



# Guidelines for Safe Child Care Operations During COVID-19

For Use in Licensed Child Care and School-age Enrichment Programs  
June 28, 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 recommended to ensure children, families, and staff members are as safe as possible. **Where requirements are mentioned, the authority for such requirements will also be included.**

This document provides tools 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. We will continue to update the document based on our best collective knowledge about how we fight this virus while providing quality childcare.

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

## Prepare Your Physical Space

Child care providers shall have a plan for when children and staff become ill at the facility.

- **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. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1961](#)) detail rule requirements.
- **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](#)).
- **Ensure water is safe.** Take steps to ensure all water systems and drinking fountains are safe to use in your facility. 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 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
- 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.

Children who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been [fully vaccinated](#) against the disease and show no symptoms.

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-19 exposure, and whether they test positive.

A child has a high risk of COVID-19 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.

Prior to returning to child care, an ill child should be free of symptoms (vomiting, diarrhea, or fever without fever reducing medication) for at least 24 hours. Certain communicable diseases, including COVID-19, have disease-specific exclusion periods.

## 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 [MDHHS guidelines](#) recommend they quarantine for at least 14 days, even with a negative test result and follow all instruction from the local health department.
  - If symptoms appear, the child should be immediately isolate, 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, DHHS and the CDC do 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.

Before children arrive:

- Identify a location to check for symptoms if you perform screenings.
  - Pick a location away from other children and families.
  - If unvaccinated, 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.

### **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. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1961](#)) detail rule requirements. Be sure not to not leave children alone.
- 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 feeling unwell or experiencing any of the symptoms of COVID-19. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1919](#)) detail rule requirements.

Staff members who are not fully vaccinated and 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 should stay home. Use signage to remind employees about [symptoms](#) to watch and to [stay home](#) when they are sick.

Staff members who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been [fully vaccinated](#) against the disease and show no symptoms.

### **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.

An unvaccinated staff member has a high risk of COVID exposure, if they had close contact with a person with COVID-10 in 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.

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 an unvaccinated staff member was exposed to COVID-19 within the past 14 days, current [MDHHS guidelines](#) recommend they quarantine for at least 14 days, even with a negative test result and follow all instruction from the local health department.
  - If symptoms appear, the staff member should be immediately isolated, 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?**

It is recommended that child care providers implement a daily self-screening protocol for employees. Providers 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 it is recommended that you:**

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 do not receive a response within 24 hours, reach out to them again.

**3. We encourage you to contact your licensing consultant to discuss how these guidelines may impact your child care facility.**

4. **Required: Notify families and staff members.** You are required to notify families 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, 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).

### Meals and Snacks

- Children and staff are required to wash hands before meals and snacks and should wash hands after meals and snacks. The administrative rules for centers ([R400.8134](#)) and homes ([R400.1924](#)) detail rule requirements.
- In centers, offer food in classrooms or an outdoor area, if possible.
- Rearrange seating to seat children to promote physical distancing (when possible) and limit the number of children sitting together.
- Meals provided by the child care should be delivered to classrooms in centers with disposable utensils, if possible. For any 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 to promote physical distancing and only have one group of children in the room at a time, if possible.

### Transportation

Childcare providers should be sure to take precautions when using transportation.

- The [Centers for Disease Control and Prevention](#) requires everyone over the age of 2 years old (regardless of vaccination status) wear a mask when riding in vehicles, except for those who are medically unable. This includes childcare transportation, school buses, and other non-private vehicles.
- Create distance between children when possible.
- Use hand sanitizer before entering the bus. Hand sanitizer must be supplied on the bus.
- 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. 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. 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** should be routinely cleaned and disinfected 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. The administrative rules for centers ([R400.8173](#)) and homes ([R400.1915](#)) detail rule requirements.
- 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.

## 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.

### Masks or Cloth Face Coverings

Correctly and consistently using [well-fitted masks](#) that cover the nose and mouth is recommended by the CDC as a key prevention strategy. Wearing a face mask in vehicles is required by The [Centers for Disease Control and Prevention](#) for everyone over the age of 2 years old (regardless of vaccination status). 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. Currently, the CDC recommends schools continue to use the COVID-19 prevention strategies that are outlined in the current version of [CDC's Operational Strategy for K-12 Schools](#) for at least the remainder of the current academic school year.

### 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) The administrative rule for centers ([R400.8137](#)) details rule requirements. 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 discuss any new policies and procedures.

### Proactively Contact Families

Providers should reach out to families to:

- Determine when they will return to care.
- 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 The administrative rules for centers ([R400.8143](#)) and homes ([R400.1907](#)) detail rule requirements..

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. Eligible staff and children are encouraged to be [vaccinated](#) against COVID-19.

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

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

### **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](#)).
- Information about the [COVID-19 vaccine](#).

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

### **Proactively Contact Staff Members**

Providers should reach out to all staff members to:

- 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**

Providers should train their staff about COVID-19. Topics for the training could include:

- Workplace infection-control practices, including information on COVID-19 vaccinations;

- The proper use of personal protective equipment;
- Steps employees must take to notify employers of signs and symptoms of COVID-19 and a suspected or confirmed diagnosis; and,
- How to report unsafe working conditions.

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.

**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 Epidemic Order.
12/21/2020	10, 14, 16	Updated MDHHS Epidemic Order.
01/13/2021	10, 14, 16	Updated MDHHS Epidemic Order.
01/26/2021	10,14,16	Updated MDHHS Epidemic Order.
02/05/2021	5	Added a statement about mold/mildew.
02/05/2021	12	Removed information and corresponding table for group sizes as they related to different phases of the state.
02/05/2021	10, 14, 16	Updated MDHHS Epidemic Order.
03/19/2021	10, 14, 16	Updated MDHHS Epidemic Order.
04/06/2021	9	Added quarantine guidance for vaccinated staff.
04/06/2021	6, 7, 10	Updated MDHHS recommendation for period of quarantine.
04/16/2021	16, 17	Updated MDDHS Epidemic Order.
05/06/2021	14, 16	Updated MDHHS Epidemic Order.
05/6/2021	10	Updated reference from MDHHS Epidemic Order to MIOSHA Emergency Rules.
05/06/2021	16	Updated chart for where and when to wear a face mask.
05/10/2021	16	Updated chart for where and when to wear a face mask.
05/20/2021	16	Updated chart for where and when to wear a face mask.
05/20/2021	16, 17	Updated exceptions for wearing a face mask.
05/20/2021	14, 16	Updated MDHHS Epidemic Order.
05/27/2021	3	Updated COVID-19 preparedness and response plan requirements.  Updated language for preparing your physical space.
05/27/2021	4	Deleted Limit Use of Common Spaces and Rearrange Seating.
05/27/2021	7	Deleted list of symptoms in Monitor and Respond to Symptoms of COVID-19 in Adults.
05/27/2021	12	Deleted Practice Social Distancing section

05/27/2021	3, 9, 14, 15, 16	Updated MIOSHA Emergency Rules.
05/27/2021	12, 13	Updated MDHHS Epidemic Order.
05/28/2021	6	Removed process for when children arrive at a facility.
05/28/2021	16	Removed regarding resources to support children's social emotional needs and staff social emotional needs.
06/28/2021	4	Updated language and added references to applicable rules.
06/28/2021	6	Updated language and added reference to applicable rules.
06/28/2021	8	Updated language. Removed reference to MiOSHA Emergency Order.
06/28/2021	10	Added reference to applicable rules. Removed reference to MDHHS Order.
06/28/2021	11	Updated language. Added reference to applicable rules.
06/28/2021	12	Updated guidance for mask.
06/28/2021	13	Added reference to applicable rules.
06/28/2021	14	Removed reference to MiOSHA Emergency Rules.