



Guidelines for Safe Child Care Operations During COVID-19

For Use in Licensed Child Care and School-age Enrichment Programs
March 11, 2022

Introduction

Child care providers across the state have always prioritized the health and safety of the children in their care. With the spread of COVID-19, and highly transmissible variants, health and safety protocols are recommended to ensure children, families, and staff members are as safe as possible.

LARA Child Care guidelines have been updated to provide consistent recommendations with K-12 schools. This includes revised recommendations around masking to reflect personal choice. These changes make it easier for childcare staff members and families to navigate COVID-19 for the majority of children and align with MDHHS recommendations for the general population and K-12 schools.

This document provides recommendations to help you continue making the best decisions possible to limit the spread of COVID-19 and to create safe spaces for children and staff members. *Note that these recommendations, unless otherwise noted, are not part of the Child Care Licensing Administrative Rule Set or statute.*

Child care providers should work with their local health department to determine if there are additional regulations in your area.

Child care providers are strongly encouraged to notify their licensing consultant if there is a COVID-19 positive in the facility and/or if they are closed.

Note: This document is written for licensed child care providers in home based- and center-based environments.











The Michigan Department of Licensing and Regulatory Affairs (LARA) has developed this guidance in consultation with the Michigan Departments of Education, Health and Human Services, the Executive Office, medical professionals, national experts, and child care providers across the state. LARA will continue to monitor best practices and will issue updated guidance as our knowledge of COVID-19 continues to improve and updated guidance is made available by the Centers for Disease Control and Prevention (CDC). Visit www.michigan.gov/coronavirus for updates. New versions of this document will be posted online and shared electronically with child care providers. This guidance does not constitute legal advice and is subject to change. Licensees are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, epidemic orders, public acts and other orders.

[Additional CDC Guidance for Operating Early Care and Education/Child Care Programs](#)

Updated Isolation & Quarantine Guidance


Local conditions may vary. The local health department may modify quarantine policies based on factors including ventilation, duration/intensity of the contact, and other local factors. Child care providers and local health departments should work together to decide what quarantine policies work best in their communities.

Licensed child care providers, staff and children should follow the recommendations outlined in MDHHS Safer Schools guidance. [A link to the guidance can be found here.](#) The guidance is included below.

	Who is Impacted	Public Health Recommendations
Isolation Has COVID-19	Any individual who tests positive for COVID-19 and/or displays COVID-19 symptoms (without an alternate diagnosis or negative COVID-19 test) regardless of vaccination status.	 Isolate at home for 5 days; and  If symptoms have improved or no symptoms developed, may leave isolation after day 5 and wear a well-fitted mask, for 5 more days (ending after day 10).* If positive with no symptoms, monitor for symptoms for 10 days as well.
 Quarantine Exposed to COVID-19	Personal or household contact , regardless of vaccination status, exposed to someone with COVID-19 (see definition below).	 Monitor symptoms for 10 days.  Wear a mask around others for 10 days after exposure.**
	Other exposure (from community, social, work setting).	 Test 3-7 days after exposure or if symptoms develop.  Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals.***
		 Monitor symptoms for 10 days.  Test if symptoms develop.  Consider wearing a mask around others for 10 days after exposure; at a minimum, mask in settings with higher risk of exposing vulnerable individuals.***

* If a mask cannot be worn, recommend 10 days of home isolation.
 ** If a mask cannot be worn, individual should home quarantine for 10 days. A Test to Stay protocol may also be developed in partnership between school and local health department.
 *** Activities with immunocompromised or other high-risk individuals, social/recreational activities in congregate settings.

Personal/household contacts include individuals who share living spaces, including bedrooms, bathrooms, living room and kitchens. It also includes those who live together, sleep over, carpool or have direct exposure to respiratory secretions from a positive individual. This would include exposure in childcare settings for those under 2 years of age.



- You [isolate](#) when you are already infected with COVID-19 and have tested positive, even if you do not have symptoms. Isolation is used to separate people who are infected with COVID-19 from those who are not infected.
- You [quarantine](#) when you might have been exposed to COVID-19. This is because you might become infected with COVID-19 and could spread COVID-19 to others.

Isolation Guidance for All Staff and Children in Child Care

Children and staff who test positive for COVID-19 and/or display [COVID-19 symptoms](#) (without an alternate diagnosis or negative COVID-19 test) should isolate regardless of vaccination status:

- Isolate at home for the first 5 days (starting with the day after symptoms began or day after test was taken for those without symptoms); and

- If symptoms have improved or no symptoms developed, return to normal activities, while wearing a well-fitted mask, for the next 5 days to protect others.

AND

- If individual has a fever, stay home until fever free for a period of 24 hours without the use of fever reducing medications before returning to normal activities while wearing a well-fitted mask, until the 10-day period is complete.

OR

- Isolate at home for 10 days if unwilling/unable to wear a mask, including children under the age of two.

Quarantine Guidance for All Staff and Children in Child Care

Individual is **exposed** to someone who is positive for COVID-19 and:

Exposure is to a **personal/household contact***:

- Conduct symptom monitoring for 10 days; and
- Test at least one time if possible 3-7 days after exposure and if symptoms develop; and
- Wear a well-fitting mask for 10 days from the date of last exposure to protect others – if unable/unwilling to mask, home quarantine for ten days; and
- Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals** for 10 days from the date of last exposure
- A personal/household contact includes exposure in a child care setting for those under age 2.

Exposure is to another type of contact (from a community, social or work setting)

- Conduct symptom monitoring for 10 days; and
- Test if symptoms develop; and
- Consider wearing a well-fitting mask around others for 10 days from the date of last exposure to protect others. At a minimum, wear a mask in settings with higher risk of exposing vulnerable individuals**

****Personal/Household contacts include individuals you share living spaces with, including bedrooms, bathrooms, living room and kitchens. It also includes those who live together, sleep over, carpool or have direct exposure to respiratory secretions from a positive individual (e.g. kissing, sharing drinks, changing diapers, etc....). This would include exposure in childcare settings for those under 2 years of age.***

*****Activities with higher risk of exposing vulnerable individuals may include activities where you cannot mask, interactions with those who are immunocompromised or other high-risk individuals, and social/recreational activities in congregate settings.***

Strictly Enforce Sick Policy

Providers should continue to strictly enforce their sick policy. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1919](#)) detail rule requirements. The presence of any of the symptoms below generally suggests a child has an infectious illness and should not attend child care, regardless of whether the illness is COVID-19.

For children with chronic conditions, a positive screening should represent a change from their typical health status.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough (for children with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for children with asthma, a change from their baseline breathing)
- Diarrhea, vomiting or stomachache
- New onset of severe headache, especially with a fever

Children should also stay home if they have other signs of illness described in a provider's sick policy. Providers should encourage families to contact their healthcare provider or follow up with a local clinic/urgent care before returning to care.

PREVENTION STRATEGIES

Child care facilities have many different groups of people in the building at one time including children who aren't eligible to be vaccinated yet. There are several prevention strategies supported by the CDC that may be used to reduce transmission of COVID-19, and variants, in the child care building. These strategies may be layered to include multiple [prevention strategies that are tailored based on provider, building, and community needs](#). Individually, each strategy provides some level of protection and layered at the same time, the strategies provide the greatest level of protection. The number and intensity of [layers of defense](#) against COVID-19 can increase as needed.

Screening

It is recommended you screen children daily before arrival and ask staff to conduct a self-screen of COVID-19 symptoms. Daily health screenings include a self-check for [symptoms](#) of COVID-19 by family and staff. You should determine the best screening method to use depending on local conditions. This may include universal screening on your site or asking parents to screen children prior to arrival. Encourage families to watch for signs of illness in their children and keep them home if they are ill.

Vaccination

Promoting vaccination against COVID-19 for eligible staff and children can help child care facilities remain open for in-person care. Vaccination has proven incredibly effective as the leading public health prevention strategy. Promoting vaccination can help schools more safely maintain in-person learning as well as extracurricular activities and sports. Staff and families can visit [vaccines.gov](https://www.vaccines.gov) to learn where they can get vaccinated against COVID-19.

Updated Masks

Masks are an important tool in mitigating spread of COVID-19 and individuals who feel sick, may be at higher risk of infection, or who feel better protected when masked should choose when they feel comfortable masking. Michiganders should consider their individual and family members' risk factors and vaccination status when making the personal decision whether to mask. Those with chronic illness or who are immunocompromised are at higher risk for poor outcomes from COVID and would benefit most from masking in indoor settings. These risk factors may include age, medical conditions, and vaccination status. The use of a well-fitting mask provides benefits and protection to both the wearer and to those in close contact to the wearer. Masks help reduce inhalation of potential virus droplets for the wearer (filtration) as well as to decrease possibility of transmission of virus to those close by the wearer (source control). Recommendations regarding masking may change as conditions evolve – such changes could include the presence of a new variant that increases the risk to the public, or an increased number of cases that strains the healthcare system. During future times of surge, additional access to testing resources, vaccination clinics, and therapeutic treatment may be made available as the situation warrants.

Physical Distancing and Cohorting

When possible, physical distancing should be implemented indoors in facilities where everyone is not vaccinated. The CDC recommends a distance of at least 6 feet between adults who are not fully vaccinated. Because of the essential service that child care programs provide, programs should not exclude children from in-person care to keep a minimum distance requirement. However, because of this, it is important to use the [layers of defense](#), including cohorting. The [CDC](#) offers the following recommendations for cohorting.

Ventilation

Providers can improve ventilation in their buildings by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems. Providers should also try to avoid crowded and/or poorly ventilated indoor activities (e.g., engaging in outdoor activities when possible). [The CDC offers additional guidance on ventilation in child care and schools.](#)

Handwashing and Respiratory Etiquette

Providers should continue to promote handwashing and covering coughs and sneezes by reinforcing regular health and safety practices with children and staff. Wash hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing; going to the bathroom; and before eating or preparing food. The administrative rules for centers ([R400.8134](#)) and homes ([R400.1924](#)) detail rule requirements. Continue to implement CDC [handwashing guidelines](#). Wearing gloves does not replace appropriate hand hygiene.

- Soap and water are the best option, especially if hands are visibly dirty. If you use hand sanitizer, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Continue to cover coughs with a tissue or sleeve.
- Systematically and frequently check and refill soap and hand sanitizers.

Contact Tracing

Providers should collaborate with their local health department for contact tracing in combination with quarantine to keep positive cases from spreading.

Providers are required to notify families and staff members of possible exposure to a communicable disease, like COVID-19. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1961](#)) detail rule requirements. Your local health department can help you do this. Speak with your local health department before notifying families. Remember to maintain confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws. Even if a family/student acknowledges and publicly discloses a positive test, child care staff must not participate in discussions or acknowledge a positive test. LARA has posted a sample letter you can share with families at www.michigan.gov/michildcare.

Resources

Vaccinations: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

CDC Guidance: [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs \(cdc.gov\)](#)

MI Safer Schools Guidance: [COVID-19 Guidance for Operating Schools Safely 728838 7.pdf \(michigan.gov\)](#)