**Maryland Child Care COVID-19 Build-A-Plan Tool**

Child Care Centers & Letter of Compliance Facilities

**Using This Tool to Develop a COVID-19 Plan**

With the spread of COVID-19, child care providers are being asked to develop and implement new health and safety protocols to ensure children, families, and staff members are as safe as possible. This "Build-A-Plan Tool" was designed to help your program meet new state requirements, follow best practices and recommendations to limit the spread of COVID-19, and make the decisions that are right for your staff and families and feasible within your specific program context. You may use the document produced by this tool as a supplement to your regular policies and procedures handbook and/or manual.   
  
This tool is based on the following guidance issued by the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH):

* [Maryland Together: Maryland's Recovery Plan for Child Care](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/msde_child_care_recovery_plan_v.15.pdf)
* [COVID-19 Guidance for Child Care Facilities](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/covid_guidance_full_080420.pdf)
* [Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency](http://earlychildhood.marylandpublicschools.org/early-childhood-grants-programming-and-initiatives-maryland-during-covid-19-state-emergency)

**Please note that programs must follow whatever regulations that apply to them that are the most stringent (e.g., if local health department and/or education office restrictions are more restrictive than state guidance, these take precedence).**

By completing this tool and implementing your plan in your program, you are eligible for one (1) Professional Activity Unit (PAU) credit. Instructions for obtaining your personalized PAU verification letter are at the end of this tool.

**How to Use the Build-A-Plan Tool**

* Summaries of MSDE/MDH guidance are found in gray text boxes like this one. Delete the text boxes when you are done so they do not appear in your plan.
* The tool will specify whether practices are **RECOMMENDED** or **REQUIRED.** Many of the practices in the guidance documents are recommended best practices that can help reduce the likelihood of viral spread and program closure but are not required. We recognize that you are doing your best in these challenging circumstances and may not be able to implement all recommendations.
* Customize your plan by filling in the highlighted text for your program, editing and/or deleting other text/images as necessary (e.g., strategies listed as bullets), and deleting guidance text boxes so they do not appear in your plan.

If you have any questions related to the COVID-19 guidance for child care programs, please contact **Manjula Paul** at manjula.paul1@maryland.gov. For any technical problems with the Build-A-Plan tool, please contact **Emily Schroeder** at [emilys@policyequity.com](mailto:emilys@policyequity.com).

**Thank you for your service as a child care provider during the COVID-19 state of emergency and for everything you do on behalf of Maryland's children, families, and educators.**

**Delete this text box when you are done so it does not appear in your plan.**

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COVID-19 Response & Preparedness Plan

## Introduction

**Our Commitment to Health, Safety, and Children's Learning & Development**

[Insert program name here] is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Maryland State Department of Education and Maryland Department of Health, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone’s well-being in mind. To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. The following plan outlines the recommended practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

## Ratios & Group Sizes

**GUIDANCE (REQUIRED by Office of Child Care):**

**Group Size:**

* As of October 6, 2020, group size regulations have returned to pre-COVID status (e.g., maximum of 20 children in a preschool classroom, maximum of 30 children in a school-age classroom). Programs are free to keep smaller group sizes if they wish.
* If local group size restrictions are stricter than the COMAR regulations (e.g., your jurisdiction is maintaining a 15-person group size), programs must adhere to the local requirements.

**Ratios:**

* After November 27, 2020, programs will need to return to 1:10 ratios in classrooms with 3- and 4-year-olds.
* If your jurisdiction maintains a 15-person group size, you will still have to follow the 1:10 ratio (e.g., up to 10 children with one teacher or 11–13 children with two teachers).

Please check your local jurisdiction's group size regulations (e.g., visit your county's COVID-19 webpage). If these regulations are stricter than state requirements (e.g., no more than 15 individuals including staff and children), you must follow the local regulations for preschool and school-age group sizes (infant and toddler group sizes should not be affected).

**Delete this text box when you are done so it does not appear in your plan.**

Customize the table below to indicate the group sizes you’ll be operating with based on your program capacity and state/local regulations.

**During this time, we will maintain the following ratios and group sizes:**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Staff-to-Child Ratio** | **Maximum Group Size** |
| Infants | 1 to 3 | **max. of 6** |
| Toddlers | 1 to 3 | **max. of 9** |
| Two-year-olds | 1 to 6 | **max. of 12** |
| Preschool (3- and 4-year-olds) | 1 to 10 | **max of 20** |
| School-age (children 5 and older) | 1 to 15 | **max of 30** |

**Other group size and ratio policies:** add text here or delete this line

## Classroom Cohorts

**GUIDANCE (RECOMMENDED)**

* Programs should consider implementing "classroom cohorts," where, to the extent possible, the same child care staff remain with the same group of children every day.
* As much as possible, programs should limit mixing between cohorts (suggested strategies to achieve this are provided below).

**Why?**

*Maintaining consistent groups helps limit the number of people who would be exposed to COVID-19 if someone in your program did have the virus. When classroom cohorts are maintained effectively, this also reduces the chance that the whole program would have to close for a period of time if there was a confirmed case of COVID-19 or COVID-19-like illness (see Section on Closure & Quarantine)*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**To reduce opportunities for viral spread, we will be implementing "classroom cohorts," where the same group of children and staff remain together every day, with as little mixing between groups as possible. To support this practice, we will make the following temporary changes:**

* Having children dropped off and picked up in their classroom (rather than a shared before-/after-care space)
* Limiting the mixing of groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.
* If restrooms are shared by children from different classrooms, have them used by children from one classroom at a time and disinfected between use by different classrooms.
* Have children eat in their classroom rather than the cafeteria or dining hall.
* If meals are served in the cafeteria/dining hall, stagger mealtimes so only one group is using the space at a time.
* Adjusting staffing patterns to have each staff member exposed to as few groups as possible, while still ensuring there is adequate coverage for breaks, etc.
* Closing communal areas shared by staff (e.g., break room, staff lounge).
* Having communal areas shared by staff (e.g., break room, shared restrooms) used by only one person at a time, and disinfecting high-touch areas between uses.
* Disinfecting high-touch surfaces in shared staff restrooms between use.

**Other policies related to classroom cohorts include:** add text here or delete this line

## Supporting Social/Physical Distancing

**GUIDANCE (RECOMMENDED)**

* To the extent possible, it is recommended that programs support physical distancing\* practices, aiming for at least 6 feet between people as much as feasible.
* Ultimately, it is up to each individual program the strategies they use and the degree to which they practice physical distancing.
* Acknowledging that physical distancing is very challenging while working with young children, we offer guidance in the table below and a variety of strategies you might consider.

**Why?**

*COVID-19 is mainly spread when an infected person coughs, sneezes, or talks and their respiratory droplets are inhaled by people who are nearby. Respiratory droplets can travel up to six feet, so if you are further away from people, the virus particles will fall to the ground before anyone breathes them in.*

\* Rather than the term *social distancing*, which suggests a lack of connection and emotional closeness, we choose to use *physical distancing*, which better captures the idea that people should try to maintain a safe distance (ideally 6 feet) from each other.

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**We will use the following strategies to encourage physical/social distancing in our learning environments:**

* Rearranging furniture to section off play spaces and maintain 6-feet separation, when possible.
* Limiting the number of children in one space at a time (e.g., using Velcro strips, or a pocket chart to show how many children may be in an area at one time).
* Having duplicates of toys/materials and/or setting up multiple areas for high-interest activities (e.g., multiple block areas or art stations).
* Helping preschool children define their personal space using yarn, masking tape, mats, carpet squares, sheets of cardboard, hula hoops, etc.
* Use of plexiglass dividers between play spaces so children can still see each other.
* Using markers (e.g., tape) on the floor to indicate spaces to line up.
* Conducting more activities in small groups (e.g., read-alouds, introducing a topic) that might usually be done in a large-group (e.g., circle time).
* Planning activities that do not require close physical contact between individual children.
* Incorporating additional outside time as much as feasible.
* Encouraging children to use alternate greetings or shows of affection that limit physical contact (e.g., waving, bowing, or curtseying to each other; air hugs or high fives).
* Staff will continue to provide hands-on support for any child with a special health care need (e.g., assisting with mobility equipment, nebulizers, communication devices, etc.)
* Limiting non-essential visitors, volunteers, and activities, including groups of children or adults.
* Canceling or postponing field trips and special events that convene larger groups of children and families.

**Other policies related to physical/social distancing include:** add text here or delete this line

## Food & Mealtimes

**GUIDANCE (RECOMMENDED)**

**To the extent possible:**

* ensure separation of classroom cohorts during meals
* encourage physical distancing during meals
* limit handling of serving utensils/dishes by plating children's meals individually rather than family-style meal service
* minimize interaction between kitchen and classroom staff

**Why?**

*Minimizing interaction between groups, practicing physical distancing, and limiting the number of people touching shared items (e.g., serving utensils) can prevent viral spread.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**To limit opportunities for exposure during mealtimes, we will engage in the following recommended practices:**

* Spacing children as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging tables/seating.
* Serving meals in the classroom instead of group dining spaces.
* Serving children individually rather than family-style dining.
* Having staff and children wash hands before and immediately after children have eaten.
* Using placemats for children to define their space (wiped down and sanitized with the same procedure used for cleaning tables after meals).
* Having kitchen staff prepare food wearing face coverings and masks with additional sanitizing and disinfecting practices.
* Having kitchen staff deliver meals/snacks outside classrooms, and classroom staff will bring food into the classroom. Have classroom staff place used dishes outside the classroom for kitchen staff to pick up and clean.
* Temporarily suspending cooking/food activities in the classroom.

**Other policies related to food and meals include:** add text here or delete this line

## Nap & Rest Time

**GUIDANCE (RECOMMENDED)**

* Arrange cots/mats/cribs in a way to support physical distancing between children.
* Engage in frequent washing/sanitizing of materials/surfaces children come in contact with during nap.
* Keep children's bedding separate to minimize spread of germs.

**Why?**

*Keeping children as far apart as reasonably possible and orienting them head-to-toe can minimize spread of respiratory droplets and keeping their nap materials separate and washed/sanitized frequently will limit the spread of germs on surfaces.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**To reduce the potential for viral spread, we will use the following recommended practices:**

* Using bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
* Cleaning bedding that touches a child’s skin weekly or before use by another child.
* Sanitizing cots/mats daily by spraying thoroughly and allowing them to air dry.
* Storing each child's bedding in individually labeled bins, cubbies, or bags.
* Labeling each child's cot/mat to ensure they are used by the same child each day.
* Ensuring that children’s mats are spaced out as much as possible, ideally 6 feet apart.
* When possible, placing children head-to-toe (i.e., one child with their head at the top of the mat, the next child over with their head at the bottom of the mat).
* Limiting items brought from home and/or ensuring they are used only at naptime and washed at least weekly

**Items Brought from Home**

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items from home as much as possible. However, we recognize that placing limits on children's comfort items may increase stress for children and staff as they may be especially needed during this time of transition.

**Other policies related to naptime/items from home include:** add text here or delete this line

## Toys and Materials in the Learning Environment

**GUIDANCE (RECOMMENDED)**

* To the extent possible, limit the number of children (especially across cohorts) who touch used toys/materials before they are sanitized.
  + Recognizing it is difficult to keep young children from touching the same objects, some strategies are suggested below that can at least help minimize chances for contact exposure.
  + More importantly, to prevent spread of germs between cohorts, items should be cleaned and sanitized before being used by another classroom/cohort.
* The CDC recommends either washing toys in a dishwasher or cleaning them with soapy water followed by sanitizing with an EPA-registered disinfectant.
* It is recommended that programs remove toys and items from the learning environment that cannot be easily cleaned and sanitized. See the table below for considerations for types of toys/materials.

**Why?**

*A person can become infected if they touch a contaminated surface and then touch their nose, mouth, or eyes before washing their hands. Minimizing opportunities for the spread of germs between cohorts can contain the spread of the virus.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**Availability and Use**

* Providing duplicates of toys and multiple sets of materials to limit the number of children touching the same objects.
* Giving each child their own set of toys and materials (e.g., bin of toys they select for choice time which is disinfected after use, their own set of art supplies).
* If sensory materials are used, giving each child their own individual materials and container.
* Temporarily suspending use of water and sensory tables.
* Temporarily removing toys and materials from the classroom which cannot be easily cleaned or sanitized between use.
* Having cloth toys or materials (e.g., blankets in infant rooms) used by one child at a time and then laundered or not used at all.
* Rotating the toys that are out at any particular time so that they can be adequately cleaned and sanitized.

**Cleaning and Sanitizing**

* Washing and sanitizing toys and other materials before being used by another classroom cohort.
* Cleaning toys frequently, especially items that have been in a child’s mouth or if a child coughs or sneezes on them.
* Setting aside toys that need to be cleaned (e.g., out of children's reach in a container marked for "soiled toys" or "yucky bucket").
* Cleaning toys with soapy water, rinse them, sanitize them with a CDC-recommended disinfectant, rinse again, and air-dry.
* Cleaning toys in a dishwasher.

**Other policies related to toys and materials include:** add text here or delete this line

## Cleaning and Disinfecting

**GUIDANCE (RECOMMENDED)**

* The CDC provides the following recommendations with regard to cleaning (i.e., washing with soap and water to reduce germs and dirt) and disinfecting (i.e., killing germs with approved sanitizers):
* **Use of any of the following disinfectants (used according to manufacturer's instructions):**
* **EPA-registered household disinfectants (a list of products that are EPA-approved for use against the virus that causes COVID-19 is found** [HERE](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)**)**
* **Diluted household bleach solution (see guidance** [HERE](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-building-facility.html)**)**
* **Alcohol solutions with at least 70% alcohol**
* **Robust protocols following a cleaning and disinfecting schedule. A sample cleaning schedule can be found**[HERE](https://nrckids.org/files/appendix/AppendixK.pdf)**.**
* Cleaning/disinfecting methods appropriate for a variety of surface types. See table below for recommendations.

**Why?**

*Although COVID-19 spreads less commonly through contact with contaminated surfaces, it is possible that a person can become infected if they touch a contaminated surface and then touch their nose, mouth, or eyes before washing their hands. Robust cleaning/disinfecting kills virus particles, reducing the chance of surface spread.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**We will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:**

* Frequent cleaning/disinfecting of **high-touch surfaces** (e.g., sinks, toilets, diaper stations, light switches, door knobs, counter and tabletops, chairs).
* Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
* **Outdoor toys** (e.g., tricycles, balls) are cleaned and sanitized between use by different classroom cohorts.
* Regular cleaning of **electronics** (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
* Use of a **schedule** for regular cleaning and disinfecting tasks.
* Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
* Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection.
* Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
* We will keep cleaning materials secure and out of reach of children, avoid using cleaning products near children, and ensure proper ventilation during use to prevent inhalation of toxic fumes.
* Keeping cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** to prevent inhalation of toxic fumes.

**Cleaning and Disinfecting the Facility if Someone is Sick**

*If someone has been in the building who has a confirmed or probable case of COVID-19 (see Quarantine and Temporary Classroom/Program Closures section), we will follow* [*CDC guidance*](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-building-facility.html)*:*

* Close off areas used by person who is sick.
* Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
* Open outside doors and windows to increase air circulation in the area
* Temporarily turn off room fans and/or in-room, window-mounted, or on-wall recirculation HVAC (we will NOT deactivate central HVAC systems).
* Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices).
* Vacuum the space if needed (with a high-efficiency particulate air [HEPA] filter if possible).
* Follow guidance listed above regarding types of surfaces and disinfectants

**Other policies related to cleaning and disinfecting include:** add text here or delete this line

## Healthy Hygiene Practices

**GUIDANCE (REQUIRED by Office of Child Care)**

* **Providers are required to comply with existing OCC regulations and CDC guidance on hand hygiene.**

**Why?**

*It is possible that a person can become infected if they touch a contaminated surface and then touch their nose, mouth, or eyes before washing their hands. Proper hand hygiene is a simple yet effective way to prevent the spread of COVID-19.*

**Delete this text box when you are done so it does not appear in your plan.**

The following health & safety practices are required so should not be edited.

**We will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:**

* A written hand washing procedure approved by the Office of Child Care shall be posted at each sink used for washing hands.
* Hand hygiene is especially important after toileting or diapering, before eating or preparing food, handling an animal, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
* Staff and children will wash hands often with soap and water for at least 20 seconds.
* Soap and water are the best option, especially if hands are visibly dirty. If hands are not visibly dirty, staff may use alcohol-based hand sanitizers with at least 60% alcohol if soap and water are not readily available. Staff should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
* We will not use alcohol-free wipes on children’s hands as this is not recommended.
* Staff should assist children with hand washing (especially infants who cannot wash hands alone) and use of hand sanitizer to ensure proper use and prevent ingestion.
* Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.
* Wearing gloves does not replace appropriate hand hygiene.

**Other policies related to healthy hygiene practices include:** add text here or delete this line

## Face Coverings

**GUIDANCE (REQUIRED by Governor’s Executive Order)**

* **Under Governor Hogan's current** [Executive Order](https://governor.maryland.gov/wp-content/uploads/2020/09/Gatherings-12th-AMENDED-9.1.20.pdf)**, all adults and children ages 5 and older are required to wear a face covering "...in any area where interaction with others is likely," unless it is unsafe to do so.**
* The CDC recommends that children ages 2 and older wear face coverings if they can do so safely and consistently.
* **The** [American Academy of Pediatrics](https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx) **provides tips for helping children be more comfortable wearing cloth face coverings and provides more information to inform your decision about when it is appropriate for children ages 2 to 5 to wear cloth face coverings.**
* **The table below summarizes guidance and exceptions for various groups.**

**Why?**

*COVID-19 is mainly spread when someone breathes in respiratory droplets from an infected person or touches a contaminated surface and then touches their face before washing their hands. Face coverings/masks reduce spread of respiratory droplets and prevent people from touching their faces. It should be noted that wearing face coverings is not a substitute for practicing physical distancing.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**If an adult has concerns about wearing a cloth face covering, they should discuss with their program administrator and health care provider as necessary.**

**Parents and child care staff should discuss whether an individual child is able to safely and consistently wear a face covering if the child:**

* keeps trying to touch or remove the face covering;
* is unable to remove the face covering without assistance;
* is uncomfortable; and/or
* has respiratory or other medical conditions that might make a face covering unsafe.

**Any concerns about whether an adult or child should wear a face covering should be brought to: indicate staff name or role (e.g., director)**

**Use, Removal, and Storage of Face Coverings**  
We will use the following recommended practices with regard to face coverings:

* Children's face coverings should be removed **by the child** for meals, snacks, naptime, high-intensity activities (e.g., running), outdoor play (if physical distancing can be maintained), or when it needs to be replaced (e.g., becomes wet or soiled).
* Staff and children should remove face coverings by touching only the straps.
* Staff and children should wash their hands if they touch their face covering or face; before and after removing a face covering; and before replacing a face covering.
* Cloth face coverings should be worn properly (i.e., cover the nose and mouth; never be worn around the neck or over the head or if they pose a strangulation risk).
* Face coverings should never be reused unless stored properly between uses and should not be shared among children and/or staff.
* Cloth face coverings will be placed in a clean paper bag (marked with the child's name and date) when removed until the face covering needs to be put on again.

**Family Responsibilities for Face Coverings**

* Parents should provide cloth face coverings (or surgical face masks) for their own child/children.
* Face coverings should be free of choking hazards (e.g., stickers, buttons) and be clearly marked with the child's name and which side of the covering should be worn facing outwards.
* Parents should provide a sufficient supply of clean/unused face coverings for their child each day to allow replacing the covering as needed.
* If a child does not have an adequate supply of face coverings on a particular day, we will inform the family that additional face coverings are needed, but the child may remain in care that day.
* Parents should take home their child(ren)'s face coverings to launder them.
* We will launder children's face coverings on-site.

**Other policies related to face coverings include:** add text here or delete this line

## Drop-Off and Pick-Up Procedures

**GUIDANCE (RECOMMENDED)**

* **To limit opportunities for exposure, it is recommended that families not be allowed in the child care facility. However, recognizing this is not always possible, you may choose to implement other practices that limit direct contact with parents as much as possible.**
* **In the text box below, you may want to add details on your drop-off/pick-up protocol, including alternate plans for inclement weather or other conditions if you plan to have check-in/out procedures happen outside the facility.**

**Why?**

*Limiting the number of people in the building and direct contact with parents/families reduces opportunities for exposure among parents, staff, and children.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text and images as necessary.

**We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.**

* Not allowing families in the building and conducting check-in/out procedures (including screening and temperature checks) outside.
* Limiting parent access to the facility to the area just inside the entrance with social distancing during temperature/symptom checks and child hand-off.
* Having only one adult per family present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though this may not always be possible.
* Implementing staggered drop-off and pick-up times to limit contact among parents.
* Having staff greet children and families curbside or outside the building and walking children in and out of the building.
* Having children enter the building without car seats.
* Having a hand hygiene station at the entrance to our building so children and parents can clean their hands.
* Providing hand sanitizer or wipes at the sign-in station for parents/guardians to clean pens/keypads between each use.
* Requiring parents and other visitors to wear masks while in the building.
* Asking that parents avoid congregating in a single space or a large group.
* Placing markers (e.g., strips of tape, cones) 6 feet apart near our entrance so families know where to stand safely from one another while waiting to check-in.
* Working with families to arrange for transferring any devices or equipment (e.g., wheelchair, mobility devices, etc.) into/out of the program in the context of our modified drop-off/pick-up procedures.
* Temporarily changing sign-in/-out policies (e.g., having parents se a separate document to note pick-up/drop-off times, which they sign and return at the end of each week, confirming attendance times with parents via email, or using contactless check-in).

**Other policies related to drop-off and pick-up include:** add text here or delete this line

## Screening Families & Staff for COVID-19 Symptoms and Exposure

**GUIDANCE (RECOMMENDED)**

* All child care programs should perform daily symptom and temperature screening for children and staff upon arrival to the child care site.
* It is recommended that programs use the MSDE Child/Staff Screening Protocols and Daily Health Screening Logs (linked below), though programs can use other paper or electronic tracking methods if they wish.
  + [MSDE Child Screening Protocol and Daily Health Screening Log](file://///surveygizmolibrary.s3.amazonaws.com/library/352340/ChildSymptomScreeningProtocolandLog11_20_20.pdf)
  + [MSDE Staff Screening Protocol and Daily Health Screening Log](file://///surveygizmolibrary.s3.amazonaws.com/library/352340/StaffSymptomScreeningProtocolandLog11_20_20.pdf)
* **There are two methods that are recommended best practices for checking children's temperatures:** 
  + **Parents/guardians** check their child(ren)'s temperatures while being observed by child care staff maintaining physical distancing
  + **Child care staff** use a physical barrier or partition **OR** maintain physical distancing with families while taking children's temperatures.
* **Touchless/no-contact thermometers are recommended if possible.**
* **It is recommended that checks are conducted before children enter classrooms and/or your center/home in an area that allows for privacy if possible.**

**Why?**

*COVID-19 is more often spread by people who are infected and show symptoms. Fever is a common symptom of COVID-19. By screening children and staff for symptoms, you minimize the chance that the virus will brought into the child care program.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing/deleting text as necessary.

***Screening for Symptoms***

**Upon arrival to the program, we will ask staff and families to report if staff/children have:**

* had any symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills or shaking, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose).
* been diagnosed with COVID-19, tested for COVID-19 due to symptoms and are awaiting a result, or have been instructed to isolate or quarantine by a health care provider or health department
* had close contact (been within 6 feet for more than 15 minutes total in a 24-hour period) with anyone with a confirmed or probable case of COVID-19 within the last 14 days.

**The procedures we will use to screen *staff* for symptoms and exposure include:** [Write your plans and procedures for doing staff screenings here, taking into consideration the following questions: *Who will be responsible for asking staff about symptoms and exposure? Where will screenings take place? Will information be collected verbally or in writing (e.g., daily email check-in or use of MSDE Daily Health Screening Log)? How will you protect staff privacy?*]

**The procedures we will use to screen *children/families* for symptoms and exposure include:** Write your plans and procedures for doing child/family screenings here, taking into consideration the following questions: *Who will be responsible for asking families about child's/household members' symptoms and exposure and taking temperatures? Where will screenings take place (e.g., before families enter the building, in an office, before children enter the bus/van, etc.)? Will information be collected from families verbally or in writing (e.g., daily email check-in, an additional form near sign-in, MSDE Daily Health Screening Log)? How will you protect family privacy?*

**If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact:** [indicate specific staff person and contact information]

***Daily Temperature Checks***

As fever is a key indicator of COVID-19 in children, staff will check each child’s temperature upon daily arrival to the program. Staff will also take their own temperatures and record them upon arriving to work. Staff will re-check children’s temperatures throughout the day if they appear ill or “not themselves” (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).

[Choose one of the options {parents or staff} below and delete the text that is not relevant.]

1. ***Parents/guardians*** *check their child(ren)'s temperatures upon arrival:*

* while being directly observed by program staff.
* using a personal thermometer brought from home (which will only be used for their child/family and will not be handled by program staff).
* maintaining social distancing to the extent possible from child care staff.
* wearing a face mask during temperature checks (as will child care staff).
* showing the temperature result to child care staff for recording.
* cleaning thermometers after use (e.g., using an alcohol wipe or isopropyl alcohol on a cotton swab)
* if family does not have access to a personal thermometer or forgets to bring one, the program can provide a thermometer or staff can check children’s temperatures.

1. ***Child care staff*** *check children’s temperatures upon arrival while:*

* standing behind a physical barrier (e.g., glass or plastic window or partition) while taking the child’s temperature, keeping their face behind the barrier at all times during the screening **OR** maintaining physical distancing from parents/guardians during temperature checks.
* wearing a cloth face covering while taking the child's temperature.
* wearing disposable gloves, which will be changed before the next check if physical contact with the child occurred.
* washing their hands (using soap and water for 20 seconds or using a hand sanitizer with at least 60% alcohol) between checks.
* disinfecting non-disposable thermometers after each use (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab).

**Other policies related to screening and temperature checks include:** add text here or delete this line

## Responding to COVID-19 Symptoms On-Site

**GUIDANCE (RECOMMENDED)**

* **It is recommended that programs have a plan to safely isolate any individual who develops COVID-19 symptoms while at the child care program while arrangements are made for them to leave the site as soon as possible.**
* **If a separate room away from other children and staff is not available, you might use an area such as a cot in the corner of a classroom.**
* **Children should not be left without adult supervision.**
* If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), seek medical care immediately.

**Why?**

*COVID-19 is more often spread by infected people who show symptoms. Isolating symptomatic individuals from others and helping them get home as soon as possible minimizes the risk of the virus spreading to others in the child care setting.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing text as necessary.

**Responding to COVID-19 Symptoms On-Site**

If a child or staff member develops any COVID-19 symptoms (i.e., cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose) during care, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

**If a child develops symptoms during care hours:**

* Parents will be contacted for prompt pick-up.
* The child will be isolated from other children and as many staff as possible (the child will not be left alone).
* The child will wait with the following designated staff member(s): [specify staff name(s) or role(s)]
* The child and designated staff will wait in the following safe, isolated location: [specify location]
* Other procedures include: [specify here or delete this line]

**If a staff member develops symptoms during care hours:**

* They will be asked to go home immediately.
* If no other caregiver is immediately available to be with children, the staff member will put on a cloth face covering (if not already on) and limit close interactions with children until they can be relieved by another staff member.
* Children may need to be picked up if no other caregiver is available.
* If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location[specify location]
* Other procedures include: [specify here or delete this line]

## When Children & Staff Should Stay Home and When They Can Return

**GUIDANCE (REQUIRED by MDH & MSDE)**

* **Whether a child or staff member should stay home and when they can return to the program depends on individual circumstances such as symptoms, COVID-19 test results, previous exposure, and any alternate diagnoses from a health care professional.**
* **To help you navigate the various scenarios that might arise, we have developed a** [quick, interactive decision aid tool](https://survey.alchemer.com/s3/6049514/Maryland-COVID-19-Decision-Aid-for-Exclusion-from-and-Return-to-Child-Care-Programs) **you can use and share with families. The tool guides providers and families through a series of questions and provides guidance on the appropriate course of action depending on the specific circumstances.**
* **The tool is based on the Maryland Department of Health's**[*Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps*](file://///surveygizmolibrary.s3.amazonaws.com/library/352340/DecisionAid11_18_20.pdf) **and should be used in conjunction with guidance from health care professionals and the health department.**

**Why?**

*COVID-19 is more often spread by infected people who show symptoms. Isolating symptomatic individuals from others and helping them get home as soon as possible minimizes the risk of the virus spreading to others in the child care setting.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing text as necessary.

***When Children and Staff Should Stay Home***A child or staff member will not be allowed in the child care program if they:

* Have been diagnosed with COVID-19.
* Have had any of the following new symptoms: ​​​​​​​​​​​​​​*cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose.*
* Were tested for COVID-19 due to symptoms and are waiting for test results.
* Have been instructed by a health care provider or the health department to isolate or quarantine.
* Have been in close contact (i.e., within 6 feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days.

**When Children and Staff May Return to the Program**  
**When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, alternate diagnoses). To help inform our decision-making process, we will use the following resources:**

* **Interactive Tool for Determining Exclusion from and Return to Child Care:** <https://bit.ly/COVIDschooltool>
* **MDH Decision Aid Flow Chart:** <https://bit.ly/MDHdecisionaid>
* **Consultation with health care providers and health department**

**Other policies related to staying home and returning to care/work include:** add text here or delete this line

## Quarantine and Temporary Classroom/Program Closures

**GUIDANCE (REQUIRED by MDH/MSDE)**

* Decisions about closure and re-opening are made on a case-by-case basis by the local health department and licensing specialist.
* **The graphic below shows the criteria for reporting potential exposure, the process for determining the extent and length of closures, and other actions that should be taken.**

**Why?**

*If someone has a confirmed or probable case of COVID-19 and has been close enough to others for a long enough period of time (i.e., within 6 feet for at least 15 minutes total over a 24-hour period), there is reason to suspect that others may have also caught the virus. By quarantining those likely affected, further spread of the virus is reduced. The extent and length of closure depends on several factors, including the degree to which a program has been practicing cohorting. If groups have been effectively kept separated, closure may only apply to an affected classroom rather than the whole program.*

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing and/or deleting text and images as necessary.

**Reporting Exposure**

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents are encouraged to keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure. If a child, staff member, family member, or visitor to our program shows symptoms of a COVID-19-like illness or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine the extent and duration of the closure and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

**Decisions about closure and reopening are made on a case-by-case basis by our local health department and licensing specialist. The graphic below shows the criteria for reporting potential exposure, the process for determining the extent and length of closures, and other actions that should be taken.**

**Our local health department can be contacted at:** [Use this [LIST](https://health.maryland.gov/Pages/health-departments.aspx) to locate your local health department and their phone number for easy reference.]

## Supporting Families, Staff, and Children

**Communicating with Staff and Families**

**GUIDANCE (RECOMMENDED)**

* **It is highly recommended that programs have strategies in place for how to communicate and partner with families and staff. This includes:**
* **designating staff members as points of contact for families/other staff members;**
* **plans for training staff on COVID-19; and**
* **specific strategies for supporting the social-emotional needs of children, families, and staff during this time.**

**Delete this text box when you are done so it does not appear in your plan.**

Customize your plan below by editing and/or deleting text as necessary.

We will actively communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.

The staff responsible for handling questions and outreach for **staff** is: [specify staff member]

The staff responsible for handling questions and outreach for **families** is: [specify staff member]

**Training Staff**

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand 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, and our new policies and procedures as outlined in this plan.

**Supporting Children's Social-Emotional and Special Health Needs**

Staff and families will partner together to support the physical and emotional needs of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. 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 child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation, and we will work together to support all caregivers. We will also continue to support children with special health needs and will collaborate with their families and other service providers to ensure their needs are met.

**We commit to supporting our children in the following ways:** [You might include strategies such as using picture schedules and social stories around new rules and routines (e.g., temperature checks, masks, physical distancing, modified drop-off/pick-up) for children who need additional help adjusting to these changes]

**Supporting 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, we understand our staff 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, we know it is vitally important to provide supports and services to ensure the emotional well-being of our staff.

**We commit to supporting our staff in the following ways:** [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.]

**Your Plan is Complete**

We hope this tool was helpful for you as you engage in your essential work promoting the well-being of children, families, and staff.

**Your Feedback and Needs**

* If you would like to provide feedback on your experience using this tool or indicate any program needs you have at this time to implement your plan (e.g., supplies, training), please click [HERE](https://www.surveygizmo.com/s3/5991175/Maryland-Build-A-Plan-Feedback-Survey) for a 5-question survey.
* Your responses will help inform MSDE and their partners in their ongoing efforts to best support you and providers across the state.

**Professional Activity Unit (PAU) Credit**

* To receive a personalized verification letter for one (1) PAU, please click [HERE](https://survey.alchemer.com/s3/6049136/Build-A-Plan-PAU-Verification). You will receive a separate email with your verification letter attached.

**Further Questions**

* If you have any questions related to the COVID-19 guidance for child care programs, please contact **Manjula Paul** at manjula.paul1@maryland.gov.
* For any technical problems with the Build-A-Plan tool, please contact **Emily Schroeder** at emilys@policyequity.com.

**Thank you again for the work you do every day on behalf of Maryland's children, families, and educators.**  
  
*The* Build-A-Plan Tool *was developed by Kelly Etter, Ph.D., Vice President of Early Childhood Equity Initiatives at The Policy Equity Group in collaboration with the Maryland State Department of Education. Special thanks to the following providers who shared photos and examples of their creative and innovative solutions for this toolkit: Children's Christian Center, Churchville Presbyterian Preschool and Daycare, The Happy World Inc., Idea Lab for Kids, Little Lights of Faith Early Learning Center, Little Swans Family Day Care, Pam's Curtain Climbers, Prime Time Children's Center, Vickie's Daycare, and WeePeople.*

**Delete this text box when you are done so it does not appear in your plan.**