. Outside equipment does not need to be disinfected or cleaned due to exposure to air.

25. 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.

26. 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.