



# Guidelines for Safe Child Care Operations During COVID-19

For Use in Center-based Care and Home Environments  
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**Note:** The Michigan Department of Licensing and Regulatory Affairs (LARA) has developed this guidance in consultation with the Michigan Departments of Education, Health and Human Services, and Labor and Economic Opportunity, the Executive Office, medical professionals, national experts, and child care providers across the state. LARA will continue to monitor best practices and will issue updated guidance as our knowledge of COVID-19 continues to improve. Visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) for updates. New versions of this document will be posted online and shared electronically with child care providers.

## Introduction

Child care providers across the state have always prioritized the health and safety of the children in their care. With the spread of COVID-19, new health and safety protocols are necessary to ensure children, families, and staff members are as safe as possible.

This document provides tools to help you make the best decisions possible to limit the spread of COVID-19 and to create safe spaces for children and staff members. We will continue to update the document based on our best knowledge and partner with the field to learn about how we fight this virus while providing quality child care.

Some child care providers are equipped and ready to begin caring for children again and some may not be. If you have questions about how and when to reopen, your licensing consultant is available to help you consider your options. [Here](#) is a tool to assist you in deciding whether you are ready to begin providing care.

Reminder: All child care providers are required to follow the Governor's most recent Executive Orders. We will be sharing relevant updates on the licensing listserv. You can also visit <https://www.michigan.gov/coronavirus> for up-to-date information about whether child care providers can open and which families you can serve.

## Required Action

All child care providers **must develop and implement a COVID-19 preparedness and response plan** consistent with the guidelines offered here. The response plan must be available at your site or company headquarters. Response plans must be made available to families and staff. Your plan should include:

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

## Prepare Your Physical Space

Child care providers can make changes to their physical space to make it safer for children and staff. Consider each of the items below and determine if the changes make sense for you. Each suggestion helps prevent the spread of COVID-19 and encourage social distancing.

- **Identify a location to safely isolate** individuals who develop symptoms during care. If possible, pick a separate room away from other children where the sick individual can wait until they are picked up.
- **Remove toys and objects which cannot be easily cleaned** or sanitized between use.

- Toys should be limited to items made of materials that can be easily sanitized or disinfected.
- Wooden toys are not ideal but can be used if appropriately cleaned on at least a daily basis.
- Cloth toys are not recommended at this time.
- Some have recommended that toys should be cleaned after each child uses them (especially if a child has mouthed the toy). Although this is ideal, it is not a recommendation most child care settings can implement due to time and staff resource limitations.
- **Limit, or eliminate, use of common spaces.** When possible, divide large group spaces to allow more children to safely use the space. For example, use child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children. If common spaces must be used, consider rotating the use of the space.
- **Rearrange seating** to seat children six feet apart (when possible) and limit the number of children sitting together.
  - This is especially true for meal times.
  - If you do family style meal service, modify your practice and have students eat together, but not serve themselves.
- **Use touchless trash cans** to provide a hands-free way to dispose of tissues and contaminants if they are available.
- **Ensure ventilation systems operate properly** and increase circulation of outdoor air as much as possible. Open windows and doors, if possible. Do not open windows or doors if doing so poses a safety or health risk to children using the facility.
- **Ensure water is safe.** Take steps to ensure all water systems and drinking foundations are safe to use if your facility has been closed. Use these [guidelines from the CDC](#) to help. This minimizes the risk of Legionnaires' Disease and other diseases associated with water.

## Monitor Symptoms of COVID-19

Child care providers are required to check for COVID-19 symptoms when children and staff arrive. It is recommended that the checks are conducted before children and staff enter classrooms and/or your center/home. Consider designating an area that allows for privacy. A re-check is required if an individual appears sick or displays symptoms for COVID-19.

Use the following guidance to create and implement your own policies to monitor symptoms:

### Children

- Fever is the **key** indicator for young children. If a child's temperature is above 100.4 degrees, the child should be excluded from care. Cough and/or diarrhea in addition to fever is suggestive of coronavirus.
- When children arrive:
  - Perform temperature checks. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between uses,

following the manufacturer's instructions. Temperatures can be taken orally or by a body scan.

- Ask parents:
  - Has your child been in close contact with a person who has COVID-19? (If yes, the family should self-quarantine for 14 days.)
  - Has your child felt unwell in the last 3 days? (persistent cough, temperature, difficulty breathing, cold, diarrhea and/or vomiting)
- Visually check the child for signs of illness, including flushed cheeks, rapid or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- As young children are not reliable reporters of their symptoms, asking children about additional coronavirus symptoms is not useful (for example, shortness of breath, change in taste).
- Continue to monitor symptoms throughout the day and monitor temperatures when children appear ill or "not themselves."
- Children with a fever alone, or a fever with a cough and/or diarrhea should be isolated from the group and their parents contacted for prompt pick up. Their parents should contact their primary care physician/medical provider.

## **Staff**

- When staff members arrive:
  - Perform temperature checks when staff arrive. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between uses, following the manufacturer's instructions.
  - Screen for cough, shortness of breath, difficulty breathing, change in smell or taste, and diarrhea.
  - Staff arriving with fever above 100.4 or other symptoms must be sent home.
- Staff should report contact with anyone outside of work who has had a documented case of COVID-19. Staff should be instructed to self-quarantine if they have been exposed to COVID-19.

Because child care staff members are part of Michigan's essential workforce, they are eligible to be tested for COVID-19. Find a test site near you [here](#).

## **Families**

You are a trusted voice for the families you serve. Talk to families about the importance of the guidelines. Families should be informed in advance of daily temperature checks and the protocol for sending children and staff home.

Child care providers should also create a plan for how families should tell you about possible or confirmed cases of COVID-19. Families should report possible illness if anyone in their household shows symptoms or has tested positive for COVID-19, including the child or family members if they or their children experience possible symptoms or have a positive test.

### Tips for Daily Implementation

The CDC offers guidance for [how to practically conduct these checks](#). Some additional recommendations:

- Make sure you have the necessary supplies for daily temperature checks including wipes, thermometers (touchless if possible), alcohol-based hand sanitizer, tissues, face masks/cloth face coverings, etc.
- Make sure staff members are trained on the temperature check process and there is someone assigned to conduct monitoring.
- Be clear with families and staff about what happens if a child or staff member shows symptoms.
- Identify a staff person who will be responsible for handling questions and reporting about COVID-19 concerns. Employees should know who this person is and how to contact them.

### Respond to Possible or Confirmed Cases of COVID-19

Child care providers are a critical part of helping communities limit the spread of the virus.

- **Send anyone who becomes symptomatic home immediately.** If possible, children and staff should leave care right away if they are ill.
- **Isolate people who become ill while in care but can't leave immediately.**
  - For children: Isolate the child in a safe location until the child can be picked up. Do not leave children alone.
  - For staff: If a staff member begins to feel ill during the day, they should go home. If an individual is the only caregiver, they should 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. In a home-based environment, children may need to be picked up if no other caregiver is available.
  - The [CDC](#) offers guidance for how to watch for warning signs that symptoms are escalating and how to keep yourself safe when caring for someone who is sick.
- **Report exposure.** If a child, staff member, family member, or visitor to your child care becomes ill with COVID-19 symptoms, you must contact your [local health department](#) and licensing consultant for next steps. Staff and families of children in care are also required to report to the provider if they become symptomatic or receive positive COVID-19 test results. When notifying parents if COVID-19 was present in the facility, remember to respect the privacy of individuals in your care by not sharing health information of a specific person.
- **Determine whether to close the classroom or facility based on guidance from your local health department.** If an individual in a classroom is identified with a positive test for COVID-19 the classroom should be closed, cleaned and everyone in that classroom should be quarantined for 14 days initially.
  - Contact your local health department for guidance and best practices and to determine if your entire facility must close.

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

### **Additional Resources**

Additional guidance about how to monitor for symptoms and respond to possible cases of COVID-19 is available from the [Michigan Department of Health and Human Services](#), the [Centers for Disease Control and Prevention](#), and your local health department.

### **Set Guidelines for Returning to Care and Work**

Staff members and children should stay home and self-isolate if they show symptoms of COVID-19. It can be challenging to determine when to isolate young children because they are ill more often than adults, and the cause of a fever is sometimes unknown.

If a staff member or child has a fever or a cough, providers should follow their child and staff illness policy. At this time, it is recommended that children be fever free for 72 hours before returning to care (even if other symptoms are not present).

If a staff member or child exhibits multiple symptoms of COVID-19, you suspect possible exposure, or an individual tests positive for COVID-19, the individual must stay home until:

- Has been fever-free for at least 72 hours without the use of medicine that reduces fevers **AND**
- Other symptoms have improved **AND**
- At least 10 days have passed since your symptoms first appeared.

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

The provider should allow staff who are not feeling well to remain home without penalty. Under [Executive Order 2020-36](#), employees may not be discharged, disciplined, or otherwise retaliated against for staying home when he or she is at particular risk for infecting others with COVID-19. See the Executive Order for complete details on whether employees must be paid and when they must return to work.

Families should be encouraged to have back-up child care plans if the child or a family member becomes ill or is required to self-quarantine due to possible COVID-19.

The CDC recommends people use the following guidelines to determine when to return to child care or work after showing symptoms of COVID-19. You can view the full recommendation from the CDC [here](#).

### **Practice Social Distancing**

When creating a plan to safely provide care during COVID-19, remember “less is best.” Limit group sizes, the number of staff members caring for a child, and the number of spaces a child is in during the day as much as possible. We acknowledge that social distancing is very challenging in a child care setting. These best practices identify steps providers can take to help.

### **Maintain Consistent Groups**

Whenever possible, it is **strongly recommended** that group sizes be kept **below 10** and providers reduce the number of children in groups and/or spread out classes/groups across multiple rooms. This is especially important in classes with more children (for example, preschool classrooms.) As much as possible, classrooms should include the same group of children and caregivers.

- In a center, consistent adults should remain with groups of similar aged children. It is particularly important that infants less than six months are separated from older children because they cannot be vaccinated against influenza.
- Contact with external adults and between groups of children should be limited. For example, playground time should be rotated between groups and specialist teachers (e.g. music, art) should be limited.
- Place cribs, porta-cribs, cots and mats at least six feet apart, when possible. Place bedding in head-to-toe positioning.

While smaller groups sizes are strongly recommended, providers may continue to follow licensing guidelines for group size. Adhering to strict hand hygiene, social/physical distancing, no mixing of groups, and cloth face coverings (for those staff and children that can tolerate) recommendations are a must. Symptom screening and protocols on how to handle illness for staff and children need to be followed and enforced.

### **Limit, or Eliminate, Use of Common Spaces**

As recommended in the “physical space” section, one strategy to promote social distancing is to close common spaces. Also, cancel or delay field trips or special events that convene larger groups of children or families.

- Create smaller child use areas when using large spaces to keep children from gathering outside of their group.
- Stagger times for outdoor play or gym time, if possible.
- Consider eliminating use of water and sensory tables, playground equipment and frequently touched objects (Here’s more about why you might consider limiting use of [playground equipment](#)).
- If common spaces remain in use, clean the space in between groups.

### **Assess Drop Off and Pick Up Times**

To minimize the potential spread of COVID-19, limit the number of individuals in your facility at drop off, pick up, and throughout the day. Consider restructuring drop off and pick up times to allow for maximum social distancing.

- Set up hand hygiene stations at the entrance of your facility so children and parents can clean their hands. Use soap and water or hand sanitizer with at least 60% alcohol. The hand sanitizer should remain out of the reach of children and be used under adult supervision.
- Stagger arrival and drop off times and plan to limit direct contact with parents to the extent possible. If possible, have staff meet children at curbside, near the facility, and



escort them into and out of the building. These practices need to be balanced with the impact on a child's transition time, the parent's work schedule, and the impact on instructional time.

- If possible, provide disposable shoe covers for parents and visitors entering the building.
- Limit the number of people dropping off or picking up a child to one adult.
- Ask parents to avoid congregating in a single space or a large group.
- The CDC offers additional guidance for how to minimize potential spread of the virus during [pick up and drop off](#).

The Michigan Department of Education is also offering flexibility on how parents sign in and out. During the state of emergency and reopening of child care there are two alternate ways to obtain parental signature for time and attendance purposes.

- You can create a separate document for parents to sign and return at the end of the week
- Confirm attendance times via email

In both instances you should maintain copies of the documents and attach to the time and attendance record for the week as part of your requirement to keep records for four years.

### **Limit Visitors**

- Restrict the individuals in your facility or home as much as possible. Limit non-essential visitors, volunteers, and activities including groups of children or adults.
- Licensing consultants are considered essential visitors.

### **Transportation**

Child care providers should continue to avoid non-essential travel. If travel is necessary, vehicles should be modified to allow for social distancing. For example, on a bus rope off seats that should not be used. Additionally:

- Take the temperature of all children and staff members as they enter the bus.
- Cloth face coverings should be worn by everyone in the vehicle, if possible.
- Limit non-essential work-related travel and participate in training and technical assistance virtually whenever possible.
- Follow the [CDC's cleaning protocols](#) for the vehicle.

### **Reinforce Best Practices to Promote Hygiene**

Child care providers are experts in limiting the spread of illness. Reinforce the best practices you already use with children and staff members to limit the spread of COVID-19 too.

### **Hand Washing**

Reinforce regular health and safety practices with children and staff. Wash hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing; going to the bathroom; and before eating or preparing food.

- Continue to implement CDC [handwashing guidelines](#). Wearing gloves does not replace appropriate hand hygiene.

- Soap and water are the best option, especially if hands are visibly dirty. If you use hand sanitizer, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Continue to cover coughs with a tissue or sleeve. The CDC has [flyers](#) you can print and post in your facility.

### **Cleaning and Disinfecting**

Continue to use robust cleaning protocols on at least a daily basis for items touched frequently. This may require designated cleaning staff. Research indicates that children touch items at significantly higher rates than adults.

- Common areas require at least a daily deep clean (for example, sinks, bathrooms, doorknobs, tabletops, and shared items). Use these guidelines from the CDC for [cleaning and disinfecting](#).
- Clean toys frequently, especially items that have been in a child's mouth. Some have recommended that toys should be cleaned after each child uses them (especially if a child has mouthed the toy). Although this is ideal, it is not a recommendation most child care settings can implement due to time and staff resource limitations.

### **Items from Home**

- Limit the number of items brought into the facility because this can be a way to transmit the virus. For example, children should be brought into the center without car seats.
- Consider leaving a pair of shoes or slippers at the facility for each child and staff member. If possible, they should be washed or sanitized weekly.
- Comfort items may be especially needed during this time of transition as they may reduce stress for children and staff members. To avoid these items coming into contact with many children, efforts should be made for these items to be placed in a cubby or bin and be used at naptime or as needed. If possible, a comfort item should remain at the child care facility to avoid cross contamination from another site. Items should also be washed at least weekly.
- Soft materials (such as blankets, soft comfort items, or clothing) should be washed daily, either at the facility or the child's home (The CDC offers tips on how to effectively [clean soft objects](#)).

### **Use Appropriate Safety Equipment**

Personal protective equipment (PPE) is necessary in many settings to keep individuals safe. Child care providers do not need to wear N95 or surgical masks, smocks, or face shields, however, other protective equipment is appropriate. Use these guidelines, as well as technical assistance from the [United States Department of Labor, Occupational Safety and Health Administration](#).

### **Masks or Cloth Face Coverings: For Staff Members**

- **Establish your own policy for when cloth face coverings should be worn.** Child care providers are required by executive order to establish (and consistently enforce) a policy on when staff members should wear cloth face coverings. Staff members are not

required by the state to wear masks while in care. Each providers must decide whether that is necessary and appropriate of their facility/home.

- **Provide cloth facing coverings to staff.** By [Executive Order](#), Governor Whitmer has required all employers whose workers perform in person work to provide non-medical grade face coverings to their workers. This includes child care providers. Cloth face coverings, such as a homemade mask, scarf, bandana, or handkerchiefs, are best. N95 masks and surgical masks are not recommended at this time. The [CDC](#) provides more guidance for how to properly wear and sanitize a cloth face covering.
- **Attend to children’s social emotional health.** Child care providers will need to use strategies to prepare children for seeing their caregivers in masks and attend to children’s emotional responses to this new normal. One option is for caregivers to share a picture of themselves with and without the mask in advance of a child’s return to care. Another option is to use pediatric appropriate masks (for example, with child friendly designs or characters) made by community members who will donate them or produce them at an affordable price for providers.

### **Masks or Cloth Face Coverings: For Children**

- **Establish your own policy** for whether children should wear cloth face coverings while in child care. This decision will depend on the age of the child, number of children in care, and the level of community spread, and any orders put in place by your local health department. If you maintain consistent groups, children do not need to wear a mask when with their consistent group. Medical professionals recognize that many young children will not reliably wear a mask, and a mask may result in increased touching of the face which would negate the purpose of the mask. Young children will take the masks off multiple times a day and in the process the mask will touch the floor and other objects making them a potential source of infection.
- **If children do wear masks, ensure children can remove the face covering without assistance.** Cloth face coverings should never be placed on young children under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance. The [American Academy of Pediatrics](#) provides tips for how to help children be more comfortable wearing cloth face coverings and provides more information to inform your decision about whether to require children in your care, over age 2, to wear cloth face coverings.

### **Gloves**

It is recommended that providers wear gloves in a manner consistent with existing licensing rules (for example, gloves should be worn when handling contaminates, changing diapers, cleaning or when serving food). Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not recommended for broader use.

### **Partner and Communicate with Families**

Providers should actively contact families to determine when children will return to care and discuss new policies and procedures.

### **Proactively Contact Families**

Providers should reach out to families that have not been in care to:

- Determine when they will return to care.
- Discuss concerns or questions families have about returning to child care and how you can address them together.
- Discuss any health concerns/conditions which may make the child at higher risk for complications if exposed to COVID-19.

Remind families that immunocompromised children and children with chronic respiratory conditions should only return to child care under the direction of their primary care provider.

It is recommended that children should be up to date with current vaccination schedules to protect from vaccine-preventable infectious disease outbreaks, including influenza. If vaccines have been delayed as a result of the stay-at-home order, families should have a plan with their child's medical provider for catch-up vaccinations in a timely manner.

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

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

### **Support Children's Social-Emotional Needs**

Child care providers should provide families and staff with resources to prepare for the transition back to child care.

Children should be prepared for the return to child care by parents and the child care provider. Video calls, role playing at home (e.g. placing masks on/off dolls, stories, and other activities) could help reduce the stress of re-entry to child care.

### **Share Resources**

- [Crisis Parent and Caregiver Guide](#), from the Michigan Children's Trust Fund
- [Talking with Children about COVID-19](#), from the CDC
- [Helping Young Children Through COVID-19](#), from Zero to Thrive (includes Arabic and Spanish translations)
- [Georgie and the Giant Germ](#), from Zero to Thrive and Tender Press Books

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

### **Proactively Contact Staff Members**

Providers should reach out to all staff members to:

- Determine when they will return to work.
- Discuss concerns or questions staff members have about returning to work and discuss how you can address them together.
- Discuss any health concerns/conditions which may make a staff member at higher risk for complications if exposed to COVID-19. Take care to respect employee's privacy.

Staff with underlying health conditions or at higher risk should consult with their primary care physician/medical provider before returning to work.

- Share the steps you are taking to make your facility as safe as possible.

### **Share Employees' Rights**

Under [Executive Order 2020-36](#), employees may not be discharged, disciplined, or otherwise retaliated against for staying home when he or she is at particular risk for infecting others with COVID-19. See the Executive Order for complete details on whether employees must be paid and when they must return to work.

### **Create a Staffing Plan**

- Assess staffing needs based on projected enrollment, the need to limit exposure across groups, and the need to practice social distancing.
- Consider how you will handle the potential need to quarantine staff or allow for longer absences from work than normal.

### **Train Staff**

Employers are strongly encouraged to train employees about COVID-19. This includes how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, steps employees must take to notify employers of signs and symptoms of COVID-19 and a suspected or confirmed diagnosis, and measures the employer and employees are taking to limit the spread of the virus (including PPE).

Child care providers should, specifically:

- Ensure staff are provided training opportunities to better understand COVID-19 and care for children safely. These courses may help meet your training requirements:
  - [Caring for children in care during COVID-19](#), from the federal Office of Head Start.
  - [Preventing and managing infectious diseases in Early Education and Child Care](#), free from the American Academy of Pediatrics.
- Limit in person staff meetings to no more than 10 people. Maintain social distancing requirements.

### **Provide Resources to Support Children's Social Emotional Needs**

Partner with staff to develop a plan to support the emotional reactions of children returning to child care. 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, staff may need some new tools in their toolkit to assist the child with emotional regulation.

### **Provide Resources to Support Staff Members' Social Emotional Needs**

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead.

As essential workers in the COVID-19 pandemic, child care providers may have worries about their own physical or psychological health, and the potential risk to their family members at home. Because young children internalize the stress of the adults who care for them, it is vitally important to provide supports and services to the child care providers to ensure their emotional well-being.

Strategies to “help the helpers” can include professional development supports such as access to behavior health consultation, and reflective consultation, which can help providers remain emotionally available, sensitive, and responsive to the needs of the infants and young children they care for.