Maryland Child Care COVID-19 Response & Preparedness Plan:

Family Child Care Home Programs

Build-A-Plan Consolidated Guidance

December 1, 2020

Build-A-Plan Tool Consolidated Guidance

This PDF is a companion piece to the online, interactive "Build-A-Plan Tool" that child care providers can use to develop a customized plan for their program to meet state requirements, follow best practices and recommendations to limit the spread of COVID-19, and make the decisions that are right for their specific program context. This PDF document contains all of the guidance from the Build-A-Plan Tool in one place and 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
- COVID-19 Guidance for Child Care Facilities
- Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency

Within this document, we summarize the MSDE/MDH guidance and 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 programs are doing their best in these challenging circumstances and may not be able to implement all recommendations. 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).

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 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.

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.*

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Ratios & Group Sizes

GUIDANCE (REQUIRED by Office of Child Care):

- For family child care homes, registered capacity remains a maximum of **eight children** at one time. There should be no more than two children under age 2 unless an additional adult is present (in which case there may be three or four children under age 2).
- For large family child care homes, registered capacity remains a maximum of **12 children** at one time (with no more than four children under age 2).

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.

Realistic Expectations Around Physical Distancing with Young Children

Adult–child interactions

- Providing physical care and comfort is a natural and essential part of working with young children.
- Teachers are ***not required*** to physically distance from children and should not withhold physical comfort to crying, sad, and/or anxious children.
- However, teachers may consider finding appropriate ways to minimize physical contact (e.g., saying hello/goodbye with "air high-fives" instead of hugs).

Child–child interactions

- Children are naturally interested in being near and interacting with each other.
- While staff can structure the environment/activities to encourage physical distancing, offer reminders and redirection, and avoid actively suggesting opportunities for contact (e.g., not suggesting a child hug a friend or games like Ring-a-Round-the-Rosie), it is ***not expected*** that children will be able to maintain physical distancing all the time.

Adult–adult interactions

- Adults should maintain physical distancing with other adults inside and outside the classroom as much as possible.

Examples of Supporting Physical Distancing

Modifying the learning environment

Churchville Presbyterian Preschool and Daycare

The Happy World Inc.

Providing cues about personal space

Prime Time Children's Center

Churchville Presbyterian Preschool and Daycare

Small group and individual play activities

Little Lights of Faith Early Learning Center

Vickie's Daycare

Individual workspaces for older children

Pam's Curtain Climbers

Idea Lab Kids

Suggested strategies to support physical/social distancing include:

- ☐ 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).
- ☐ Providing 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.

Food & Mealtimes

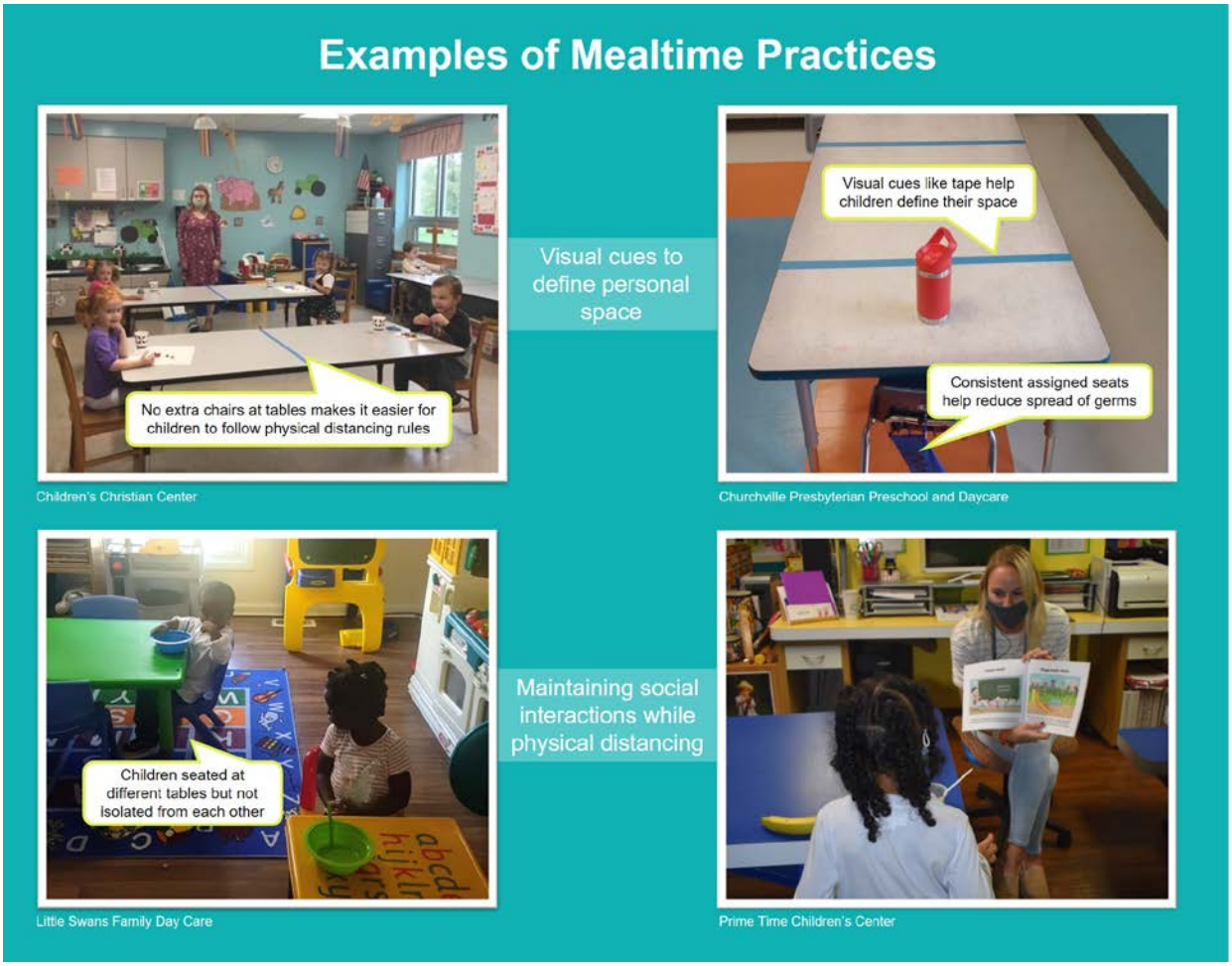
GUIDANCE (RECOMMENDED)

To the extent possible:

- encourage physical distancing during meals
- limit handling of serving utensils/dishes by plating children's meals individually rather than family-style meal service

Why?

Practicing physical distancing, and limiting the number of people touching shared items (e.g., serving utensils) can prevent viral spread.



Strategies to limit opportunities for exposure during mealtimes include:

- ☐ Spacing children as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging tables/seating.
- ☐ 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).
- ☐ Temporarily suspending cooking/food activities in the classroom.

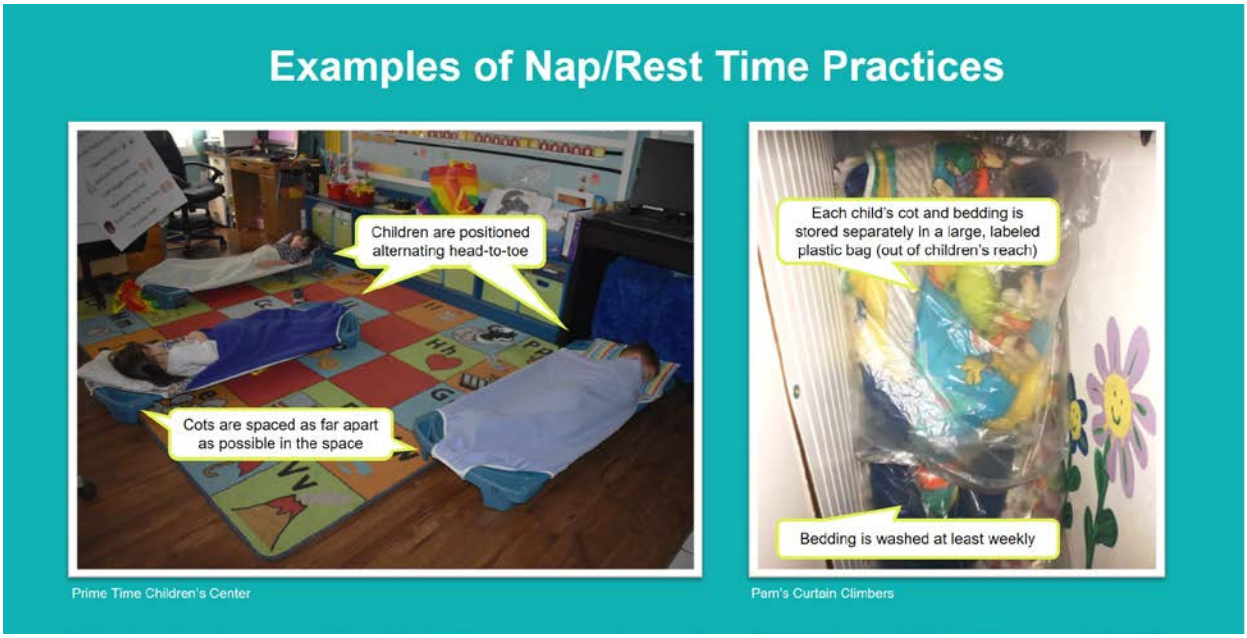
Nap & Rest Time

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.



Strategies to limit opportunities for exposure during naptime include:

- ☐ 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

Toys and Materials in the Learning Environment

GUIDANCE (RECOMMENDED)

- To the extent possible, limit the number of children 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.
- 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 can contain the spread of the virus.

Availability of Toys & Classroom Materials

Books 	**Recommended.** Not considered high-risk for transmission and do not need additional cleaning or disinfection.
Nonporous toys (e.g., plastic, metal, rubber) 	**Recommended.** Washable, nonporous (made of material stains can't sink into) toys and materials can easily be cleaned and disinfected.
Cloth toys, stuffed animals, pillows, etc. 	**Not recommended unless** they are used by one child at a time and can be laundered before another child's use.
Sensory materials 	**Not recommended unless** each child can have their own materials (e.g., individual small tub of tactile materials; each child's play dough kept in separate, labeled container or bag).
Wooden toys/ materials 	**Not recommended,** but if used should be appropriately cleaned at least daily.

Examples of Use of Toys and Learning Materials

Toys used by one child at a time, sanitized between uses

Churchville Presbyterian Preschool and Daycare

Children's Christian Center

Labeled containers of materials for each child

Churchville Presbyterian Preschool and Daycare

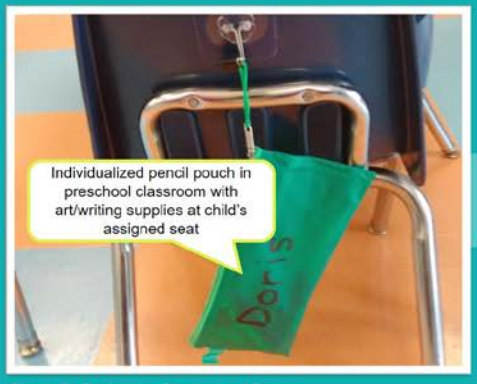
Churchville Presbyterian Preschool and Daycare

Individual sensory play materials

Christian Children's Center

Prime Time Children's Center

Storing items individually



Churchville Presbyterian Preschool and Daycare

Churchville Presbyterian Preschool and Daycare

Strategies to limit opportunities for exposure from toys and materials include:

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 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.

Cleaning and Disinfecting

GUIDANCE (RECOMMENDED)

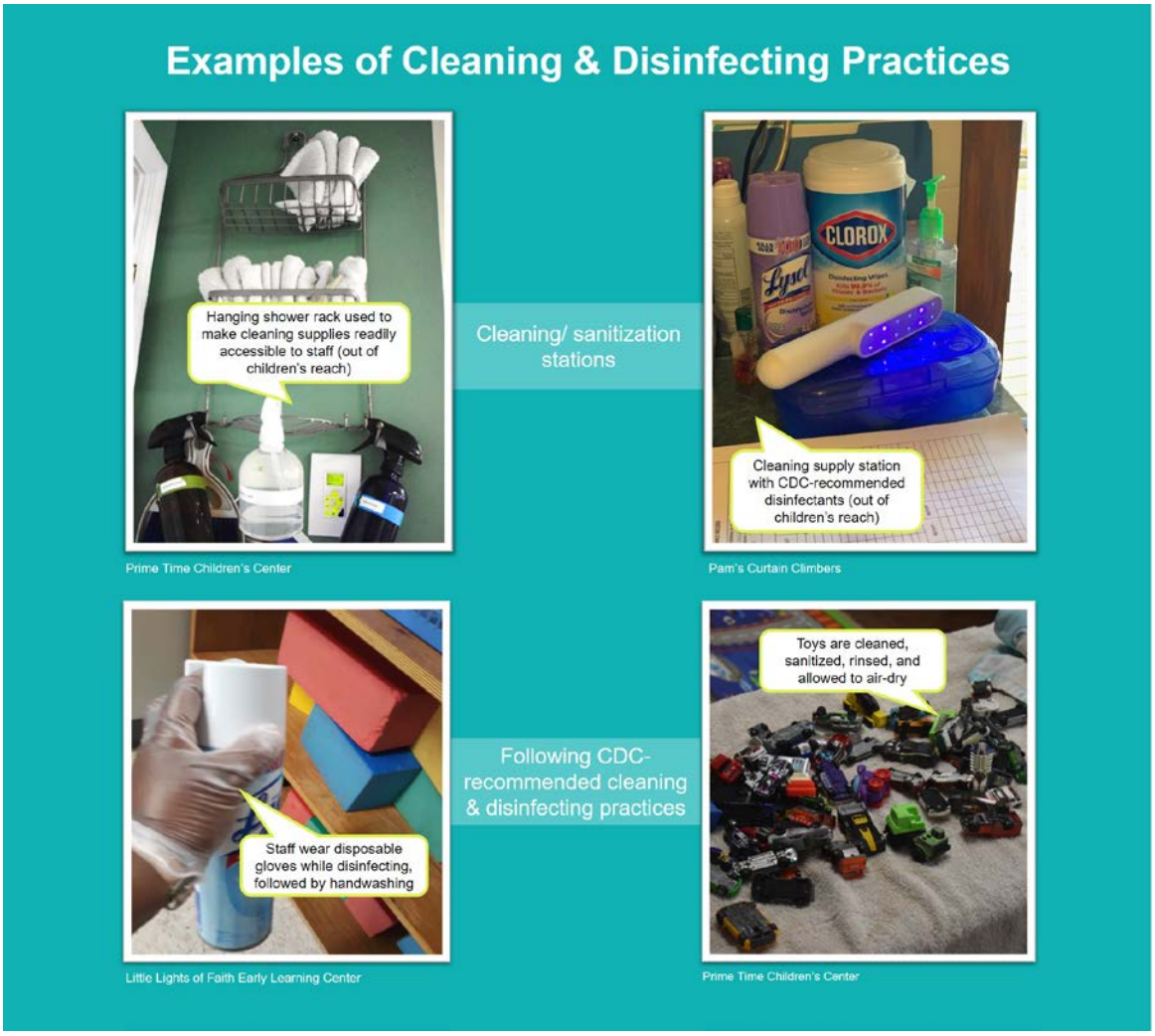
- The CDC provides the following recommendations with regard to cleaning (i.e., washing with soap and water to reduce germs and dirt) and disinfecting (i.e., killing germs with approved sanitizers):
  - Use of any of the following disinfectants (used according to manufacturer's instructions):
  - EPA-registered household disinfectants (a list of products that are EPA-approved for use against the virus that causes COVID-19 is found HERE)
  - Diluted household bleach solution (see guidance HERE)
  - Alcohol solutions with at least 70% alcohol
  - Robust protocols following a cleaning and disinfecting schedule. A sample cleaning schedule can be found HERE**.**
- 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.

Cleaning & Disinfecting Different Surfaces

High-touch surfaces *e.g., sinks, toilets, light switches, door knobs, counter/tabletops, chairs*	**Clean with soap and water if dirty and sanitize with recommended disinfectants multiple times per day depending on use.**
Soft surfaces *e.g., carpeted floors, rugs, upholstered furniture*	**Soap and water, laundry, or disinfectant as appropriate; vacuum as usual.**
Electronics *e.g., tablets, touch screens, keyboards*	**Use of a wipeable cover and/or cleaning between uses with alcohol-based wipes or spray according to manufacturer's instruction.**
Laundry	**Use of warmest possible appropriate setting, dry completely; use of gloves followed by hand washing when handling dirty laundry.**
Playground equipment	**Do not spray disinfectant on outdoor playgrounds as it is not an efficient use of supplies and has not been proven to reduce COVID-risk; normal routine cleaning is sufficient.**
Outdoor wooden surfaces & groundcovers *e.g., benches, tables, mulch, sand*	**Cleaning and disinfection is not recommended.**



Strategies to use CDC-recommended cleaning & disinfecting practices include:

- ☐ 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

- ☐ Keeping cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** during use 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:

- ☐ 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

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.

Licensing regulations and CDC hand washing guidelines include:

- ☐ 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.

Face Coverings

GUIDANCE (REQUIRED by Governor's Executive Order)

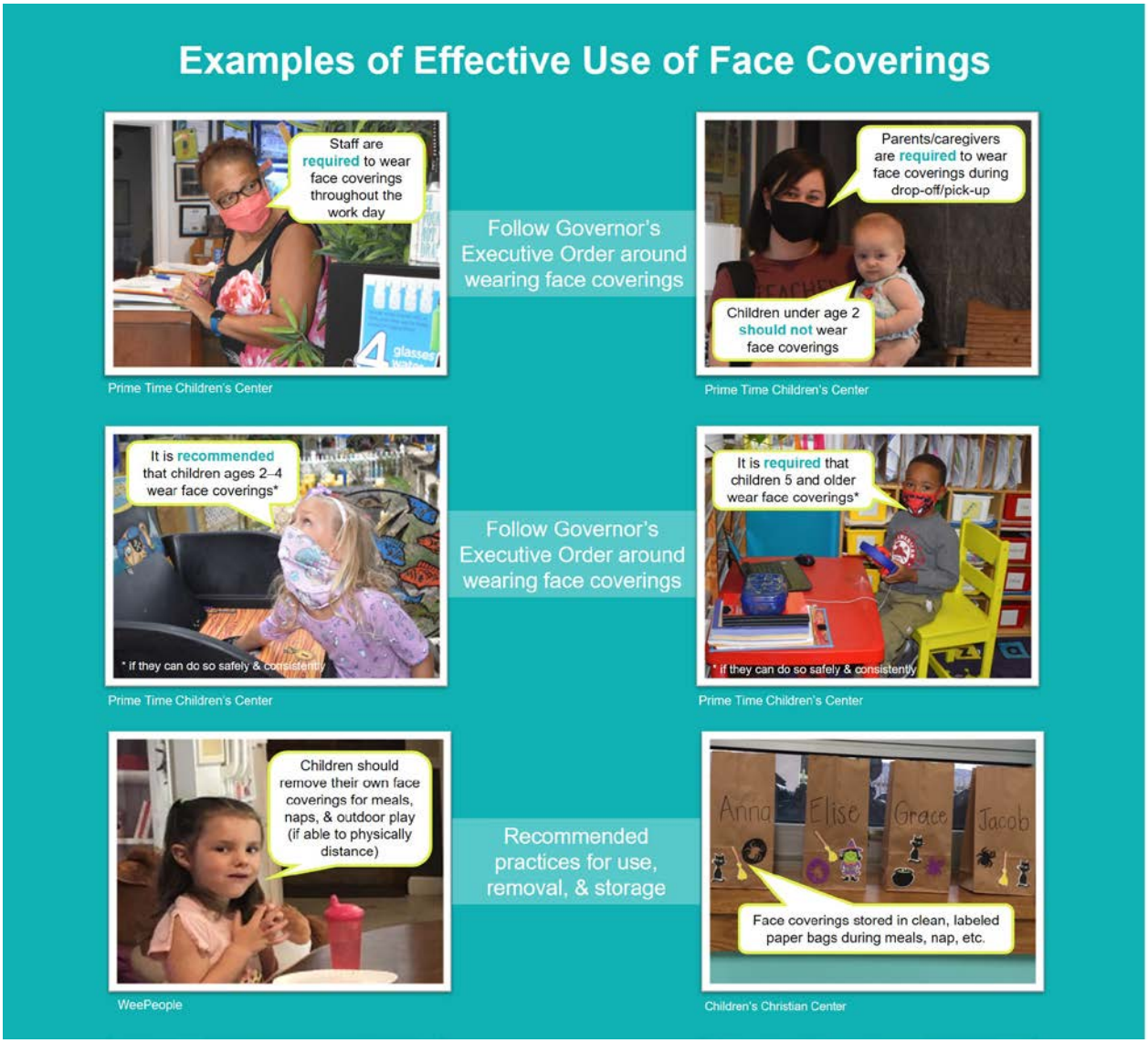
- Under Governor Hogan's current Executive Order, all adults and children ages 5 and older are required to wear a face covering "...in any area where interaction with others is likely," unless it is unsafe to do so.
- The CDC recommends that children ages 2 and older wear face coverings if they can do so safely and consistently.
- The American Academy of Pediatrics 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.

Guidelines for Face Coverings in Child Care Settings

	Guidance	Exceptions
Staff	Child care staff are **REQUIRED** to wear cloth face coverings throughout the work day while in the school, child care center, or family child care home.	If an adult has concerns about wearing a cloth face covering, they should discuss with their program administrator and health care provider as necessary.
Families	Parents (and other adults) are **REQUIRED** to wear cloth face coverings during drop-off and pick-up, when performing temperature checks, and if they enter the building for any reason.	
Children 5 and Older	It is **REQUIRED** that children 5 and older wear a cloth face covering while in the child care center or family child care home *if they can do so safely and consistently*.	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.
Children Ages 2 to 5	It is **RECOMMENDED** that 2-, 3-, and 4-year-olds wear a cloth face covering while in the child care center or family child care home *if they can do so safely and consistently*.	
Children Under 2	Children under 2 **SHOULD NOT** wear face coverings.	N/A



Use, Removal, and Storage of 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, the program should inform the family that additional face coverings are needed, but the child may remain in care that day.

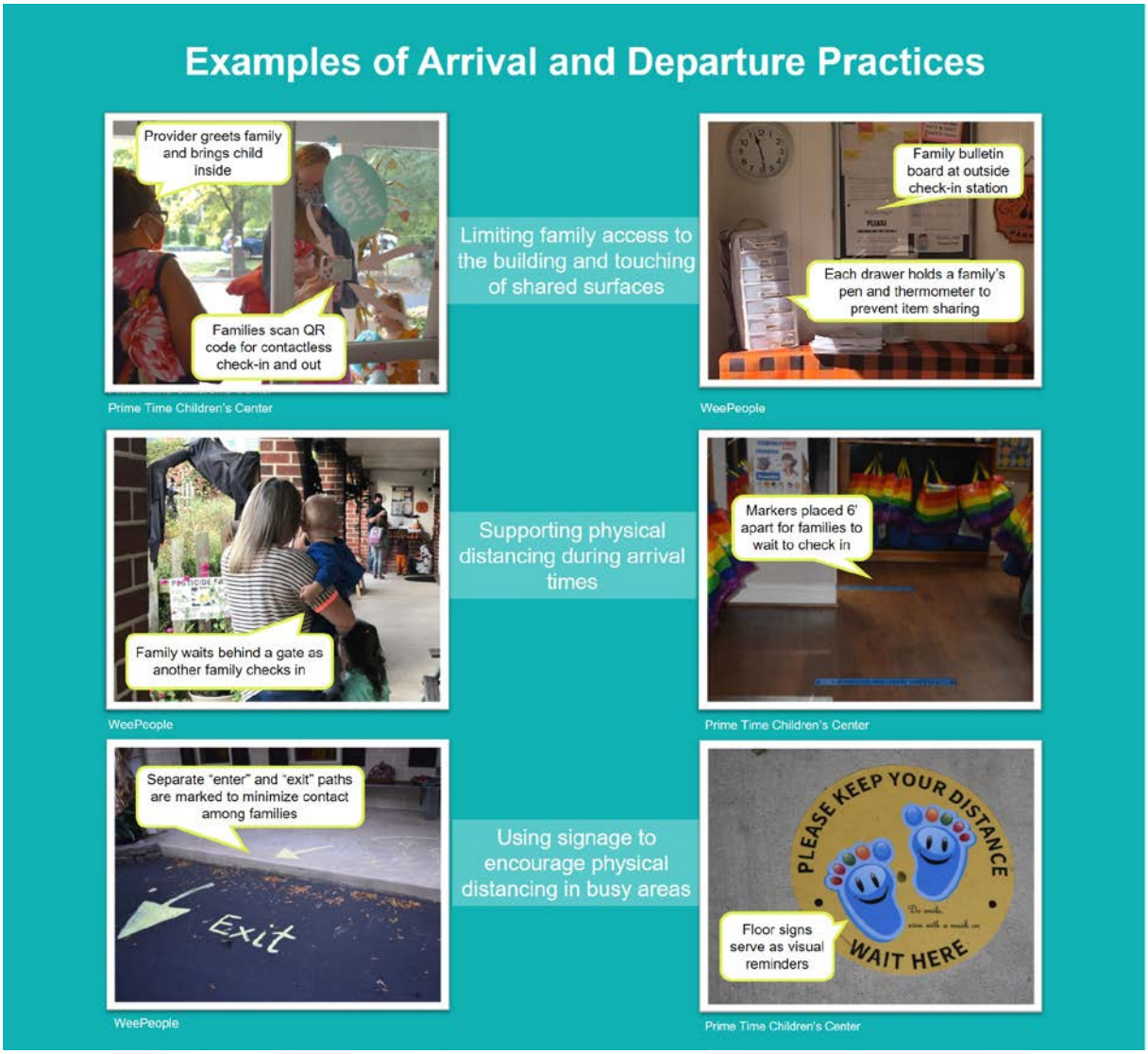
Drop-Off and Pick-Up Procedures

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.



Strategies to limit exposure opportunities during drop-off and pick-up include:

- ☐ 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)

Screening 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, asking 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, OR fever of 100.4 degrees or higher, chills or shaking, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and 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.
- 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
  - MSDE Staff Screening Protocol and Daily Health Screening Log
- 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.

There are two methods that are recommended best practices for checking children's temperatures:

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.

2. ***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).

Examples of Recommended Temperature Check Practices

Little Lights of Faith Early Learning Center

Recommended Method #1:

Parents/guardians check temperature while being observed by staff

Photo by Patricia O'Blenes

Recommended Method #2:

Staff use a physical barrier or partition while taking children's temperatures

Prime Time Children's Center

Recommended Method #3:

Staff check children's temperatures while wearing a face covering and using a touchless thermometer.

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.

When Individuals Should Stay Home and Can Return

GUIDANCE (REQUIRED by MDH & MSDE)

A child or staff member should 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/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.

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 inform your decision-making process, consult the following resources:

- **Interactive Tool for Determining Exclusion from and Return to Child Care:** https://bit.ly/COVIDschooltool
  This is a quick, interactive decision tool that you can use and share with families.
  MDH Decision Aid Flow Chart: https://bit.ly/MDHdecisionaid
- **Consultation with health care providers and 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.

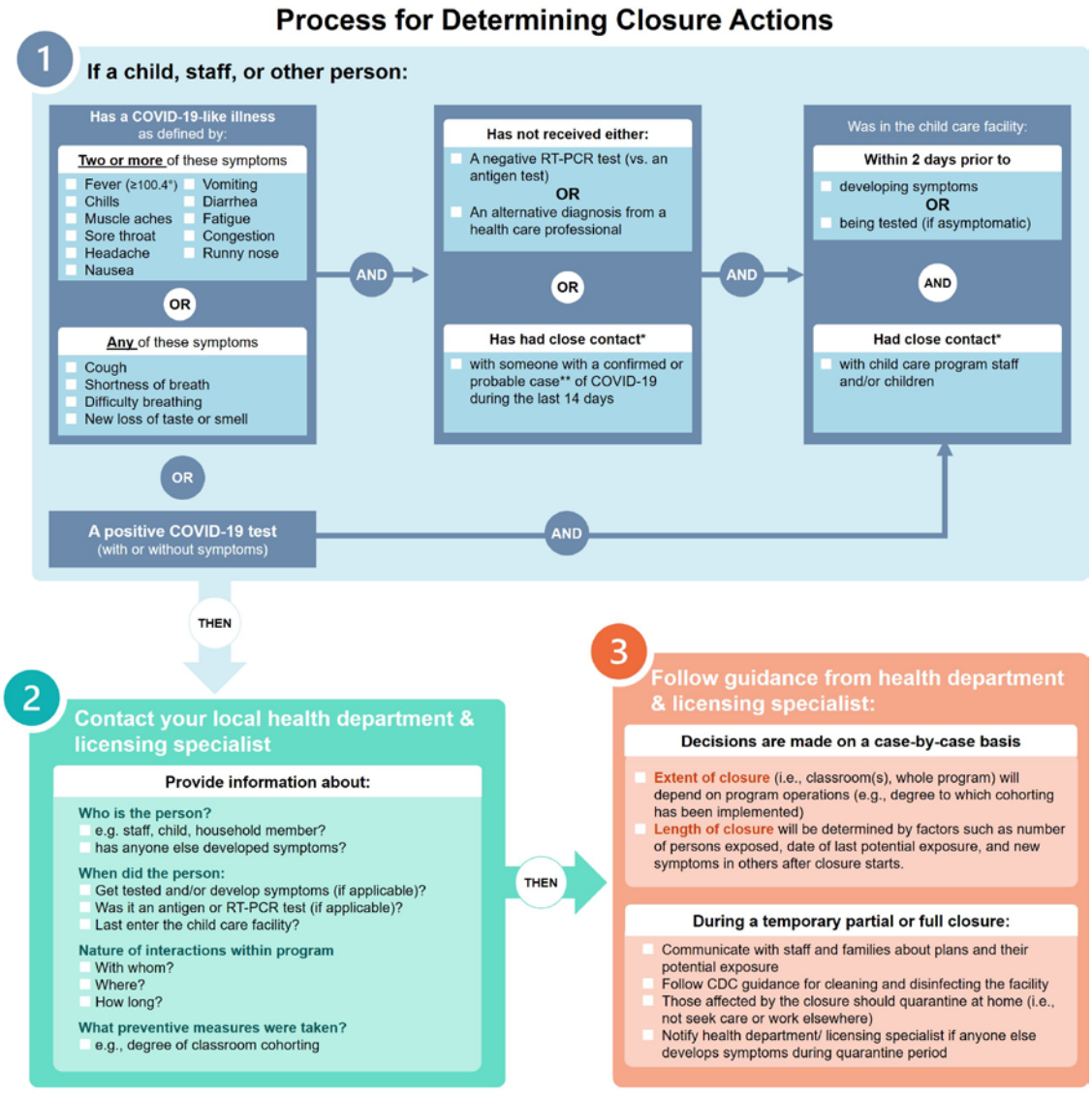
Quarantine & Temporary Program Closures

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.



*close contact = being within 6 feet of an infected person for a cumulative total of 15 min. or more over a 24-hour period, regardless of whether face coverings are being worn.

** probable case of COVID-19 = someone who has a COVID-19-like illness AND has been in close contact with someone with COVID-19 in the past 14 days

Supporting Families, Staff, and Children

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.
- Below is some sample language you may wish to include in your policies about supporting families, staff, and children

Communicating with Staff and Families

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.

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.

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.