

# COVID-19 GUIDANCE

For Child Care Facilities



AUGUST 5, 2020

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# **Guidance for Use of Cloth Face Coverings in Child Care Programs**

Updated August 4, 2020

This guidance has been developed by the Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) to assist child care programs to develop and implement policy regarding the use of cloth face coverings in the child care setting. The use of cloth face coverings is not a substitute for other infection control measures including physical distancing, frequent hand washing, and cleaning of frequently touched surfaces within the child care setting.

Cloth face coverings protect others if the wearer is infected with SARS CoV-2, the virus that causes COVID-19, and is not aware. Cloth face coverings may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. To prevent the spread of SARS CoV-2, the CDC recommends the use of cloth face coverings in schools and child care when feasible.

## **Use of Cloth Face Coverings in Adults**

MDH/MSDE require the following:

- Child care staff must wear cloth face coverings throughout the work day while in the school, child care center, or family child care home;
- Child care staff and parents must wear cloth face coverings during drop-off and pick-up and when parents are performing, and staff are observing, temperature checks; and
- Parents and any other adults who must enter the child care center or family child care home related to essential operations must wear cloth face coverings while in the child care site.

Most healthy adults should be able to wear cloth face coverings safely and consistently in a child care setting; if an adult has questions or concerns about wearing a cloth face covering, they should discuss this with their health care provider.

## **Use of Cloth Face Coverings in Children**

MDH/MSDE require the following:

- Children age 5 years and above who can wear a cloth face covering safely and consistently must wear a cloth face covering while in the child care center or family child care home;

- It is recommended that children less than 5 years of age who can wear a cloth face covering safely and consistently also wear a cloth face covering while in the child care center or family child care home; and
- **Cloth face coverings should not be worn by children under age 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.**

The use of cloth face coverings by children in a child care setting should be guided by the following considerations which impact a child’s ability to wear a cloth face covering safely and consistently.

- Some children, particularly younger children, may not be developmentally capable of wearing a cloth face covering without frequent touching of the mask or their face or attempting to take the mask off, or be unable to remove it safely without assistance;
- Some children with developmental or behavioral conditions may have difficulty tolerating cloth face coverings;
- Some children with respiratory conditions or other medical problems may have difficulty breathing or have other safety concerns when wearing a cloth face covering; and
- Some children with physical limitations may not be able to remove a cloth face covering without assistance.

Parents and child care staff should discuss the considerations above for an individual child, and consult with the child’s health care provider if necessary (e.g., for children with certain conditions such as asthma), to determine if an individual child age is able to safely and consistently wear a cloth face covering while in child care.

**For young children without a medical problem that makes use of a cloth face covering unsafe, parents and staff should work together to maximize the use of cloth face coverings in child care settings.** Staff and families should teach and reinforce proper use and removal of cloth face coverings, including the use of behavioral [strategies](#) as necessary to assist children with becoming comfortable wearing cloth face coverings.

## **Additional Safety Precautions Regarding the Use of Cloth Face Coverings in Child Care Programs**

- Cloth face coverings should **NOT** have any attachments (e.g., buttons, stickers, etc.) that may be a choking hazard;
- Cloth face coverings should **NOT** be worn if they are a strangulation risk (e.g., during certain activities or for certain children);
- Children should **NOT** wear cloth face coverings while napping;

- Children should **NOT** wear cloth face coverings while playing outside if social distancing can be maintained;
- Children should **NOT** wear cloth face coverings during activities that may make them wet (e.g. swimming) or during high intensity activities (e.g. running) as they may cause difficulty breathing; and
- Children should **NOT** be forced to wear a cloth face covering if they are not comfortable/able to do so safely.

## How Cloth Face Coverings Should Be Worn and When to Remove

A cloth face covering should:

- Be worn to cover the nose and mouth;
- Never be worn around the neck or over the head;
- Never be shared with other children;
- Never be reused unless it is stored properly between uses and can be replaced safely;
- **Be removed if a child is not able to maintain the covering on their face (e.g., keeps trying to touch or remove the face covering) or wear it safely;**
- Be removed **by the child** for meals, snacks, naptime, outdoor play (when social distancing can be maintained) or when it needs to be replaced;
- Be removed and replaced if it becomes wet or soiled; and
- Be removed (and not replaced) if the child experiences difficulty breathing.

## Procedures for Use of Cloth Face Coverings

- Child care staff should teach children to avoid touching the face covering or their face while wearing a cloth face covering and to avoid removing the face covering without adult permission or share face coverings;
- **Staff and children should wash their hands if they touch their face covering or their face;**
- Staff and children should wash hands **before and after removing a face covering and before replacing a face covering;**
- Staff and children should be careful not to touch their eyes, nose, and mouth when removing their face covering;
- When removing a cloth face covering, staff and children should be sure to remove the covering touching **only the straps; if a child is unable to correctly remove his/her face covering, the decision to wear a face covering for that child should be reconsidered;**
- A cloth face covering should be removed for meals, snacks, naptime, or outdoor play or when it needs to be replaced; and
- Cloth face coverings should 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;

multiple face coverings should not be put into the same bag unless they will not be used again prior to cleaning.

## **Family Responsibility for Providing Cloth Face Coverings**

Parents should provide cloth face coverings for their own child/children. Parents should provide a sufficient supply of clean/unused cloth face coverings for their child each day to allow replacing the covering as needed and have a plan for routine cleaning of cloth face coverings. The number of cloth face coverings needed for each child will vary by child and by day. If a child does not have an adequate supply of cloth face coverings on a particular day, the child may remain in school or care but the program should inform the parent that additional face coverings are needed.

Parents should be sure the cloth face coverings are:

- Clearly marked with the child's name and room number/teacher's name;
- Clearly marked and/or designed to distinguish which side of the covering should be worn facing outwards so they are worn properly each day.

NOTE: If a parent supplies surgical face masks rather than cloth face coverings, they may also be used according to the guidance above.

# Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID19--like Illness in Child Care Programs

Updated July 28, 2020

This guidance accompanies the *“Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19 like Illness in School, Child Care Programs, and Youth Camps”*

Exclusion, quarantine and return to child care for a person with laboratory confirmed COVID-19, a person with symptoms of COVID-19-like illness, and close contacts is based on CDC and Maryland Department of Health/Maryland State Department of Education guidance and is to be implemented by child care providers in consultation with the local health department and the licensing specialist.

When there is a case of COVID-19 or COVID-19-like illness in a child care program, programs should follow Attachment 1, *“Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19 like Illness in School, Child Care Programs, and Youth Camps.”* The person with COVID-19 or COVID-19-like illness should be isolated/excluded and all potentially exposed children and staff (close contacts) should quarantine. **Depending on program operations and degree of cohorting, quarantine of close contacts may result in closure of a classroom or the entire program.**

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents should be encouraged to report illness within their household, children and themselves during drop-off symptom screening to help inform decisions related to closure. Child care programs should monitor absences among children and staff according to CDC guidance. Information regarding absences due to COVID-19 symptoms will assist child care programs when consulting with local health departments about closure and quarantine.

## Closure and Quarantine Recommendations

For the purposes of this guidance, **COVID-19-LIKE ILLNESS is defined as:** New onset cough or shortness of breath **OR** At least **2** of the following: fever of 100.4 degrees or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting, or diarrhea).

A child care program should **CLOSE and QUARANTINE** close contacts if:

1. There is a person (child care staff, child, or other person) with **LABORATORY CONFIRMED COVID-19 OR with COVID-19-LIKE ILLNESS** who was present in the child care program building within the 2 days prior to developing COVID-19 symptoms or while symptomatic, **AND** had [close contact](#) as defined by the CDC, with program staff and/or children
2. There is a person (child care staff, child, or other person) with **LABORATORY CONFIRMED COVID-19** who is **ASYMPTOMATIC**, was present in the child care program building **AND** had [close contact](#) as defined by the CDC, with program staff and/or children

NOTE: If the person with confirmed COVID-19 or COVID-19-like illness is a parent (or other household member) of a child in care and their only close contact with the child care program staff and/or children was with their own child, the program may not be required to close if the affected parent's child is asymptomatic.

## Closure and Quarantine Process

When a child care program is informed of a confirmed case of COVID-19 or identifies a person with COVID-19-like illness, the person should be safely isolated and if currently at the program, arrangements made for them to leave the child care site as soon as possible. The program should begin the process for closure to clean and disinfect and to quarantine close contacts. The child care program director/family child care provider should contact the local health department and notify the licensing specialist who will assist the program with identifying close contacts and additional actions to be taken. For a child care center, the local health department may assess whether the closure can be applied to only part of the program based on risk of exposure between classrooms (see Attachment 2). Family child care homes **may not** close and quarantine only part of the program and should close in full to implement required quarantine recommendations.

**Children affected by a child care program closure due to a COVID-19 case or COVID-19-like illness should quarantine at home and not seek child care in an alternative child care program.** Child care program staff should also quarantine at home. Quarantine may last for 14 days or more. The development of COVID-19 symptoms in the program's children, parents, and staff should be monitored by the child care program director/family child care provider during quarantine as this may impact when the program can re-open and when a child or staff member may return to the program.

NOTE: The length of time for closure and quarantine should be determined by the local health department in consultation with the licensing specialist. This is based on the required time for close contacts to quarantine as specified in the *“Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19 like Illness in School, Child*

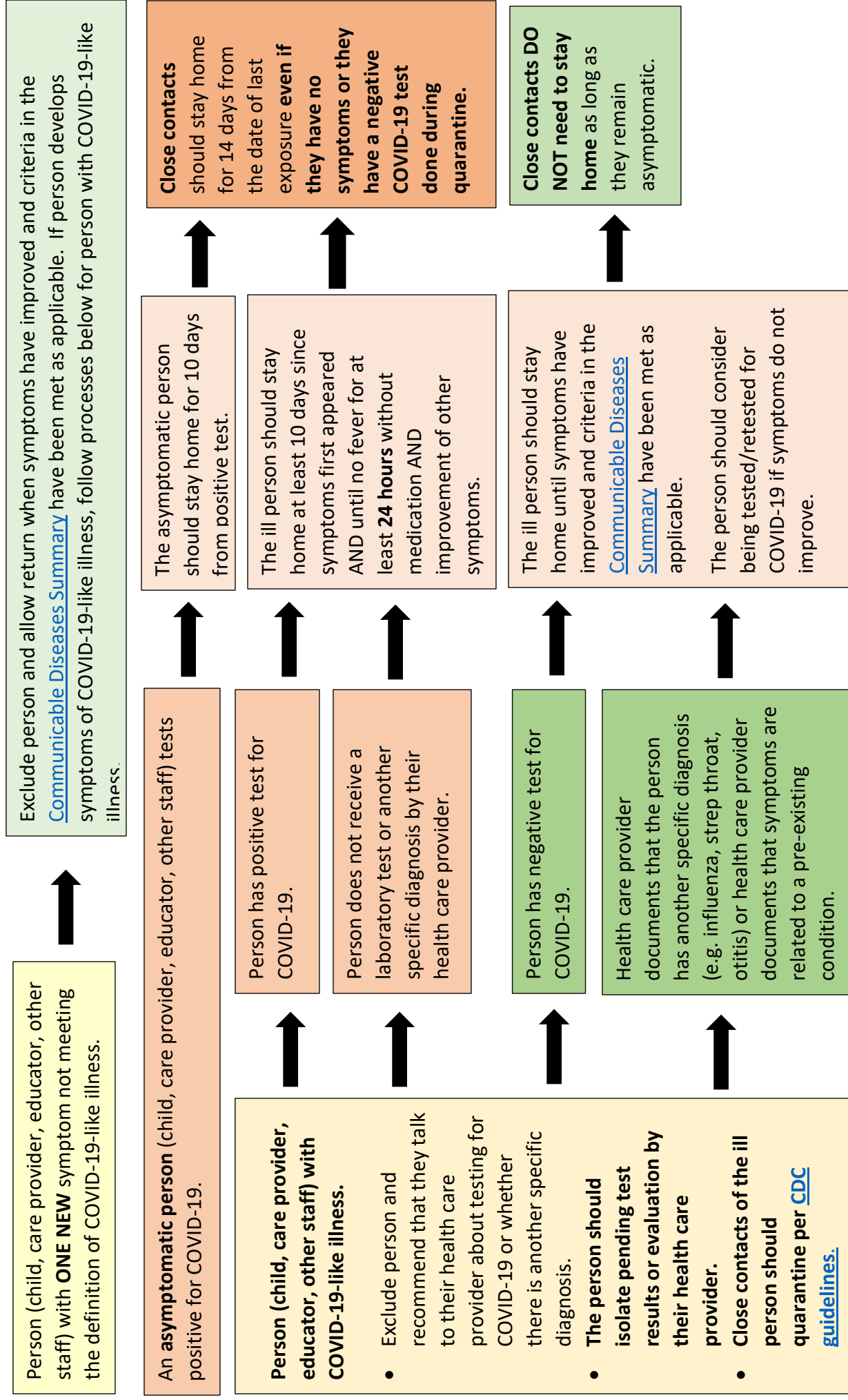


*Care Programs, and Youth Camps.*” Closure and quarantine may be shortened, and the child care program may be able to reopen, if a person with COVID-like illness is tested for COVID-19 and results are negative or if the person is determined to have another specific diagnosis (e.g., influenza, strep throat, otitis) by their health care provider. Likewise, closure may be longer for a family child care program when the affected person is a household member of the provider who must be released from isolation before the 14-day quarantine can begin for the provider. Reopening decisions and approvals are made on a case by case basis.

This guidance is not an exhaustive list of circumstances where a program may need to close and quarantine close contacts. Details of each case may result in additional circumstances where a program should close as determined by local health department assessment of level of exposure risk.

## 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

**For the purposes of this decision aid, COVID-19-like illness is defined as:** New onset cough or shortness of breath **OR** At least 2 of the following: fever of 100.4° or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting or diarrhea). **NOTE: This definition was adapted from the clinical criteria in the [CDC case definition of a probable case of COVID-19](#).**



## Is Your Child Care Center Implementing the Strongest Practices to Minimize the Risk of COVID-19 Spread Between Classrooms?

*Factors for consideration when a child care center has a case of COVID-19 or COVID-19-like illness*

- ✓ The person with confirmed COVID-19 or COVID-19-like illness did not have close contact with persons in the program who were outside of their classroom cohort of children and staff

A **classroom cohort** is a defined group of children and staff from one classroom. Each classroom cohort must include the same group of children every day and the same child care staff who remain with the same group of children every day and do not work in any other classrooms.

- ✓ Drop off and pick up are staggered by child/family (entering/exiting one at a time, by time slot, or within the same classroom cohort) with no close, prolonged contact between classrooms
- ✓ Drop off and pick up procedure prohibit parents from entering the building **OR** allow parents to access only a limited area just inside the entrance with social distancing during temperature/symptom checks and child hand-off
- ✓ The program maintains documentation of daily temperature and symptom checks for all staff and children
- ✓ There is no mixing of classroom cohorts (i.e., teachers, children and floaters do not have close, prolonged contact with those from another classroom cohort) at any time throughout the day
- ✓ No common areas are shared by staff (e.g., break room area) unless these are restricted to use by one staff person at a time and high touch surfaces are cleaned and disinfected between uses
- ✓ The children in each classroom have a designated restroom to be used only by the children in that classroom **OR** if this is not possible, restrooms are used by one child or classroom at a time and high touch surfaces are cleaned and disinfected after each use

- ✓ Child care program staff do not share a common restroom **OR** if a shared staff restroom must be used, the restroom is used by one person at a time and high touch surfaces are cleaned and disinfected after each use
- ✓ There is no sharing of toys and other activity items between classrooms unless the toys are cleaned and sanitized between uses
- ✓ If playground equipment is used, is it used by only one classroom at a time and outdoor toys are cleaned and sanitized between use by different classroom cohorts
- ✓ The center is able to close off any area(s) including the classroom used by an ill person and not use it for other children or staff until the area(s) is cleaned and disinfected according to [CDC guidance](#)

# Guidance for Temperature and Symptom Screening in Child Care Programs

Updated July 28, 2020

In cooperation with the Maryland Department of Health and the Maryland State Department of Education, the following guidance has been developed to assist child care programs in daily temperature and symptom screening without the need for Personal Protective Equipment (PPE). Child care programs may choose alternative methods of temperature and symptom screening as long as they are consistent with [CDC guidance](#).

Temperature and symptom screening should be conducted daily on each child upon arrival to the child care facility using the process below. **The attached resources clearly outline the questions recommended for symptom screening of children and child care program staff.**

- The individual child's parent/guardian who is dropping off the child should take the child's temperature upon arrival while being directly observed by child care program staff
- Temperature checks should be conducted while maintaining social distancing to the greatest extent possible; in addition, the child's parent/guardian and any child care program staff involved in temperature checks should wear cloth face coverings [as recommended by the CDC](#).
- The child's parent/guardian should use a personal thermometer brought from home; this thermometer should only be used for that child/family and should not be handled by the child care program staff
- After taking the temperature, the child's parent/guardian should show the temperature result to the child care program staff for recording
- In the event that a family does not have access to a personal thermometer for their child, the parent/guardian should use a thermometer provided by the child care program; non-contact thermometers are preferred but temporal or tympanic (ear) thermometers are also acceptable
- The parent/guardian should perform hand hygiene and don single use gloves prior to taking the child's temperature with a thermometer provided by the child care program
- All thermometers should be cleaned after each use [as recommended by the CDC](#)
- The child's parent/guardian should be asked if the child has any symptoms of COVID-19, is waiting for a COVID-19 test result, has been diagnosed with COVID-19, has been instructed to isolate or quarantine by a health care provider or the health department, and if the child has had close contact with any person with COVID-19 or suspected COVID-19 in the last 14 days (see attached symptom screening resources).

All child care program staff should monitor their temperature at home and report the temperature to the child care center director/administrator upon arrival to the facility. If a temperature is not reported, a temperature should be taken by another child care staff member following the procedure above. Child care program staff should also be monitoring themselves for any symptoms of COVID-19 and complete a daily symptom screening.

**Children or staff members with a fever (100.4° or greater) or any other symptoms of COVID-19, those who are waiting for a COVID-19 test result, those who have been diagnosed with COVID-19, those who have been instructed to isolate or quarantine by a health care provider or the health department, or those who have had close contact with any person with COVID-19 or suspected COVID-19 in the last 14 days should be excluded from care/work.**

Child care providers should refer to the *“Decision Aid: Exclusion and Return for COVID-19 Symptoms in School, Child Care Programs, and Youth Camps”* developed by MDH/MSDE for additional details.

## Attachments

### Symptom Screening for Child in Child Care

This symptom screening should accompany a daily temperature check. Ask the following questions to the parent prior to admitting the child into care each day.

1. Since last here, has your child has any of the following symptoms?

- ✓ cough
- ✓ shortness of breath
- ✓ fever of 100.4° or higher
- ✓ chills
- ✓ shivering
- ✓ muscle pain
- ✓ sore throat
- ✓ headache
- ✓ loss of sense of taste or smell
- ✓ gastrointestinal symptoms (nausea, vomiting, or diarrhea)

If **YES**, the child should not be admitted into care. Refer to the *Decision Aid: Exclusion and Return for COVID-19 Symptoms in School, Child Care Programs, and Youth Camps* to determine when the child may return. Contact the local health department for additional guidance when the child has COVID-19-like illness.

2. Since last here, is your child waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

If **YES**, the child should not be admitted into care. The child may return with a negative test result when waiting for results or when the health care provider/health department advises release from isolation or quarantine.

3. In the last 14 days, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

If **YES**, the child should not be admitted into care. The child may return after they have completed quarantine for 14 days from the date of last exposure to the person with diagnosed or suspected COVID-19 unless instructed by a health care provider/health department to quarantine longer.

If the answer to **ALL** of the questions above is **NO**, the child may be admitted into care that day.

## Symptom Screening for Child Care Staff

This symptom screening should accompany a daily temperature check. Ask the following questions to the staff person prior to the start of each work day.

1. Since last here, have you had any of the following symptoms?

- ✓ cough
- ✓ shortness of breath
- ✓ fever of 100.4° or higher
- ✓ chills
- ✓ shivering
- ✓ muscle pain
- ✓ sore throat
- ✓ headache
- ✓ loss of sense of taste or smell
- ✓ gastrointestinal symptoms (nausea, vomiting, or diarrhea)

If **YES**, the staff should not be admitted into care. Refer to the *Decision Aid: Exclusion and Return for COVID-19 Symptoms in School, Child Care Programs, and Youth Camps* to determine when the staff may return. Contact the local health department for additional guidance when the staff has COVID-19-like illness.

2. Since last here, are you waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

If **YES**, the staff person should not be permitted to work. The staff person may return with a negative test when waiting for results or when the health care provider/health department advises release from isolation or quarantine.

3. In the last 14 days, have you had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

If **YES**, the staff person should not be permitted to work. The staff person may return after they have completed quarantine for 14 days from the date of last exposure to the person with diagnosed or suspected COVID-19 unless instructed by a health care provider/health department to quarantine longer.

If the answer to **ALL** of the questions above is **NO**, the staff person may work that day.







# Frequently Asked Questions

## Coronavirus (COVID-19) Guidance for Child Care Settings

Updated July 31, 2020

The following guidance is provided to assist child care providers to respond to the COVID-19 pandemic. The COVID-19 emergency is rapidly evolving. It is important to check the links in this document and on the resources pages frequently for updated information as well as updates to this document.

### A. Staffing and Program Operations

- 1. UPDATED--Should staff or children at risk for serious illness from COVID-19, including those over the age of 65 or persons with certain medical conditions, be allowed to remain at work or attend child care?**

Employees and parents of children in child care should seek guidance from their health care providers regarding recommendations for working or attending child care during the COVID-19 pandemic, especially if they are at higher risk for severe illness from COVID-19. Older adults and those people with underlying health conditions, who are vulnerable to serious illness from COVID-19, are strongly advised to continue staying home as much as possible. This means they should not be present in child care facilities.

Employers and families should follow the [Centers for Disease Control and Prevention \(CDC\) guidance](#) when considering a staff person's ability to work or a child's ability to attend child care related to COVID-19 risks (such as age or presence of certain chronic conditions).

- 2. UPDATED -- Should a child care program perform temperature and symptoms screening before allowing a child or staff member to enter a child care program?**

Yes. All child care programs should perform daily symptom and temperature screening for children and staff upon arrival to the child care site. Symptom screening includes asking questions about symptoms of COVID-19 and close contact with persons who have COVID-19 or are suspected of having COVID-19.

Child care programs should follow the "*Guidance for Temperature and Symptom Screening in Child Care Programs*" developed by the Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) based on CDC recommendations. This details the recommended processes for conducting temperature and symptom screening for children and staff.

Children or staff members with a fever (100.4° or greater) or any other symptoms of COVID-19, those who are waiting for a COVID-19 test result, those who have been

diagnosed with COVID-19, those who have been instructed to isolate or quarantine by a health care provider or the health department, or those who have had close contact with any person with COVID-19 or suspected COVID-19 in the last 14 days should be excluded from care/work.

### **3. How are child care providers to practice social distancing in an early care and education setting?**

There are many strategies to practice social distancing. These include but are not limited to:

- Staggering arrival and dismissal time for children by group (including the teachers if possible)
- Avoid mixing groups of children at arrival and dismissal time or in shared areas prior to classroom teacher arrival
- Prohibit parents/ guardians from entering the building unless necessary
- Maintaining 6 feet distance between children and staff when direct care is not being provided
- Creating distance (6 feet) between tables and other spaces occupied by children
- Incorporating outside play time as able with more than 6 feet between children and only a small group outside at the same time
- Limiting item sharing
- Avoiding mixing of groups of children and teachers (including sharing bathrooms) to the greatest extent possible

Additional strategies are available in the [CDC guidance](#) for child care programs that remain open.

### **4. May the children use the playground available at my program?**

Children may use playground equipment only if social distancing is maintained, and if the playground structure is able to be cleaned according to [CDC guidance](#). Other outdoor toys should be cleaned and sanitized between groups (e.g., sandbox toys, tricycles). Only one classroom of children may use the playground at a time. If the playground is used, it should be cleaned at least daily. Children should wash their hands immediately after playing on the playground. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants.

## **II. Policy and Procedures**

**General Guidance: Children, staff, parents and guardians should not enter a child care site if they have symptoms of COVID-19 (even if not tested or confirmed), have been in contact with someone with COVID-19 in the last 14 days or are at high risk for serious illness from COVID-19 due to age or underlying medical conditions.**

**5. UPDATED-- If a child, provider, staff member, or a household member of a family child care provider is a laboratory confirmed case of COVID-19, should the child care program close?**

Yes. If a child, provider, staff member, or a household member in a family child care home has a laboratory confirmed case of COVID-19, all close contacts must quarantine for 14 days. Depending on program operations and level of cohorting, the quarantine process may require the full program to close. When recommended to close, the child care program should take the following steps:

- (1) safely isolate the person (if they are still on site) and place a mask on them if one is available,
- (2) begin process of closure for 2-5 days while determining long term course which may include closure for 14 days or more;
- (3) contact the local health department and licensing specialist immediately and provide information needed to determine the total duration of program closure (see questions #10 and #11);
- (4) communicate with staff and parents regarding the confirmed case of COVID-19 and their possible exposure,
- (5) clean and disinfect the child care facility as recommended by the CDC, and
- (6) Follow guidance from local health department regarding the duration of program closure.

Note: The licensing specialist should be involved in the closure decision and process as well as the reopening process.

Individuals who had close contact with the confirmed case should quarantine at home for 14 days after the last day of exposure and should monitor carefully for symptoms. See the *“Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID-like Illness in Child Care Programs”* developed by MDH/MSDE for additional details about program closure due to a confirmed case of COVID-19 or someone with COVID-19-like illness.

**6. UPDATED--If a child or child care program staff member has COVID-19-like illness and was present in the child care program within the 2 days prior to becoming symptomatic or while symptomatic, should the child care program close?**

Yes. For the purposes of this guidance, symptoms of COVID-19-like illness include: New onset cough or shortness of breath OR At least **2** of the following: fever of 100.4 degrees or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting, or diarrhea).

The child care site should follow the same procedures as for a laboratory confirmed case of COVID-19. If the program is a family child care home, this guidance should also be followed for a person with COVID-19-like illness in a provider’s household member.

**7. UPDATED--If a child or staff member is confirmed to have COVID-19 or has COVID-19-like illness, when may they return to care/work?**

The child or staff member with laboratory confirmed COVID-19 or COVID-19-like illness may return to the child care program when he or she has met the CDC criteria for discontinuation of home isolation:

- 1) At least 10 days have passed since symptom onset, **and**
- 2) At least 24 hours have passed since resolution of fever without the use of fever-reducing medications, **and**
- 3) Other symptoms have improved.

If the child or staff member with confirmed COVID-19 has **never had any symptoms**, he or she may return to the child care program when at least 10 days have passed since the date of the person's first positive PCR test for the COVID-19 virus..

All child care programs should require that children and staff stay home if they or anyone in the home is ill. Persons with COVID-19-like illness should work with their health care provider to determine if COVID-19 testing is indicated. If the person with symptoms has another specific diagnosis (e.g., influenza, strep throat, otitis) or a negative test result, they may return to the program when symptoms have improved and criteria in the [Communicable Diseases Summary](#) have been met as applicable.

See the *“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”* developed by MDH/MSDE for additional details.

**8. If a parent who is a healthcare provider cared for a COVID-19 patient and is now symptomatic, can the child attend?**

No. Children should not attend child care if anyone in the household has symptoms suggestive of COVID-19, whether a health care worker or not. The child should be quarantined at home for 14 days to observe for symptoms.

Contact the local health department for guidance regarding the need to close or quarantine other persons if the parent had close, prolonged contact with other persons in the building.

Program staff should minimize close contact with parents. See CDC recommendations for ways to minimize such contact.

**9. UPDATED--When can a child who is quarantined at home due to a case of COVID-19 or COVID-19-like illness in a household member return to child care?**

Children who have a household contact who is a confirmed case of COVID-19 or who has COVID-19-like illness may return to child care 14 days after the household contact is released from isolation according to [CDC guidance](#) for discontinuation of isolation for

persons with COVID-19 not in healthcare settings. The child must undergo this additional 14 day quarantine because the child could have been infected on the final day of the household member's isolation.

The parent should provide evidence (e.g., a note from a health care provider) that the household contact has been released from isolation at the time the child returns to child care.

The above guidance assumes that a child does not develop symptoms of COVID-19 at any time during their quarantine. If a child develops symptoms, the child may be considered to have COVID-19-like illness and the child's health care provider and the local health department should be consulted to determine if the child should be tested and how long the child needs to remain excluded from the child care program.

See the *"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"* developed by MDH/MSDE for additional details.

10. **UPDATED--If the child care center needs to close due to a case of COVID-19 or COVID-19-like illness in the program, when can they reopen?**

Initial closing is to allow time for thorough cleaning and disinfecting the entire area, contact assessment, and communication. The center closure could last for 14 days or more depending on several factors including the identity of the person with COVID-19 or COVID-19-like illness (i.e., staff, child in care, household contact), number of persons or classrooms exposed, when the person with COVID-19 or COVID-19-like illness was last at the child care center, and symptoms in other persons exposed after the start of the closure period. The local health department and licensing specialist should be consulted for guidance about reopening.

When consulting with the local health department and licensing specialist about reopening, be prepared to provide detailed information about:

1. The identity of the person with COVID-19 or COVID-19-like illness (i.e., staff, child in care, household contact);
2. The date the person with COVID-19 or COVID-19-like illness was last in the building;
3. If the person received a COVID-19 test, the date and results of the test if known;
4. If symptomatic, the date the person developed symptoms;
5. What types of interactions the person may have had with other persons in the building and in what locations;
6. How long their interactions were with other persons in the building;
7. If other persons in the child care program have developed any symptoms; and
8. Any other information to assist with the determination of next steps.

**NOTE:** Program closure may be shorter than 14 days, and the program may be able to reopen, if a person with symptoms of COVID-19 is tested for COVID-19 and results are negative or if the person is determined to have another specific diagnosis (e.g., influenza, strep throat, otitis) by their health care provider. Reopening decisions and approvals are made on a case by case basis.

See the *“Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID-like Illness in Child Care Programs”* developed by MDH/MSDE for additional details about program closure due to a confirmed case of COVID-19 or someone with COVID-19-like illness.

**11. UPDATED--If my family child care program needs to close due to a case of COVID-19 or COVID-19-like illness, when can I reopen?**

Initial closing is to allow time for thorough cleaning and sanitizing the entire area, contact assessment and communication. The program closure could last for 14 days or more depending on several factors including the identity of the person with COVID-19 or COVID-19-like illness (i.e. family child care provider or the provider’s household member, child in care, child’s household contact), the number of persons exposed, when the person with COVID-19 or COVID-19-like illness was last at the child care program, and symptoms in other persons exposed. The local health department and licensing specialist should be consulted for guidance about reopening

When consulting with the local health department and licensing specialist about reopening, be prepared to provide detailed information about:

1. The identity of the person with COVID-19 or COVID-19-like illness (i.e. family child care provider or the provider’s household member, child in care, child’s household contact);
2. The date the person with COVID-19 or COVID-19-like illness was last in the family child care home;
3. If the person received a COVID-19 test, the date and results of the test if known;
4. If symptomatic, the date the person developed symptoms;
5. What types of interactions the person may have had with other persons in the family child program and in what locations;
6. How long their interactions were with other persons in the family child care program;
7. If other persons in the family child care program have developed any symptoms; and
8. Any other information to assist with the determination of next steps.

Extended closures beyond 14 days should be expected when the person with COVID-19 or COVID-19-like illness is a household member of the family child care provider. In this case, the provider should remain quarantined for **14 days AFTER the household member with COVID-19 or COVID-19-like illness is released from isolation** according to [CDC guidance](#) for discontinuation of isolation for persons with COVID-19 not in healthcare settings. The provider must undergo this additional 14 day quarantine because the provider could have been infected on the final day of the household member’s isolation. The family child care program should remain closed during this



time. The local health department and licensing specialist should be notified if the provider develops symptoms during quarantine as this may also potentially extend the closure period.

**NOTE:** Program closure may be shorter than 14 days, and the program may be able to reopen, if a person with symptoms of COVID-19 is tested for COVID-19 and results are negative or if the person is determined to have another specific diagnosis (e.g., influenza, strep throat, otitis) by their health care provider. Reopening decisions and approvals are made on a case by case basis.

See the *“Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID-like Illness in Child Care Programs”* developed by MDH/MSDE for additional details about program closure due to a confirmed case of COVID-19 or someone with COVID-19-like illness.

**12. If the parent is a health care professional and cared for a COVID-19 patient, can the child attend?**

Yes, if the parent or child has not tested positive for the COVID-19 virus or developed symptoms suggestive of COVID-19.

**13. If a person is in quarantine due to possible exposure to a person that tested positive for COVID-19 and was in the child care facility prior to the start of quarantine, what should the facility do?**

If the person was without symptoms, there would likely be little known risk to the occupants of the building, but recommendations may depend on the level and duration of contact with others. Please consult with the local health department and licensing specialist for guidance.

**14. Should the child care center send home information to parents about the COVID-19 virus in addition to what is available by the CDC to inform them of the precautions the center is taking regarding cleaning and handwashing?**

Please use the CDC and MDH/MSDE guidance for dissemination of information to parents. You can always communicate what you believe is important that families know about your program specifically.

**15. **UPDATED**--What policy or procedure should be used regarding staff members and families that are traveling?**

MDH strongly recommends that all Marylanders refrain from nonessential travel outside of Maryland due to the recent increase in COVID-19 infections in other states. Any Marylander returning from out-of-travel should get tested for COVID-19 promptly upon arrival in Maryland. Any Marylander who travels to a state with a COVID-19 test

positivity rate above 10% should get tested and self-quarantine at home until the test result is received. The District of Columbia and the Commonwealth of Virginia are exempt from this recommendation. A list of state COVID-19 test positivity rates can be found using the [CDC COVID-19 Data Tracker](#).

Essential workers are exempt from the quarantine recommendation if they are returning or traveling to Maryland to perform essential work, as well as employee commuters who leave/enter the state on a daily basis and have work-based COVID-19 screening procedures. Please refer to the [MDH Travel Advisory](#) for additional details.

CDC recommends that travelers avoid all nonessential international travel because of the COVID-19 pandemic. Persons returning from international travel should follow CDC guidance regarding quarantine following travel.

**16. How would a child care program know that one of the children or staff had tested positive and the requirement to close the facility?**

If a local health department was notified of a positive COVID-19 virus lab result and the staff person or child was at the center within the 2 days prior to symptoms starting or while symptomatic, the local health department will work with the affected person to identify needed communication regarding possible exposures in the child care program. If a child or staff member has tested positive, they should inform the child care program as soon as possible.

Contact your local health department and your licensing specialist for further guidance.

**17. Should the program let families know if a child or staff member tests positive for COVID-19 or is absent due to COVID-19 symptoms?**

Yes. After consulting with the local health department and the licensing specialist, the program should inform families of the situation and the recommendations given by the local health department and the actions to be taken, including closing the program.

**18. Should children and adults wear cloth face coverings while at the child care program?**

Social distancing should be accompanied by the use of cloth face coverings for adults and children within child care settings, when feasible, in accordance with [CDC recommendations](#) and MDH/MSDE guidance. It is important to note that wearing a cloth face covering is not a substitute for practicing social distancing.

- Adults should use cloth face coverings throughout the work day while in the child care center or family child care home according to CDC guidance. If an adult has concerns about wearing a cloth face covering, they should discuss with their health care provider;

- Child care staff and parents should use cloth face coverings during drop-off and pick-up and when parents are performing, and staff are observing, temperature checks; and
- Children over the age of 2 years should wear a cloth face covering while they are in the child care center or family child care home **when this can be accomplished safely and consistently.**

**NOTE: Cloth face coverings should NOT be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.**

Child care programs should refer to the “*Guidance for Cloth Face Coverings in Child Care Programs*” developed by MDH/MSDE which contains important **safety precautions** for cloth face coverings and procedures for appropriate use.

### III. Handwashing, Cleaning and Sanitation

**19. Is it okay to use alcohol-free wipes on the children's hands in their preschool? Is this approved?**

Using alcohol free hand wipes is not recommended. The staff should guide children to wash hands with soap and water and follow hand washing requirements as per OCC regulation and as recommended by the CDC. Refer to resource document on handwashing.

**20. The CDC recommends a bleach solution of 1/3 cup bleach for 1 gallon of water. Is the Office of Child Care updating its guidelines for disinfecting in childcare settings due to COVID-19?**

Yes. Please refer to the CDC guidelines for the proper bleach/ water ratio for disinfecting surfaces.

Also, please see the list of [EPA registered products](#).

### IV. Helpful Resources:

**Centers for Disease Control and Prevention (CDC)**

Guidance for Persons with Certain Medical Conditions

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Guidance for Child Care Programs that Remain Open: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Child Care, Schools, and Youth Programs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Clinical Presentation in Children: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

People Who Are at Higher Risk for Severe Illness: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

Public Health Guidance for Community Related Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Interim Guidance for Businesses and Employers Responding to Coronavirus 2019: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

COVID-19 Data Tracker: <https://www.cdc.gov/covid-data-tracker/index.html#testing>

Travel Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

### **Maryland State Department of Education, Division of Early Childhood, Office of Child Care**

Guidelines that Child Care Programs Follow: [https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/resources\\_that\\_child\\_care\\_programs\\_follow\\_revised\\_v3.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/resources_that_child_care_programs_follow_revised_v3.pdf)

Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency: <https://earlychildhood.marylandpublicschools.org/early-childhood-grants-programming-and-initiatives-maryland-during-covid-19-state-emergency>

Hand Washing Procedure: How to Wash Your Hands: <https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/handwashingprocedures.pdf>

## **Maryland Department of Health**

Coronavirus Disease 2019 (COVID-19) Outbreak: <https://coronavirus.maryland.gov/>

Maryland State Local Health Department COVID-19 Contacts for Child Care:  
[https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/lhd\\_covid-19\\_contacts\\_msde\\_occ\\_5-13-2020\\_1.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/lhd_covid-19_contacts_msde_occ_5-13-2020_1.pdf)

Frequently Asked Questions: Coronavirus Disease 2019 (COVID-19) and Older Adults:  
[https://phpa.health.maryland.gov/Documents/FAQ\\_covid19\\_older\\_adults.pdf](https://phpa.health.maryland.gov/Documents/FAQ_covid19_older_adults.pdf)

Communicable Diseases Summary:  
[https://mmcp.health.maryland.gov/epsdt/healthykids/Documents/Communicable\\_Diseases\\_Fact\\_Sheet.pdf](https://mmcp.health.maryland.gov/epsdt/healthykids/Documents/Communicable_Diseases_Fact_Sheet.pdf)

Notice – Out of State Travel and Public Travel Advisory:  
<https://phpa.health.maryland.gov/Documents/07.29.2020%20-%20MDH%20Notice%20-%20Out%20of%20State%20Travel%20Advisory.pdf>

## **Environmental Protection Agency**

Disinfectants for Use Against SARS-CoV-2 (COVID-19): <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>