



**DEPARTMENT OF HEALTH**

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**STATE DEPARTMENT OF EDUCATION**

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## **Frequently Asked Questions Coronavirus (COVID-19) Guidance for Child Care Settings**

Updated April 16, 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. Should staff with risk factors for serious illness from COVID-19, including those over the age of 65, be allowed to remain at work?**

Employees should seek guidance from their health care providers regarding recommendations for working during the COVID-19 pandemic especially if they are at higher risk for severe illness from COVID-19. Persons at higher risk for severe illness from COVID-19 should not be present in child care facilities.

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

CDC guidance is located at:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

MDH guidance is located at:

[https://phpa.health.maryland.gov/Documents/FAQ\\_covid19\\_older\\_adults.pdf](https://phpa.health.maryland.gov/Documents/FAQ_covid19_older_adults.pdf)

#### **2. Should regular training to meet child care regulations be held?**

Face to face meetings and trainings should be rescheduled until further notice. Providers and trainers should consider whether a specific training or professional development activity can be appropriately conducted via an on-line platform as an alternative. Please refer to the Maryland Family Network website for online trainings being offered at <http://www.marylandfamilynetwork.org/statewidetrainingcalendar>

**3. Should a child care provider perform symptoms checks before allowing a child to enter a child care program?**

Yes. The Operating Guidance to provide child care to essential personnel requires child care providers to check a child's temperature and do a symptom check daily and ask if anyone in the household is ill with COVID-19 type symptoms. See Operating Guidance for symptom checks and refer to CDC guidance regarding symptoms of COVID-19 (fever, cough, shortness of breath).

Follow MSDE Operating Guidance and CDC recommendations regarding use of PPE or direct observed parent temperature check.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

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

Additionally, child care staff should monitor themselves for fever and other symptoms that may be related to COVID-19 and should not enter the child care facility if they have symptoms of COVID-19.

**4. 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 and avoid mixing groups of children at arrival and dismissal time
- Greeting and receiving children at the door and avoid allowing parents parents/legal guardian to enter the building
- Developing a policy and procedure for accepting and dismissing children

- Instituting hand washing upon arrival and dismissal of children and frequently throughout the day
- Enforcing 6 feet distance between children and staff
- Creating distance between children when doing table work
- Requiring that children stay home if anyone in the home is ill
- Messaging to parents that keeping their child home is the first and best option
- Incorporate outside play time as able with more than 6 feet between children and only a small group outside at the same time (with no use of playground equipment that cannot be cleaned)
- Limiting item sharing
- Avoiding mixing of groups (including sharing bathrooms) to the greatest extent possible

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

## 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 (without using recommended infection control precautions) or are at high risk for serious illness from COVID-19 due to age or underlying health conditions.**

### 5. If a child or staff member is confirmed to have COVID-19, what should the child care program do?

If a person working in or attending a child care program is a confirmed case of COVID-19, the center should follow CDC's guidance: (1) contact the local health department immediately, (2) **dismiss children and staff for 2-5 days while determining long term course which may include closure for 14 days or more**, (3) communicate with

staff and parents regarding the confirmed case and exposure, (4) clean and disinfect the child care facility as recommended by the CDC, and (5) determine duration of program closure based on guidance from the local health department and licensing specialist.

Everyone potentially exposed to the person who tested positive for COVID-19 should monitor carefully for symptoms. Individuals who had close, prolonged contact with the person who tested positive should quarantine at home for 14 days after the last day of exposure.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools-h.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.htm>

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

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

**6. If a child or staff becomes ill with COVID-19 symptoms and was attending/working within 48 hours of becoming symptomatic or while symptomatic, should the child care program close?**

Yes. In many cases, people with mild or moderate symptoms may be presumed to have COVID-19 and never be tested. Regardless of whether the person is tested, if someone has symptoms that appear to be related to COVID-19, the child care site should close and 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) clean and disinfect the child care facility as recommended by the CDC; (3) notify parents and staff that someone became ill and has symptoms that may be due to COVID-19, and encourage daily monitoring for symptoms; (4) discuss with the local health department and licensing specialist guidance on the duration of closure based on level of contact and potential exposure to persons in the building.

**7. 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.

See MSDE Operating Guidance and CDC recommendations for ways to minimize close, prolonged contact to parents. Parents and staff should minimize such contact.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

**8. If the child care program needs to close due to a possible COVID-19 exposure in the facility, when can they reopen?**

Closing is to allow time for thorough cleaning and sanitizing the entire area, contact assessment and communication. Please contact your local health department and licensing specialist for guidance and approval to reopen. Depending on the reason for closure and number of persons exposed, closure could last for 14 days or more.

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

Yes, as long as the parent has not developed symptoms suggestive of COVID-19.

**10. 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 contact the local health department for guidance.

When contacting the local health department, be prepared to provide detailed information about:

1. When the person was last in the building;
2. What interactions they may have had with other persons in the building and in what locations;
3. How long their interactions were with other persons in the building;
4. If the person is now symptomatic; and
5. Any other information to assist with the determination of next steps.

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

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

**12. What policy or procedure should be used regarding staff members and families that are travelling?**

CDC recommends that travelers avoid all nonessential international travel because of the COVID-19 pandemic.

Refer to CDC guidance at:

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

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html>

As community transmission of COVID-19 increases in the United States, the significance of foreign travel as a screening question has decreased significantly. Persons returning from travel should follow Maryland and CDC guidance regarding quarantine following travel:

Maryland Guidance:

<https://governor.maryland.gov/2020/03/30/as-covid-19-crisis-escalates-in-capital-region-governor-hogan-issues-stay-at-home-order-effective-tonight/>

CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

If you have questions, contact your local health department.

**13. 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 48 hours of symptoms starting or while symptomatic, the local health department may notify the center. Also, if a child or staff member has tested positive, they should inform you.

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

**III. Handwashing, Cleaning and Sanitation**

**14. 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 a recommended procedure. The staff should guide children to wash hands with soap and water and follow hand washing requirements as per OCC regulation. Refer to resource document on handwashing.

<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/handwashingprocedures.pdf>

**15. 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.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

<https://earlychildhood.marylandpublicschools.org/enhanced-guidelines-child-care-facilities-prevent-spread-covid-19>

Also, please see the list of EPA registered products at the links below:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

#### **IV. Helpful Resources:**

##### **Centers for Disease Control and Prevention**

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

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

##### **Maryland Department of Health**

<https://coronavirus.maryland.gov/>

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

<https://earlychildhood.marylandpublicschools.org/child-care-maryland-during-covid-19-state-emergency>

##### **Local Health Department Contact Information**

<https://health.maryland.gov/Pages/contactus.aspx>