



# Guidelines for Safe Child Care Operations During COVID-19

For Use in Licensed Child Care and School-age Enrichment Programs  
January 13, 2021

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**Note:** 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, and Labor and Economic Opportunity, 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. Visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) for updates. New versions of this document will be posted online and shared electronically with childcare 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.

## Introduction

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

This document provides tools to help you make the best decisions possible to limit the spread of COVID-19 and to create safe spaces for children and staff members. We will continue to update the document based on our best collective knowledge about how we fight this virus while providing quality childcare.

If you have questions about how and when to reopen, your licensing consultant is available to help you consider your options. [Here](#) is a tool to assist you in deciding whether you are ready to begin providing care.

**Note:** This document is written for licensed child care providers in home- and center-based environments. The health and safety protocols described here, however, are also relevant to school-age enrichment programs offered in schools and the community including before and after school providers, 21<sup>st</sup> Century Community Learning Centers Providers, and others.

## Create a COVID-19 Response Plan

### REQUIRED

All child care providers **must develop and implement a written COVID-19 preparedness and response plan**, as required by [MIOSHA Emergency Rules](#), including:

- How you will monitor symptoms of COVID-19.
- How your programs practice social distancing.
- How you will ensure hygiene (including regular cleaning and disinfecting).
- How you will use safety equipment (including PPE, when appropriate).
- Communication protocol to report symptoms or a positive test.
- Isolation procedure in case of symptoms or confirmed cases onsite.

Your plan should be available either on your website or in hard copy.

### HIGHLY RECOMMENDED

Your licensing consultant may request to review the response plan; however, response plans do not need to be submitted to licensing for approval.

It is highly recommended that you discuss your plan with staff from the [local health department](#) so that all roles and responsibilities are clarified, and updated contact information is included. It is also recommended that the local health department be provided with a final version of your response plan. In most jurisdictions throughout Michigan, the local health department will be leading any case investigation and contact tracing in the event that a child or staff develops symptoms of COVID-19 or is confirmed to have COVID-19. All determinations regarding isolation of ill children or staff or quarantine of their close contacts will be at the direction of the local health department (and their partners). Local health department staff are also

prepared to assist with decisions regarding the need for clinical evaluation of children or staff with COVID-19 symptoms and can connect you with timely testing resources in the area.

For up-to-date information about COVID-19, visit [Michigan.gov/coronavirus](https://www.michigan.gov/coronavirus).

## Prepare Your Physical Space

### HIGHLY RECOMMENDED

- **Identify a location to safely isolate individuals who develop symptoms during care.** If possible, pick a separate room away from other children where the sick individual can wait until they are picked up.
- **Post signage or visible markers** to indicate proper social distancing, hand washing, and cloth face mask wearing. Printable signs are available from:
  - CDC, including signs in multiple languages ([handwashing](#); [symptoms](#); [stay home when you're sick](#); [stay home when you're sick for children](#); [all signs](#)).
  - Department of Labor and Economic Opportunity ([workplace safety](#); [masks](#)).
- **Remove toys and objects which cannot be easily cleaned** or sanitized between use.
  - Toys should be limited to items made of materials that can be easily sanitized or disinfected.
  - Wooden toys are not ideal but can be used if appropriately cleaned on at least a daily basis.
  - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be [laundered](#) before being used by another child.
  - Children's books, and other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
    - Some have recommended that toys should be cleaned after each child uses them (especially if a child has mouthed the toy). Although this is ideal, it is not a recommendation most childcare settings can implement due to time and staff resource limitations. If cleaning is possible throughout the day: Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys."
    - Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning.
    - Try to have enough toys so that the toys can be rotated through cleanings.
- **Limit use of common spaces.**
  - When possible, divide large group spaces to allow more children to safely use the space. For example, use child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children.
  - If common spaces are used, consider rotating the use of the space.
  - Playground and outdoor equipment may be used.
- **Rearrange seating** to seat children six feet apart (when possible) and limit the number of children sitting together. This is especially true for meal times.

- **Use touchless trash cans** to provide a hands-free way to dispose of tissues and contaminants if they are available.
- **Ensure water is safe.** Take steps to ensure all water systems and drinking fountains are safe to use if your facility has been closed. Use these [guidelines from the CDC](#) to help. This minimizes the risk of Legionnaires' Disease and other diseases associated with stagnant water.
- **Ensure ventilation systems operate properly** and increase circulation of outdoor air as much as possible. Open windows and doors, if possible. Do not open windows or doors if doing so poses a safety or health risk to children using the facility.

## Monitor and Respond to Symptoms of COVID-19 in Children

### When Should a Sick Child Stay Home?

Providers should strictly enforce their sick policy, especially during flu season. 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
- 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 or vomiting
- New onset of severe headache, especially with a fever

Children should also stay home if they:

- Are in quarantine due to exposure to an individual with a confirmed case of COVID-19 or
- 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.

The CDC has [signs](#) available in multiple languages to help share symptoms with families.

### Where Can Children Get Tested for COVID-19?

If family is concerned that their child may have COVID-19, they should contact their healthcare provider or follow up with a local clinic/urgent care.

Families can also find a testing site using the [Testing Site Look Up Tool](#) or call the COVID-19 hotline at 888-535-6136 for help finding a site near you.

### **When Can A Sick Child Return to Child Care?**

When a child can return to care depends on their symptoms, whether they have a high risk for COVID exposure, and whether they test positive.

A child has a high risk of COVID exposure if they have had close contact with a person with COVID-19 within the past 14 days.

Close contact includes exposures within 6 feet of a person with COVID-19 for 15 minutes or more. This includes brief exposures totaling 15 minutes in a 24-hour period.

### **If a Child Tests Negative for COVID-19 or No Testing Was Done**

#### *No Testing Was Done*

- If a child visits a healthcare provider and another cause is identified for the symptoms, the individual may return to care once symptoms improve and they have been fever-free for at least 24 hours without the use of medicine that reduces fevers.
- If a test is not done, the individual should stay home until:
  - Has been fever-free for at least 24 hours without the use of medicine that reduces fevers **AND**
  - Other symptoms have improved **AND**
  - At least 10 days have passed since symptoms first appeared.

#### *Tests Negative*

- If a child was not exposed to COVID-19, a child may return to care based on a provider's illness policy.
- If a child was exposed to COVID-19 within the past 14 days, current [CDC guidelines](#) and [MDHHS guidelines](#) recommend they quarantine for at least 10 days, even with a negative test result and follow all instruction from the local health department.
  - After 10 days if no symptoms have developed, quarantine may end early, however continue to watch for symptoms until 14 days after exposure.
  - If symptoms appear, the child should be immediately isolated and contact the [local health department](#) or a health care provider.

### **If a Child Tests Positive for COVID-19**

Providers must cooperate with the local public health department to determine when a child may return to care after testing positive for COVID-19. In general, individuals must stay home until they:

- Have been fever-free for at least 24 hours without the use of medicine that reduces fevers **AND**
- Other symptoms have improved **AND**
- At least 10 days have passed since symptoms appeared or the individual tested positive.

Most children can return to care based on improved symptoms and the passage of time. There is no need to get a negative test or a doctor's note to clear the child to return to care.

### **Should Child Care Providers Check Children's Symptoms When They Arrive?**

It is recommended you screen children daily before arrival. 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. Due to the time required and the interruption to care, the health department and the CDC does not currently recommend universal symptom screenings for all child care providers.

Parents or caregivers should always be strongly encouraged to monitor their children for signs of infectious illness every day prior to sending children to care.

### **How Should Child Care Providers Check Children's Symptoms When They Arrive?**

Before children arrive:

- Identify a location to check for symptoms if you perform screenings.
  - Pick a location away from other children and families.
  - Wear a face mask and wash or sanitize your hands and the thermometer.
- Encourage families to check symptoms before coming to child care and keep sick children home. To support families with sick children,
  - Identify a staff person who will be responsible for handling questions and reporting about COVID-19 concerns.
  - Families should know who this person is and how to contact them to report illness or possible exposure.

When children arrive:

- Ask parents (and children if they are old enough to respond):
  - Has your child been in [close contact](#) with a person who has COVID-19? (If yes, the child should quarantine for at least 14 days after the last exposure, even with a negative test result. After 10 days, if no symptoms have developed, quarantine may end early, however continue to watch for symptoms until 14 days after the last exposure.).
  - Has your child felt unwell in the last 24 hours (a fever of 100.4 degrees or above or signs of fever (chills/sweating) vomiting, diarrhea, abdominal pain, sore throat, new uncontrolled cough that causes difficulty breathing, new onset of severe headache)?
- Make a visual inspection of the child for signs or illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Perform temperature checks.
  - Have multiple thermometers available for screening.
  - Thermometers should be cleaned and disinfected between uses, following the manufacturer's instructions.

- Temperatures can be taken using oral, tympanic (ear), or temporal (forehead) scanners.

The CDC offers additional guidance for [how to practically conduct these checks](#). Some additional recommendations:

- Make sure you have the necessary supplies for daily temperature checks including wipes, thermometers (touchless if possible), alcohol-based hand sanitizer, tissues, face masks/cloth face masks, etc.
- Make sure staff members are trained on the temperature check process and there is someone assigned to conduct monitoring.
- Be clear with families and staff about what happens if a child or shows symptoms.

### **What Should a Provider Do if a Child is Sick During the Day?**

- Send anyone who becomes ill home immediately.
- Isolate the child in a safe location until the child can be picked up. If the child is 2 or older, the child should wear a cloth face mask. Do not leave children alone. Any staff member caring for a child must wear a cloth face mask as well.
- The [CDC](#) offers guidance for how to watch for warning signs that symptoms are escalating and how to keep yourself safe when caring for someone who is sick.
- Encourage anyone that is ill to visit their primary care provider.

## **Monitor and Respond to Symptoms of COVID-19 in Adults**

### **When Should a Sick Staff Member Stay Home?**

Providers should strictly enforce their sick policy, especially during flu season. Staff members should stay home, or be sent home, if they are experiencing any of the following symptoms not explained by a known or diagnosed medical conditions:

- **ONE** of the following:
  - Fever of 100.4 degrees or above
  - Shortness of breath
  - Uncontrolled cough
- **OR TWO** of the following:
  - Diarrhea
  - Loss of taste or smell
  - Muscle aches without another explanation
  - Severe headache
  - Sore throat
  - Vomiting
  - Chills

Staff members should also stay home if they are in quarantine due to exposure to an individual with a confirmed case of COVID-19 or have other signs of illness described in a provider's sick policy. Use signage to remind employees about [symptoms](#) to watch and to [stay home](#) when they are sick.

## **Protections for Employees**

Providers should allow staff who are not feeling well to remain home without penalty. Under [Public Act 238 of 2020](#) employees may not be discharged, disciplined, or otherwise retaliated against for staying home when he or she is at particular risk for infecting others with COVID-19.

## **Where Can Staff Members Get Tested?**

If staff member is sick or if someone close to them is sick or has symptoms, they may want to get tested. Staff members can identify a testing site using the [Testing Site Look Up Tool](#) or by calling the COVID-19 hotline at 888-535-6136 for help finding a site near you.

## **When Can a Sick Staff Member Return to Work?**

When a staff member can return to work depends on their symptoms, whether they have a high risk for COVID exposure, and whether they test positive.

A staff member has a high risk of COVID exposure, if they have experienced any of the following in the past 14 days:

- Had close contact with a person with COVID-19.
- Had close contact with a person under quarantine for possible exposure to COVID-19.

Close contact includes exposures within 6 feet of a person with COVID-19 for 15 minutes or more. This includes brief exposures totaling 15 minutes in a 24-hour period.

Employers should not require sick employees to provide a COVID-19 test result or healthcare provider's note to validate their illness, qualify for sick leave, or return to work.

## **If a Staff Member Tests Negative or No Testing Was Done**

### *No Testing Was Done*

- If a staff member visits a healthcare provider and another cause is identified for the symptoms, the individual may return to care once symptoms improve and they have been fever-free for at least 24 hours without the use of medicine that reduces fevers.
- If a test is not done, the individual should stay home until:
  - Has been fever-free for at least 24 hours without the use of medicine that reduces fevers **AND**
  - Other symptoms have improved **AND**
  - At least 10 days have passed since symptoms first appeared.

### *Tests Negative*

- If a staff member was not exposed to COVID-19 and received negative test result, they may return to care based on a provider's illness policy.
- If a staff member was exposed to COVID-19 within the past 14 days, current [CDC guidelines](#) and [MDHHS guidelines](#) recommend they quarantine for at least 10 days, even with a negative test result and follow all instruction from the local health department.

- After 10 days if no symptoms have developed, quarantine may end early, however continue to watch for symptoms until 14 days after exposure.
- If symptoms appear, the staff member should be immediately isolated and contact the [local health department](#) or a health care provider.

### **If a Staff Member Tests Positive for COVID-19**

Providers must cooperate with the local public health department to determine when a staff member may return to care and work after testing positive for COVID-19. In general, individuals must stay home until they:

- Have been fever-free for at least 24 hours without the use of medicine that reduces fevers **AND**
- Other symptoms have improved **AND**
- At least 10 days have passed since symptoms appeared or the individual tested positive.

Most staff members can return to work based on improved symptoms and the passage of time.

### **Should Employers Check Staff Members' Symptoms When They Arrive?**

Yes. Employers must implement a daily self-screening protocol for all employees entering the workplace—including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19, as required by the Gatherings and Face Mask Order ([January 13, 2021](#)) issued by MDHHS.

Employers can create a workplace screening tool or use a virtual screener. One option is MI Symptoms, a free online tool from the state to help organizations screen their members for COVID-19 symptoms: <https://misymptomapp.state.mi.us/login>.

### **What Should a Provider Do If a Staff Member is Sick During the Day?**

If a staff member begins to feel ill during the day, they should go home. If an individual is the only caregiver, they should limit close interactions with children until they can be relieved by another staff member. In a home-based environment, children may need to be picked up if no other caregiver is available.

The [CDC](#) offers guidance for how to watch for warning signs that symptoms are escalating and how to keep yourself safe when caring for someone who is sick. Encourage anyone that is ill to visit their primary care provider.

## **Report a Confirmed Case of COVID-19**

### **If a Child or Staff Member Has a Confirmed Case of COVID-19**

1. **Report the case to your [local health department](#)** and respond to questions such as:
  - When was the staff/child in attendance?
  - Who is the staff/child near (less than 6 feet) throughout the day?

- Has there been adequate physical distancing throughout the day?
- Are there others at the childcare facility that live with the staff or child?
- When are face masks worn in the facility?

Your local health department will also ask you to participate in contact tracing to limit the spread of the virus.

To help, child care providers should collect the contact information for any [close contacts](#) of the affected individual while at the center or child care home from two days before he or she showed symptoms or tested positive to the time when he or she was last present in care. The local health department will ask for this information to support contact tracing. A [close contact](#) includes:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more within a 24-hour period. This includes brief exposures totaling 15 minutes in a 24-hour period.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person.
- You shared eating or drinking utensils.
- They sneezed, coughed, or somehow got respiratory droplets on you.

**2. Determine the appropriate steps to take to reduce transmission.**

- Your local health department will assess your specific situation and identify the steps you should take to reduce transmission. This may include closing a classroom or your facility.
- At a minimum, your local health department will recommend the classroom/facility be cleaned, and they may recommend that everyone in that classroom be quarantined for up to 14 days.
- The local health department may also recommend a 14-day quarantine for all other household members and [close contacts](#).

**If you cannot reach your local health department immediately:**

- Monitor children and staff members for symptoms.
- Clean and disinfect the classroom or your facility. If possible, close off the area for at least 24 hours before cleaning. If that is not feasible, wait as long as possible and then clean and disinfect your home or the facility following [CDC guidance](#).
- Clean high touch surfaces more frequently.
- Clean hands more frequently.
- Wear a cloth face mask, whenever possible.

Local health departments typically respond within 24 hours. If you don't receive a response within 24 hours, reach out to them again.

3. **While not required, we encourage you to contact your licensing consultant to discuss COVID-19 in your child care facility.**
4. **Notify families and staff members.** You are required to notify families of possible exposure to a communicable disease, like COVID-19. 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, childcare 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](http://www.michigan.gov/michildcare).

## Practice Social Distancing

### HIGHLY RECOMMENDED

#### Maintain Consistent Groups

When creating a plan to safely provide care during COVID-19, remember “less is best.” Limit group sizes, the number of staff members caring for a child, and the number of spaces a child is in during the day as much as possible.

We acknowledge that social distancing is very challenging in a childcare setting. These best practices identify steps providers can take to help.

- In a center, consistent adults should remain with groups of similar aged children. It is particularly important that infants less than 6 months are separated from older children because they cannot be vaccinated against influenza.
- Contact with external adults and between groups of children should be limited. For example, playground time should be rotated between groups and specialist teachers (e.g. music, art) should be limited.
- Place cribs, porta-cribs, cots and mats at least six feet apart, when possible. Place bedding in head-to-toe positioning.

Group size guidelines vary based on which phase of the Mi Safe Start plan your community is in.

Phase	Group Size Guidelines
Phases 1-3	It is highly recommended that groups sizes be kept to 10 or fewer children.
Phases 4	Providers may operate at their licensed capacity and should continue to keep children and staff in consistent groups.
Phase 5	Providers may operate at their licensed capacity and should continue to keep children and staff in consistent groups.

### **Limit Use of Common Spaces**

- When possible, divide large group spaces to allow more children to safely use the space. For example, use child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children.
- If common spaces are used, consider rotating the use of the space. Clean common spaces in between groups.
- Playground and outdoor equipment may be used.
- Consider eliminating use of water and sensory tables and frequently touched objects.

### **Assess Drop Off and Pick Up Times**

To minimize the potential spread of COVID-19, limit the number of individuals in your facility at drop off, pick up, and throughout the day. Consider restructuring drop off and pick up times to allow for maximum social distancing.

- Require all visitors to wear a face mask.
- Set up hand hygiene stations at the entrance of your facility so children and parents can clean their hands. Use soap and water or hand sanitizer with at least 60% alcohol. The hand sanitizer should remain out of the reach of children and be used under adult supervision.
- Stagger arrival and drop off times and plan to limit direct contact with parents to the extent possible. If possible, have staff meet children at curbside, near the facility, and escort them into and out of the building. These practices need to be balanced with the impact on a child's transition time, the parent's work schedule, and the impact on instructional time.
- Limit the number of people dropping off or picking up a child to one adult.
- Ask parents to avoid congregating in a single space or a large group.
- The CDC offers additional guidance for how to minimize potential spread of the virus during [pick up and drop off](#).

The Michigan Department of Education is also offering flexibility on how parents sign in and out. During the state of emergency and reopening of childcare there are two alternate ways to obtain parental signature for time and attendance purposes.

- Create a separate document for parents to sign and return at the end of the week.
- Confirm attendance times via email.

In both instances you should maintain copies of the documents and attach to the time and attendance record for the week as part of your requirement to keep records for four years.

### **Limit Visitors**

- Restrict the individuals in your facility or home as much as possible. Limit non-essential visitors, volunteers, and activities including groups of children or adults.
- Licensing consultants are considered essential visitors.

### **Meals and Snacks**

- Children and staff are required to wash hands before meals and snacks and should wash hands after meals and snacks.
- In centers, offer food in classrooms or an outdoor area, if possible.
- Rearrange seating to seat children six feet apart (when possible) and limit the number of children sitting together.
- Meals provided by the childcare should be delivered to classrooms in centers with disposable utensils, if possible. If you do family style meal service, modify your practice, and have students eat together, but not serve themselves.
- If a cafeteria or common space is used for meals or snacks, arrange seats six feet apart and only have one group of children in the room at a time.

### **Gatherings and Special Events**

- Continue to cancel or delay gatherings and special events that convene larger groups of children or families.
- Cancel or delay off-site field trips that require bus transportation to an indoor location.

### **Transportation**

Childcare providers should continue to avoid non-essential travel for children and staff. If travel is necessary,

- The Gatherings and Face Mask Order ([January 13, 2021](#)) issued by MDHHS requires that masks be worn by all staff and children ages 2 years and up while on a school bus or other transportation provided by the child care organization.
- Take the temperature of all children and staff members as they enter the bus.
- Use hand sanitizer before entering the bus. Hand sanitizer must be supplied on the bus.
- The bus driver, staff, and all children in grades preK-12, if medically feasible, must wear face masks while on the bus. Note: There may be situations where it is not safe for the bus driver to wear a face mask. Decisions about these situations should be made on a case-by-case basis with local public health officials.
- Clean and disinfect frequently touched surfaces in the transportation vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) before and after each route.
- Clean, sanitize, and disinfect equipment including items such as car seats, wheelchairs, walkers, and adaptive equipment being transported to schools daily.
- If a child becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above. If a driver becomes sick during the day, they must follow protocols for sick staff outlined above and must not return to drive students.
- Weather permitting, keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Weather permitting, consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.

## Reinforce Best Practices to Promote Hygiene

Childcare providers are experts in limiting the spread of illness. Reinforce the best practices you already use with children and staff members to limit the spread of COVID-19 too.

### Hand Washing

Reinforce 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.

- 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. The CDC has [flyers](#) you can print and post in your facility.
- Systematically and frequently check and refill soap and hand sanitizers.

### Cleaning and Disinfecting

If possible, cleaning staff should wear a cloth face mask, gloves, and a face shield when performing cleaning of these areas.

- **Frequently touched surfaces** (including light switches, door handles, playground equipment, benches, bathrooms) should be cleaned and disinfected at least every four hours with either an EPA-[approved disinfectant](#) or diluted bleach solution.
- **Common areas** require at least a daily deep clean (for example, sinks, bathrooms, doorknobs, tabletops, and shared items). Use these guidelines from the CDC for [cleaning and disinfecting](#).
- **Toys** should be cleaned frequently, especially items that have been in a child's mouth. Some have recommended that toys should be cleaned after each child uses them (especially if a child has mouthed the toy). Although this is ideal, it is not a recommendation most childcare settings can implement due to time and staff resource limitations.
- **Outdoor areas, like playgrounds**, require normal routine cleaning, but do not require disinfection.
  - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
  - Sidewalks and roads should not be disinfected. Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

- Ensure [safe and correct use](#) and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

### **Items from Home**

- Limit the number of items brought into the facility because this may be a way to transmit the virus. For example, children should be brought into the center without car seats.
- Consider leaving a pair of shoes or slippers at the facility for each child and staff member. If possible, they should be washed or sanitized weekly.
- Comfort items may be especially needed during this time of transition as they may reduce stress for children and staff members. To avoid these items coming into contact with many children, efforts should be made for these items to be placed in a cubby or bin and be used at naptime or as needed. If possible, a comfort item should remain at the childcare facility to avoid cross contamination from another site. Items should also be washed at least weekly.
- Soft materials (such as blankets, soft comfort items, or clothing) should be washed daily, either at the facility or the child's home (The CDC offers tips on how to effectively [clean soft objects](#)).

## **Use Face Masks and Appropriate Safety Equipment**

Personal protective equipment (PPE) is necessary in many settings to keep individuals safe. Childcare providers do not need to wear N95 or surgical masks, smocks, or face shields, however, other protective equipment is appropriate. It is recommended that a cloth face mask be worn during cleaning.

### **REQUIRED**

#### **Masks or Cloth Face Coverings**

Wearing a cloth face mask indoors and outside when unable to physically distance from others is now mandated in Michigan per the Gatherings and Face Mask Order ([January 13, 2021](#)) issued by MDHHS. It is one of the most important ways to reduce transmission of COVID-19. The CDC provides [Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools](#) that provide practical recommendations for child care facilities to implement the requirements.

### When and Where to Wear a Cloth Face Mask in Your Facility

Environment	Staff	Children Ages 2-3	Children Ages 4	Children Ages 5 and up	Parents and visitors
Classrooms, homes, cabins, or similar indoor settings	Required	Should be encouraged*	Should be encouraged*	Required	Required
Indoor hallways and common areas	Required	Should be encouraged*	Required	Required	Required
School bus or transportation	Required	Required	Required	Required	Required
Outside with social distancing	Not required	Not required	Not required	Not required	Not required

\* Although cloth face masks are not required in these settings, they should be encouraged if tolerated.

### Exceptions

- **Age:** Cloth face masks should never be placed on young children under age 2.
- **Medical condition:** Anyone who cannot medically tolerate a cloth face mask, has trouble breathing, or is unable to remove the face covering without assistance should not wear a face mask.
  - Providers with staff that claim the medical exemption to wearing a face mask should view [MIOSHA guidance](#) on this topic and contact MIOSHA's COVID-19 hotline with any questions: 855-SAFEC19 (855-723-3219)."
- **Eating and drinking:** Cloth face masks may be removed while eating and drinking.
- **Sleeping:** Children should never wear face mask while sleeping or resting.
- **Exercising outdoors** and able to consistently maintain six feet of distance from others
- **Swimming:** People should not wear cloth face mask while engaged in activities that may cause the cloth face covering to become wet, like when [swimming at the beach or pool](#). A wet cloth face mask may make it difficult to breathe. For activities like swimming, it is particularly important to maintain physical distance from others when in the water.
- Are communicating with someone who is deaf, deafblind, or hard of hearing and whose ability to see the mouth is essential to communication.

### Face Shields

Plastic face shields are not a replacement for cloth face masks but may be used in **conjunction** with cloth face masks in any of the above settings. In settings in which cloth face coverings are **not required**, plastic face shields may be worn alone, and may offer some degree of risk mitigation.

Per the [CDC](#), if face shields are used without a cloth face masks, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be

worn for a single use. Reusable face shields should be cleaned and disinfected after each use. Plastic face shields for newborns and infants are NOT recommended.

### **Surgical Masks**

Cloth face masks are not surgical masks or respirators. Currently, those are critical supplies that should continue to be reserved for healthcare workers and other medical first responders, as recommended by current [CDC](#) guidance.

### **Providing Cloth Face Masks to Staff**

By [MIOSHA Emergency Rules](#), employers whose workers perform in-person work must provide non-medical grade face coverings to their workers at no cost. This includes child care providers. Cloth face coverings, such as a homemade mask, scarf, bandana, or handkerchiefs, are best. N95 masks and surgical masks are not recommended at this time. The only exception is if providers are administering aerosolized procedures for students with special needs in which an N95 mask is required. The [CDC](#) provides more guidance for how to properly wear and sanitize a cloth face covering.

### **Social Emotional Health While Wearing Face Masks**

Child care providers will need to use strategies to prepare children for seeing their caregivers in cloth face masks and attend to children's emotional responses to this new normal. One option is for caregivers to share a picture of themselves with and without the cloth face covering in advance of a child's return to care. Another option is to use pediatric appropriate cloth face masks (for example, with child friendly designs or characters) made by community members who will donate them or produce them at an affordable price for providers.

The [American Academy of Pediatrics](#) provides tips for how to help children be more comfortable wearing cloth face masks.

### **Gloves**

It is recommended that providers wear gloves in a manner consistent with existing licensing rules (for example, gloves should be worn when handling contaminants, changing diapers, cleaning or when serving food). Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not recommended for broader use.

## **Partner and Communicate with Families**

Providers should actively contact families to determine when children will return to care and discuss new policies and procedures.

### **Proactively Contact Families**

Providers should reach out to families that have not been in care to:

- Determine when they will return to care.
- Discuss concerns or questions families have about returning to childcare and how you can address them together.
- Discuss any health concerns/conditions which may make the child at higher risk for complications if exposed to COVID-19.

- Encourage them to have back-up childcare plans if the child or a family member becomes ill or is required to self-quarantine due to possible COVID-19.

Remind families that immunocompromised children and children with chronic respiratory conditions should only return to childcare under the direction of their primary care provider.

It is recommended that children should be up to date with current vaccination schedules to protect from vaccine-preventable infectious disease outbreaks, including influenza. If vaccines have been delayed because of the stay-at-home order, families should have a plan with their child's medical provider for catch-up vaccinations in a timely manner.

### **Share New Policies and Expectations**

Discuss the steps you are taking to make your facility as safe as possible. Review new policies and procedures before a child returns to care and set clear expectations for when sick children must stay home and when they may return.

### **Support Children's Social-Emotional Needs**

Childcare providers should provide families and staff with resources to prepare for the transition back to childcare.

Children should be prepared for the return to childcare by parents and the childcare provider. Video calls, role playing at home (e.g. placing masks on/off dolls, stories, and other activities) could help reduce the stress of re-entry to childcare.

### **Share Resources**

- [Crisis Parent and Caregiver Guide](#), from the Michigan Children's Trust Fund.
- [Talking with Children about COVID-19](#), from the CDC.
- [Helping Young Children Through COVID-19](#), from Zero to Thrive (includes Arabic and Spanish translations).
- [Georgie and the Giant Germ](#), from Zero to Thrive and Tender Press Books.  
[Kai Ming Going To School Social Story](#), developed by Vivian Wong and Aileen Mui ([English](#), [Spanish](#), [Chinese](#)).

## **Partner and Communicate with Staff Members**

### **Proactively Contact Staff Members**

Providers should reach out to all staff members to:

- Determine when they will return to work.
- Discuss concerns or questions staff members have about returning to work and discuss how you can address them together.
- Discuss any health concerns/conditions which may make a staff member at higher risk for complications if exposed to COVID-19. Take care to respect employee's privacy. Staff with underlying health conditions or at higher risk should consult with their primary care physician/medical provider before returning to work.
- Share the steps you are taking to make your facility as safe as possible.

### **Share Employees' Rights**

Under [Public Act 238 of 2020](#), employees may not be discharged, disciplined, or otherwise retaliated against for staying home when he or she is at particular risk for infecting others with COVID-19.

### **Create a Staffing Plan**

- Assess staffing needs based on projected enrollment, the need to limit exposure across groups, and the need to practice social distancing.
- Consider how you will handle the potential need to quarantine staff or allow for longer absences from work than normal.

### **Train Staff**

Employers are required to train employees about COVID-19 by [MIOSHA Emergency Rules](#). This includes how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19. Required training includes steps employees must take to notify employers of signs and symptoms of COVID-19 and a suspected or confirmed diagnosis, and measures the employer and employees are taking to limit the spread of the virus (including PPE).

Childcare providers should, specifically:

- Ensure staff are provided training opportunities to better understand COVID-19 and care for children safely. These courses may help meet your training requirements:
  - [Caring for children in care during COVID-19](#), from the federal Office of Head Start.
  - [Preventing and managing infectious diseases in Early Education and Child Care](#), free from the American Academy of Pediatrics.
- When possible, provide training virtually. If in-person training is needed, follow the [MIOSHA Emergency Rules](#) (October 14, 2020 ).

### **Provide Resources to Support Children's Social Emotional Needs**

Partner with staff to develop a plan to support the emotional reactions of children returning to childcare. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the "disappearance" of their childcare provider, and some may act out toward other children. Whatever the reactions, staff may need some new tools in their toolkit to assist the child with emotional regulation.

### **Provide Resources to Support Staff Members' Social Emotional Needs**

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead.

As essential workers in the COVID-19 pandemic, childcare providers may have worries about their own physical or psychological health, and the potential risk to their family members at home. Because young children internalize the stress of the adults who care for them, it is vitally

important to provide supports and services to the childcare providers to ensure their emotional well-being.

Strategies to “help the helpers” can include professional development supports such as access to behavior health consultation, and reflective consultation, which can help providers remain emotionally available, sensitive, and responsive to the needs of the infants and young children they care for.

**APPENDIX**

<b>Date of Update</b>	<b>Page of Update</b>	<b>Description of Change</b>
12/04/2020	6-7 and 9-10	Updated CDC Guidance
12/04/2020	17	Updated MIOSHA Guidance
12/14/2020	10, 14, 16	Updated MDHHS Order
12/21/2020	10, 14, 16	Updated MDHHS Order
01/13/2021	10, 14, 16	Updated MDHHS Order