



Guidelines for Safe Child Care Operations During COVID-19

For Use in Licensed Child Care and School-age Enrichment Programs
Reissued to Align with Executive Orders 2020-142 and 2020-164
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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 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, and executive 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 new Executive Orders and 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, 21st Century Community Learning Centers Providers, and others.

Create a COVID-19 Response Plan

REQUIRED

All childcare providers **must develop and implement a written COVID-19 preparedness and response plan** including:

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

Your plan must be available to families and staff members.

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 covering wearing. Printable signs are available from:
 - CDC, including signs in multiple languages ([handwashing](#); [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.
 - Cloth toys are not recommended at this time.
 - 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.
- **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 foundations 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 Symptoms of COVID-19

Additional guidance on infection control practices to prevent the spread of COVID-19 per EO 2020-164.

REQUIRED FOR STAFF

HIGHLY RECOMMENDED FOR CHILDREN

- Child care providers are required to check for staff for COVID-19 symptoms when they arrive (per [Executive Order 2020-161](#)) and are highly recommended to check children for symptoms.
 - It is recommended that the checks are conducted before children and staff enter classrooms and/or your center/home.
 - Consider designating an area that allows for privacy.
- A re-check is required if an individual appears sick or displays symptoms for COVID-19.

Children

- Fever is the **key** indicator for young children. If a child's temperature is above 100.4 degrees, the child should be excluded from care. Cough and/or diarrhea in addition to fever is suggestive of coronavirus.
- When children arrive:
 - 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.
 - 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 family should self-quarantine for 14 days.)
 - Has your child felt unwell in the last 24 hours (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, rash, nausea or vomiting, and/or diarrhea)
 - Visually check the child for signs of illness, including flushed cheeks, rapid or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- As young children are not reliable reporters of their symptoms, asking children about additional coronavirus symptoms is not useful (for example, shortness of breath, change in taste).
- Continue to monitor symptoms throughout the day and monitor temperatures when children appear ill or "not themselves."

Staff

- When staff members arrive:
 - Perform temperature checks when staff arrive. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between uses, following the manufacturer's instructions.
 - Screen for fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.
 - Staff arriving with fever above 100.4 or and have symptoms listed in the screening form must be sent home.
- Staff should report contact with anyone outside of work who has had a documented case of COVID-19. Staff should be instructed to self-quarantine if they have been exposed to COVID-19.

Families

- Childcare providers should create a plan for how families should tell you about confirmed cases of COVID-19 in their household.
- Families should report to their provider possible illness if their child or a family member in their household has tested positive for COVID-19.

Tips for Daily Implementation

The CDC offers 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 coverings, 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 staff member shows symptoms.
- Identify a staff person who will be responsible for handling questions and reporting about COVID-19 concerns. Employees should know who this person is and how to contact them.

Testing

In Michigan, we want anyone who needs a test to get one. Expanded testing is available across the state. Now, most people are eligible to be tested for COVID-19, even if they don't have symptoms. Look for 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.

Respond to Possible or Confirmed Cases of COVID-19

REQUIRED

All childcare providers must:

- Cooperate with the local public health department if a confirmed case of COVID-19 is identified.
- 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.

What counts as a close contact?

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (touched, hugged, or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

HIGHLY RECOMMENDED

If a Child or Staff Member Has Symptoms of COVID-19

- Send anyone who becomes ill home immediately.
- Isolate people who become ill while in care but cannot leave immediately.
 - For children: 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 covering. Do not leave children alone. Per [Executive Order 2020-164](#) any staff member caring for a child shall wear a cloth face covering as well.
 - For staff: 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.

You are required to report **positive cases of COVID-19** to your licensing consultant and your local health department but are not required to report only symptoms.

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 coverings worn in the facility?

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

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. 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 covering, 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. **Report the case to your licensing consultant.**

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.

Set Guidelines for Returning to Care and Work

REQUIRED

Providers must cooperate with the local public health department to determine when children and staff members may return to care and work after testing positive for COVID-19.

HIGHLY RECOMMENDED

If a Child or Staff Member Has a Fever or Cough

- Follow your child and staff illness policy.
- The [CDC](#) recommends that children be fever free for 24 hours before returning to care (even if other symptoms are not present).

If a Child or Staff Member Has Symptoms of COVID-19

- If a child or 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 another cause is not identified, the individual should be tested for COVID-19.
- 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.

If a Child or Staff Member Tests Positive for COVID-19

Your local health department will tell you when the individual may return. In general, individuals must 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 or the individual tested positive.

Testing and Returning to Care and Work

Most children and staff members can return to care/work based on improved symptoms and the passage of time. Local health departments may recommend that some individuals (for example, immunocompromised individuals) receive two negative tests in a row, 24 hours apart.

Protections for Employees

Providers should allow staff who are not feeling well to remain home without penalty. Under [Executive Order 2020-166](#) 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. See the Executive Order for complete details on whether employees must be paid and when they must return to work.

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 covering.

- 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.

- You can 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,

- [Executive Order 2020-164](#) requires that masks be worn by all staff and children ages 2 years and up.
- 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 facial coverings while on the bus. Note: There may be situations where it is not safe for the bus driver to wear a facial covering. 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 surgical 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 Coverings 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.

REQUIRED IN PHASES 1-4.

HIGHLY RECOMMENDED IN PHASE 5

Masks or Cloth Face Coverings

Wearing a cloth face covering indoors and outside when unable to physically distance from others is now mandated in Michigan. It is one of the most important ways to reduce transmission of COVID-19. Providers should provide frequent reminders that wearing a cloth face covering is not for the protection of the wearer but rather for those around them. Given the possibility of asymptomatic transmission occurring, nobody knows if or when they may be actively infected and able to infect those around them.

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 Covering in Your Facility

| Phase | Environment | Staff | Children Ages 2-3 | Children Ages 4-11 | Children Ages 12 and up | Parents and visitors |
|------------|-------------------------------------|--|-----------------------|-----------------------|-------------------------|----------------------|
| Phases 1-4 | Classrooms, Small Groups, and Homes | Required | Should be encouraged* | Should be encouraged* | Required | Required |
| | Common spaces | Required | Should be encouraged* | Required | Required | Required |
| | Outside with social distancing | Not required | Not required | Not required | Not required | Not required |
| | Transportation | Required | Required | Required | Required | Required |
| Phase 5 | All environments | Providers are strongly encouraged to continue wearing cloth face coverings as described in phases 1 through 4. | | | | |

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

Exceptions

- **Age:** Cloth face coverings should never be placed on young children under age 2.
- **Medical condition:** Anyone who cannot medically tolerate a cloth face covering, has trouble breathing, or is unable to remove the face covering without assistance should not wear a face covering.
- **Eating and drinking:** Cloth face coverings may be removed while eating and drinking.
- **Sleeping:** Children should never wear face coverings while sleeping or resting.
- **Activity:** Cloth face coverings are not appropriate during some activities:
 - **Swimming:** People should not wear cloth face coverings 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 covering may make it difficult to breathe. For activities like swimming, it is particularly important to maintain physical distance from others when in the water.
 - **High intensity:** People who are engaged in high intensity activities, like running, may not be able to wear a cloth face covering if it causes difficulty breathing. If unable to wear a cloth face covering, consider conducting the activity in a location with greater ventilation and air exchange (for instance, outdoors versus indoors) and where it is possible to maintain physical distance from others.

Face Shields

Plastic face shields are not a replacement for cloth face coverings but may be used in **conjunction** with cloth face coverings 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 covering, 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 coverings 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 Coverings to Staff

By [Executive Order](#), Governor Whitmer has required all employers whose workers perform in person work to provide non-medical grade face coverings to their workers. 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 Coverings

Childcare providers will need to use strategies to prepare children for seeing their caregivers in cloth face coverings 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 coverings (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 coverings.

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 [Executive Order 2020-166](#), 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. See the Executive Order for complete details on whether employees must be paid and when they must return to work.

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 strongly encouraged to train employees about COVID-19. 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.
- Limit in person staff meetings to no more than 10 people. Maintain social distancing requirements.

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.