



COVID-19 GUIDANCE

For Child Care Facilities



JANUARY 11, 2021

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Guidance for Use of Cloth Face Coverings in Child Care Programs

Updated August 26, 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 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 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;
- 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;

- **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 face covering or their face or attempting to take the face covering off, or may 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 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 face 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 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 COVID-19-like Illness in Child Care Programs

Updated January 8, 2021

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 or probable COVID-19, a person with 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.

For the purposes of this guidance, the following terms are defined as follows:

COVID-19-like illness is when a person has **any one** of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell **OR at least 2** of the following: fever of 100.4° or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose.

A **probable case** of COVID-19 is a person with COVID-19-like illness who has had close contact with a person with COVID-19 in the past 14 days per [CDC guidance](#).

Close contact is [defined by the CDC](#) as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period, regardless of whether face coverings are being worn.

Isolation is used to separate people **infected** with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it is safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific “sick room” or area and using a separate bathroom (if available).

Quarantine is used to keep someone who might have been **exposed** to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur *before* a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

When there is a case of confirmed or probable COVID-19 or a person with 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 confirmed or probable COVID-19 or COVID-19-like illness should be isolated and excluded. All children and staff who are determined by the program and/or the local health department to be close contacts of a person with confirmed or probable COVID-19 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 keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure. Child care programs should monitor absences among children and staff as information regarding absences due to COVID-19 symptoms will also assist child care programs when consulting with local health departments about quarantine and closure.

Closure and Quarantine Recommendations

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 or probable COVID-19** 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 or probable COVID-19** who is **asymptomatic**, was present in the child care program building within the 2 days prior to the date that they were tested, **AND** had [close contact](#) as defined by the CDC, with program staff and/or children
3. There is a person (child care staff, child, or other person) with **COVID-19-like illness** who was present in the child care program building within the 2 days prior to developing symptoms and does NOT receive a negative RT-PCR test or another specific diagnosis from a health care provider

NOTE: If the person with confirmed or probable COVID-19 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 child should quarantine BUT if the child is asymptomatic, the program should not need to close or quarantine any other persons.

Closure and Quarantine Process

When a child care program is informed of a confirmed or probable 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. For cases of confirmed or probable COVID-19, 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 confirmed or probable COVID-19 case 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.

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 below.

Duration of Quarantine

Close contacts of a person with COVID-19 or probable COVID-19 should not attend child care or work in a child care program until completing quarantine per the following MDH guidance.

A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19. Based on updated guidance from the CDC, the following option to shorten quarantine may be an acceptable alternative depending upon local circumstances.

For child care program staff and children ONLY in a cohort (i.e. classroom, family child care home) where all of the children are age 5 years and above:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring during the entirety of quarantine; AND
- Daily symptom monitoring continues through Day 14; AND

- Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent mask use, social distancing, and self-monitoring for symptoms of COVID-19 through Day 14; AND
- Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or child care.

For all children under 5 years of age, and children and staff in a cohort (i.e. classroom, family child care home) where there are both children under age 5 years of age and children age 5 years and above, MDH continues to recommend that a full quarantine period of 14 days be implemented prior to return to the child care program due to the challenges in implementing correct and consistent mask use and social distancing in child care settings for young children.

In addition, for any other persons that are unable to comply with correct and consistent mask use including persons with a disability or medical condition that makes wearing a face mask unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days.

Child care programs should determine the best quarantine option for their population in consultation with their licensing specialist and the local health department.

NOTE: 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: Any 1 of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell, **OR At least 2** of the following: fever of 100.4° or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose.

Person (child, care provider, educator, other staff) with **1 new symptom not meeting the definition of COVID-19-like illness.**

Exclude person and allow return when symptoms have improved, no fever for at least **24 hours** without fever-reducing medication, **AND** criteria in the [Communicable Diseases Summary](#) have been met as applicable. **If person develops symptoms of COVID-19-like illness, follow processes below for person with COVID-19-like illness.**

An **asymptomatic person** (child, care provider, educator, other staff) who **tests positive for COVID-19 (confirmed case).**

Person (child, care provider, educator, other staff) with COVID-19-like illness:

- Exclude person and recommend that they talk to their health care provider about testing for COVID-19 or whether there is another specific diagnosis (e.g. influenza, strep throat, otitis) or a pre-existing condition that explains symptoms.

- The ill person should **isolate** pending test results or evaluation by their health care provider.

NOTE: Close contacts of the ill person **DO NOT** need to stay home and quarantine at this time unless the ill person is found to have had close contact with a person with COVID-19 (i.e. the ill person is a [probable case](#) of COVID-19).

The ill person has a positive rapid antigen test or RT-PCR for COVID-19 (**confirmed case**).

The ill person has a negative rapid antigen test for COVID-19 without a confirmatory RT-PCR.

The ill person does not receive a test for COVID-19 or another specific diagnosis by their health care provider.

The ill person has a negative RT-PCR test for COVID-19 **AND** had close contact with a person with COVID-19.

The ill person has a negative RT-PCR test for COVID-19 and **NO** close contact with a person with COVID-19.

Health care provider documents that the ill person has another specific diagnosis OR that symptoms are related to a pre-existing condition **AND** the ill person had **NO** close contact with a person with COVID-19.

The asymptomatic person (**confirmed case**) should stay home for 10 days from positive test.

The ill person should stay home at least 10 days since symptoms first appeared **AND** until no fever for at least **24 hours** without fever-reducing medication **AND** improvement of other symptoms.

The ill person should stay home and quarantine and talk to their health care provider to determine if COVID-19 is still suspected and if another test is needed.

The ill person should stay home until symptoms have improved, no fever for at least **24 hours** without fever-reducing medication, **AND** criteria in the [Communicable Diseases Summary](#) have been met as applicable. If symptoms do not improve, the ill person should talk to their health care provider to determine if they should be tested/retested for COVID-19.

Close contacts should stay home and quarantine according to MDH and local guidance.

If the ill person is still suspected of having COVID-19, close contacts should stay home and quarantine according to MDH and local guidance.

If COVID-19 is not suspected, close contacts **DO NOT need to stay home** as long as they remain asymptomatic.

Close contacts of the ill person **DO NOT need to stay home** and quarantine as long as they remain asymptomatic.

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

- ✓ The person with COVID-19 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 January 8, 2021

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 due to symptoms, 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 of having COVID-19 in the last 14 days and did not complete quarantine (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 due to symptoms, 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 person suspected of having COVID-19 in the last 14 days and did not complete quarantine should be excluded from care/work.

Child care providers should refer to 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” 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
- ✓ difficulty breathing
- ✓ new loss of taste or smell
- ✓ fever of 100.4° or higher
- ✓ chills or shaking chills
- ✓ muscle aches
- ✓ headache
- ✓ sore throat
- ✓ nausea or vomiting
- ✓ diarrhea
- ✓ fatigue
- ✓ congestion or runny nose

If **YES**, the child should not be admitted into care. Refer to 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”* to determine when the child may return and if additional actions are necessary.

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, did your child have close contact (within 6 feet for a total of 15 minutes or more in a 24 hour period) with anyone diagnosed with COVID-19 or suspected of having COVID-19 and your child did not complete quarantine?

If **YES**, the child should not be admitted into care. The child may return after they have completed quarantine according to MDH and local guidance 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
- ✓ difficulty breathing
- ✓ new loss of taste or smell
- ✓ fever of 100.4° or higher
- ✓ chills or shaking chills
- ✓ muscle aches
- ✓ headache
- ✓ sore throat
- ✓ nausea or vomiting
- ✓ diarrhea
- ✓ fatigue
- ✓ congestion or runny nose

If **YES**, the staff should not be admitted into care. Refer to 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”* to determine when the staff may return and if additional actions are necessary.

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, did you have close contact (within 6 feet for a total of 15 minutes or more in a 24 hour period) with anyone diagnosed with COVID-19 or suspected of having COVID-19 and you did not complete quarantine?

If **YES**, the staff person should not be permitted to work. The staff person may return after they have completed quarantine according to MDH and local guidance 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 January 8, 2021

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. Definitions

Isolation is used to separate people *infected* with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it is safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a separate “sick room” or area and using a separate bathroom (if available).

Quarantine is used to keep someone who might have been *exposed* to COVID-19 away from others. Quarantine helps prevent spread of the disease that can occur *before* a person knows they are sick or if they are infected by the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Close contact relates to exposure to individuals with COVID-19 and is [defined by the Centers for Disease Control and Prevention \(CDC\)](#) as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period, regardless of whether face coverings are being worn.

COVID-19-like illness is when a person has **Any 1** of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell; **OR At least 2** of the following: fever of 100.4° or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose. Identification of persons with COVID-19-like illness is used to exclude persons from child care, to determine who should be tested for COVID-19, and to identify persons who may need close contacts quarantined.

A **probable case** of COVID-19 is a person with COVID-19-like illness who has had close contact with a person with COVID-19 in the past 14 days per [CDC guidance](#).

B. Staffing and Program Operations

- 1. 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^o or greater) or any other symptoms of COVID-19, those who are waiting for a COVID-19 test result due to symptoms, 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 of having COVID-19 and have not completed quarantine 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 and have not completed quarantine, or are at high risk for serious illness from COVID-19 due to age or underlying medical conditions.

5. NEW-- When can a child or staff person who is quarantined at home due to being a close contact of a person with laboratory confirmed or probable COVID-19 return to the child care program?

A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19. Based on updated guidance from the CDC, the

following option to shorten quarantine may be an acceptable alternative depending upon local circumstances.

For child care program staff and children ONLY in a cohort (i.e. classroom, family child care home) where all of the children are age 5 years and above:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring during the entirety of quarantine; AND
- Daily symptom monitoring continues through Day 14; AND
- Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent mask use, social distancing, and self-monitoring for symptoms of COVID-19 through Day 14; AND
- Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or child care.

For all children under 5 years of age, and children and staff in a cohort (i.e. classroom, family child care home) where there are both children under age 5 years of age and children age 5 years and above, MDH continues to recommend that a full quarantine period of 14 days be implemented prior to return to the child care program due to the challenges in implementing correct and consistent mask use and social distancing in child care settings for young children.

In addition, for any other persons that are unable to comply with correct and consistent mask use including persons with a disability or medical condition that makes wearing a face mask unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days.

Child care programs should determine the best quarantine option for their population in consultation with their licensing specialist and the local health department.

6. 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 according to MDH and local guidance. 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. 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.

7. 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?

The child care program does not need to close or quarantine close contacts of a child or staff member with COVID-19-like illness unless it is determined that the person has confirmed or probable COVID-19 OR the person does not receive a negative RT-PCR test or another specific diagnosis from a health care provider. The child care program should follow the guidance in 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.

8. 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 test for the COVID-19 virus.

NOTE: If the child or staff member with COVID-19-like illness receives a **negative RT-PCR test result or has a specific alternative diagnosis**, they may return to work or school once they are fever-free for 24 hours without the use of fever-reducing medication, their symptoms have improved and the criteria in the [Communicable Diseases Summary](#) have been met as applicable. **If there is a suspicion or concern that the negative test is not accurate, or symptoms are not improving, the person should work with their health care provider to determine if retesting or a longer period of isolation is required.**

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.

9. UPDATED-- 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 according to MDH and local guidance 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.

10. UPDATED-- When can a child who is quarantined at home due to a case of confirmed or probable COVID-19 in a household member return to child care?

When a child needs to quarantine due to being the close contact of a household member with laboratory confirmed or probable COVID-19, parents should follow [CDC guidance](#) to prevent the spread of infection within the household. Children who are able to have **no further close contact** with their household member who is a confirmed or probable case of COVID-19 may return to child care once they complete quarantine according to the guidance in question #5. If the child is not able to avoid any close contact with the household member with confirmed or probable COVID-19, the child must start their quarantine **AFTER** the household member is released from isolation. The child must undergo this additional time for quarantine because they could have been infected on the final day of the household member’s isolation.

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

The above guidance assumes that the child does not develop symptoms of COVID-19 at any time during their quarantine. If the child develops symptoms, the child may be considered to have probable COVID-19. 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.

This guidance also applies to child care providers and other staff members who are quarantined at home due to a case of confirmed or probable COVID-19 in a household member.

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.

11. If the child care center needs to close due to a case of confirmed or probable COVID-19 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 confirmed or probable COVID-19 (i.e., staff, child in care, household contact), number of persons or classrooms exposed, when the person with confirmed or probable COVID-19 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 confirmed or probable COVID-19 (i.e., staff, child in care, household contact);
2. The date the person with confirmed or probable COVID-19 was last in the building;
3. If the person received a COVID-19 test, the type of test, 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.

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 or probable case of COVID-19.

12. UPDATED-- If my family child care program needs to close due to a case of confirmed or probable COVID-19, 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 confirmed or probable COVID-19 (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 confirmed or probable COVID-19 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 confirmed or probable COVID-19 (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 confirmed or probable COVID-19 was last in the family child care home;
3. If the person received a COVID-19 test, the type of test, 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 should be expected when the person with confirmed or probable COVID-19 is a household member of the family child care provider and the family child care provider is not able to avoid any close contact with the person. In this case, the provider should start their quarantine **AFTER the household member with confirmed or probable COVID-19 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 time for 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.

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.

13. 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.

14. 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.

15. 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.

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

Maryland guidance related to nonessential travel and COVID-19 testing and quarantine related to travel changes frequently. Child care programs should refer to the most recent [Executive Order](#) issued by the Governor and [COVID-19 Advisory](#) issued by the Secretary of Health for updated recommendations and/or requirements regarding travel.

Child care programs should have a process for communicating to parents the expectation that they follow these recommendations and/or requirements. Child care programs may ask parents to inform them of travel and/or provide COVID-19 test results after travel.

17. 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.

18. 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.

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

Social distancing is to 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.

MDH/MSDE require the following:

- Child care staff must wear cloth face coverings throughout the work day while in the 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;
- 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;
- 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;

- **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.**

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

20. 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.

21. 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>

When to Quarantine

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.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

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

Frequently Asked Questions: Coronavirus Disease 2019 (COVID-19) and Older Adults:

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

Notice: COVID-19 Advisory Regarding Large Gatherings, Essential Travel, Nursing Homes and Assisted Living Programs:

https://phpa.health.maryland.gov/Documents/2020.11.10.03_MDH_Advisory_Large_Gatherings_Travel_Long_Term_Care_Visitation.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>