

STATE OF CONNECTICUT OFFICE OF EARLY CHILDHOOD



DATE: April 23, 2020

TO: Providers of Services to Young Children

FROM: Beth Bye, Commissioner

RE: Coronavirus Memo #18

Youth Camp Guidance

The Connecticut Office of Early Childhood (OEC) provides the following information in response to the many questions and concerns that it is receiving from youth camps pertaining to the impact of the COVID-19 situation. This memo provides guidance that is intended for youth camps as defined by Connecticut General Statutes § 19a-420 and those camps that receive Care 4 Kids subsidies.

Youth camps should continue to review the memos issued by the OEC that provide important guidance for youth camps including waivers of licensing requirements during the declared state of emergency, additional requirements imposed through Executive Orders that must be met during this emergency and resources to support programs during and following the emergency. These memos can be found at https://www.ctoec.org/covid-19/

It is important to understand that the COVID-19 emergency is a changing situation, and that as CDC and/or State of CT guidance changes, the OEC will update guidance to providers.

Child care has been deemed an essential function. Therefore, the state has not mandated that child care facilities, including youth camps, close. Likewise, the state has not ordered any programs to stay open. We recognize that deciding whether to operate is a very difficult decision that must be made at the provider level. Individual programs must determine what is best for them given guidance from the Centers for Disease Control and Prevention (CDC) and local authorities, and their individual business decisions.

Camps considering whether to operate must consider the additional provisions that have been put in place by Executive Order in order to limit the spread of the virus. The following requirements must be included in a camp's plan for operating during this public health emergency:

1. With regard to health screening:

All staff and children are required to be screened for any observable illness, including cough or respiratory distress, and to confirm temperature below 100 degrees Fahrenheit. Screening includes assessing health by taking temperature.

- Programs may ask parents to take the child's temperature upon arrival.
- Disinfection of the thermometer should be incorporated into the screening procedures.

When conducting screening, the camp should consider the following.

- The health screener does not need to wear personal protective equipment (PPE) if a distance of 6 feet is maintained while performing this action.
- Maintain sufficient distance, or a physical barrier, between the health screener and the child or staff member being screened.
- If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
- 2. Staff or children who have a temperature greater than 100 degrees are not permitted into the program per <u>Executive Order 7Q.</u>
- 3. Limit group size to no more than 10 children, and obtain required permission from OEC to serve more than 30 children per Memo#15, Reduced Group Size and Enhanced Health Procedures for Child Care Programs During COVID-19 Emergency.
- 4. 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." You are encouraged to develop and review this plan with the Camp Physician or Camp APRN prior to the start of camp. Input from your local health department is also advisable.
- 5. Comply with the requirements listed in the <u>Department of Economic Development Safe</u>

 <u>Workplace Rules for Essential Employees</u> per Executive Order 7V.
- 6. Use of cloth face covering for each employee at all times while in the workplace as directed by the <u>Department of Economic Development Safe Workplace Rules for Essential Employees</u> per <u>Executive Order 7BB</u>. Instructions for <u>use of cloth face covering</u> are available from the CDC. Executive Order 7BB does not require the use of face masks by:
 - anyone for whom doing so would be contrary to his or her health or safety because of a medical condition;
 - a child in a child care setting;
 - anyone under the age of 2 years, or an older child if the parent, guardian or person responsible for the child is unable to place the mask safely on the child's face.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. Develop protocols for intensified cleaning and disinfection.
- 11. 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.
- 12. If a child or staff member who has been present in the program is diagnosed with COVID-19, the camp must notify families and staff of the 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 Connecticut Department of Public Health and to 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. The COVID-19 report form is available on the DPH website at https://dphsubmissions.ct.gov/Covid/InitiateCovidReport

Additional practices to those below may be recommended to the provider in consultation with the local health department or the CT Department of Public Health.

- Contact your local health department of the CT Department of Public Health.
- Determine the date of symptom onset for the child/staff member.
- Determine if the child/staff member attended/worked at the program while symptomatic or during the two days before symptoms began.
- Identify what days the child/staff member attended/worked during that time.
- Determine who had close contact with the child/staff member at the program during those days (staff and other children)
- Exclude the children and staff members who are determined to have had close contact with the affected child/staff member for 14 days after the last day they had contact with the affected child/staff member.
- 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 routine cleaning and disinfection.

Depending on the size of the program and the number of people affected, closure of a particular room in the program (for larger programs) or the entire program might need to be considered.

Specific situations and exposures can be discussed with the local health department or the Department of Public Health (860.509.7994).

We recognize that these enhanced practices may make it particularly challenging for camps to implement. For residential camps even more so. These provisions have been put in place to ensure that ongoing operations during the COVID-19 emergency implement procedures that help limit the spread of COVID-19 and protect the health and safety of children and staff.

In an effort to support programs that choose to remain open, the Commissioner has granted several waivers of licensing requirements that apply to youth camps during the period of the current declared state of emergency. These waivers will cease when the declared state of emergency ends.

- Licensed youth camps may extend their operating days under the terms of their current license to operate during the period of the declared state of emergency provided such additional operating dates are reported to the OEC. For example, if schools do not reopen, a camp may decide to begin operation earlier than normal. A program may report such additional operating dates by submitting a General Report of Change form found on the OEC website.
- Health and immunization records on file prior to the declared state of emergency for children enrolled in youth camps which expire during the declared state of emergency are acceptable. Health and immunization records for children that have been attending a legally operating child care program or school that has been temporarily closed due to COVID 19 virus are not required provided the parent attests in writing that the child is up-to-date with physical examination and immunizations and provides information regarding any disabilities and/or special health care needs.
- Staff training including first aid, CPR, C4K health and safety, and administration of medication training for youth camps that expire during the declared state of emergency will fulfill the training requirements.
- Staff physicals for youth camps that expire during the declared state of emergency are acceptable.

Additionally, Executive Order NO. 7E included a provision suspending required fingerprinting. Accordingly, new prospective employees in youth camps that receive Care 4 Kids subsidy are not required to submit fingerprint cards for the purposes of criminal history records checks.

When individuals are unable to access fingerprint collections services, the comprehensive background checks performed by the OEC are modified to remove fingerprint-supported state and national criminal history records checks for the duration of the declared state of emergency. Youth camps that receive Care 4 Kids subsidy will be required to submit a DCF Authorization form to the OEC for all staff members so that background checks based on name and date of birth may be completed. The submission of fingerprints at a later date may be required upon request by the OEC when the declared state of emergency ends. This modification applies to youth camps that receive Care 4 Kids subsidy. There is no current requirement to submit background checks through the OEC for youth camps that do not receive Care 4 Kids subsidy.

Many camp licenses are due for renewal during the spring and the renewal fee is substantial. Fees collected with renewal are deposited into the General Fund and, to date, a waiver or modification to this fee has not been issued. Renewal fees paid are for one year, cannot be carried over to another year if a camp does not operate, and are non-refundable. However, during this declared state of emergency, a camp may decide to delay the submission of their renewal application allowing their license to expire and then seek to reinstate such license if a decision to operate is made at a later date. Please note that it takes several days to process a reinstatement application; however, an inspection is not required as part of the reinstatement process provided the camp operated at the same location within the past year.

Thank you for your continued efforts to protect the health and safety of Connecticut's children.