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STATE OF CONNECTICUT
OFFICE OF EARLY CHILDHOOD

Connecticut Office of Early Childhood
Beth Bye
Commissioner

DATE: September 14, 2020 REVISED October 7, 2020 REVISED March 15, 2021 May 18, 2021 May 28, 2021 December 13, 2021

TO: Providers of Services to Young Children

FROM: Beth Bye, Commissioner

RE: Coronavirus Memo #29 REVISED
Group Size, Mask Requirements and Ventilation as part of a system of protections against COVID-19

This is a working document, which may be updated frequently due to the rapidly changing response to this pandemic emergency and ongoing Federal guidance updates.

Revision March 15, 2021	Changed title to include Ventilation; Updates group size to no more than 20 children in a group on page 2; Ventilation section updates on page 4
Revision May 14, 2021	Updated to indicate removal of group size requirement
Revision May 26, 2021	Updated Executive Order date, added link to new SDE statement on mask wearing in schools, added reference to CDC guidance not superceeding state or tribal guidance; removed phase-in plan reference in mask policy; added content regarding guides and resources.
Revision December 13, 2021	Updated Executive Order date, updated CDC link to COVID-19 Guidance for Operating Early Care and Education/Child Care Programs; deleted reference to Memo 6; expanded section on Resources for further information to include links to CDC FAQs.

With the changing nature of the pandemic, the State of Connecticut engages many resources to inform policy changes and deliberations. Significant health related policies in child care and other services provided throughout Connecticut are made with the approval of the Reopen Committee in collaboration with the Governor's Office, and they also involve partner agencies, predominantly, the Department of Public Health. COVID-19 guidance is also informed by

updated recommendations from the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC).

On May 20, 2021, Governor Lamont extended Executive Order No. 9, Section 1, directing the Commissioner of Education and Commissioner of Early Childhood, in consultation with the Commissioner of Public Health, to issue binding guidance, rules, or orders to promote the safety of adults and children in public schools and child care settings, including camps, in response to the COVID-19 pandemic or its effects. Executive Order 14 extends this provision through February 15, 2022. This memo is issued pursuant to that order.

This memo is published in conjunction with guidance by the Connecticut State Department of Education (CSDE) to address consistent rules for early childhood care in both child care settings and public schools. Please review Universal Mask Policies in School Buildings and Interim Guidance for the Use of Face Coverings in Schools during COVID-19 issued by the CT State Department of Education for additional considerations to assist with required policy development for mask wearing in child care.

The following apply to all child care operations including but not limited to child care centers, group child care homes, family child care homes, youth camps, and child care facilities that are exempt from licensing requirements pursuant to Section 19a-77 of the Connecticut General Statutes.

Requirements

1. **Effective May 20, 2021, the restriction on the allowable group size in one space is removed.**
    a. A group size of eight (8) children is still required for infants and toddlers and a group size of twenty (20) is still required for older children in a licensed child care center or group child care home. The capacity of a licensed family child care home is not modified by this change.

2. **Children 3 years of age and older are required to wear masks while in child care programs.**
    a. This change is effective September 21, 2020 and will continue during the duration of the public health and civil preparedness emergencies unless earlier modified by the Commissioner of Early Childhood.
    b. Child care programs and camps must create a written policy for mask wearing and provide such policy to staff and families. Programs shall maintain this policy on site and provide it to OEC upon request. In creating a policy, the program may wish to consider updated CDC and American Academy of Pediatrics guidance on the wearing

of masks and Guidance to assist children with the social emotional aspects of mask wearing available on the OEC website. CDC guidance is meant to supplement—not replace—any federal, state, tribal, local, or territorial public health and safety laws, rules, and regulations with which child care programs must comply. Policies must include:

i. Protocols for the wearing and removal of masks as guided by the CDC.
ii. How to address non-compliance by children as they adjust to mask wearing considering gentle reminders and other least restrictive means of supporting compliance.
iii. Program response to parent(s) or guardian(s) who refuse to permit their child to wear a mask.

c. Children shall not be excluded from the program or isolated from their peers due to the child's non-compliance with mask wearing.
d. The exceptions to the mask requirement in camps and child care settings are as follows:
    i. A child with a documented medical condition, special health care need, or developmental need (such as sensory integration) for whom wearing a mask or face covering would be contrary to their health or safety is not required to wear a mask.
    ii. A child with a documented disability or special education need for whom wearing a mask or face covering would be contrary to their needs may be permitted exceptions. In addition, children and staff involved with certain special education and related services activities like speech and language therapy or where lip reading is required may remove a face-covering mask intermittently.
    iii. Children are not required to wear a mask while eating, sleeping or resting. Distance between children must be maximized, maintaining at least 6 feet of distance wherever possible when masks are removed.
    iv. Children who are newly enrolled within the past two months and are working toward mask wearing are permitted to remove their mask or face covering.
    v. Children who have just turned three years old may have up to two months to acclimate to wearing a mask or face covering and support developmental readiness.
    vi. 'Mask breaks' may be planned and scheduled throughout the day. Mask breaks indoors must maximize physical distance between individuals, maintaining at least 6 feet of distance wherever possible.
    vii. Masks may be removed for outdoor activities.

These two policy changes are implemented within the context of a system of protections to address disease prevention including social distancing, good ventilation, enhanced cleaning and

disinfection, frequent hand cleaning, limited group size (cohorting), and efficient identification, isolation, and exclusion of sick students and staff. Please review the guidance and recommendations on these topics below.

Ongoing Strategies to Support Health & Safety

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 continue their efforts to implement public health policies and procedures consistent with CDC recommendations**, to ensure the continued safe operation of programs serving young children. These practices include:

1. Minimizing the number of transitions between groups for children and adults
2. Establishing cohorts of children and staff that remain together across the day
3. Planning activities that maintain physical distance between children whenever possible
4. Ensuring that staff maintain physical distance of 6' between each other throughout the day as possible

Ventilation

In recognition of the increasing importance of ventilation to disease mitigation, the following guidance assists programs to maximize the benefits of their ventilation system.

1. Increase the amount of fresh air coming into the building either by adjusting mechanical systems or opening windows.
    - Ventiliation 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.
2. 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.
3. 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

4. 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 Office of Early Childhood's webinar resources include sessions addressing healthy air quality:

- Risk Reduction in Child Care Programs — The Science and Art of Healthy Buildings, and
- Warm Attitudes About Cold Play.

There are also Frequently Asked Questions on the topic of ventilation.

Resources for further information

The OEC produced guides, frequently asked questions, and fact sheets to provide education and guidance on how to implement programming during the pandemic. Some of these documents are being replaced with resources that provide expert advice on continuing operations. Some information such as Pyramid and social emotional resources will transition to the OEC's permanent webpage. Pandemic-specific information including memos, funding opportunities and public health information will remain on our COVID-19 webpage.

The CDC provides Frequently Asked Questions for Parents and for Administrators to provide information additional to their webpages.