



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 May 14, 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

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

Face to face meetings/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 or staff member to enter a child care program?

Yes. All child care providers should perform daily symptom and temperature screening upon a child's arrival to the program. The symptom screening includes asking the child's parent/guardian if the child has any symptoms of COVID-19 and if there are persons in the household with symptoms of COVID-19. Children with a fever (100.4° or greater), other signs of illness, or who have persons in the household with symptoms of COVID-19 should not be admitted to the child care facility. If a child is not admitted into care, the parent/guardian should discuss with the child's health care provider. The child care provider may need to consult with the local health department and the licensing specialist for recommended additional actions.

In addition, all child care program staff should monitor themselves and persons in their household for any symptoms of COVID-19. Staff should take their temperature at home and report the temperature to the child care center director/administrator upon arrival to the facility. Staff should not enter the facility if they have a fever or other signs of illness or have persons in their household with symptoms of COVID-19. Staff should report any symptoms or the absence of symptoms to the child care program before entering the facility.

Child care programs should follow the detailed guidance about temperature and symptom screening in childcare programs developed by Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) based on CDC recommendations:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/temp_checks.pdf

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

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#clinical-presentati
on](https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#clinical-presentati
on)

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 (including the teachers if possible) and avoid mixing groups of children at arrival and dismissal time
- Greeting and receiving children at the door and avoid allowing parents parents/ guardians to enter the building
- Developing a policy and procedure for accepting and excluding children
- Enforcing 6 feet distance between children and staff when direct care is not being provided
- 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
- Incorporating 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 of children and teachers (including sharing bathrooms) to the greatest extent possible

See the link below for additional strategies to practice social distancing in child care:

[https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-f
or-childcare.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-f
or-childcare.html)

5. NEW--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 and other outdoor toys are able to be cleaned according to [CDC guidance](#). Only one classroom of children (i.e., up to 10 individuals, including children and teachers) may use the playground at a time. If the playground is used, it should be cleaned and sanitized between groups of children. Children should wash their hands immediately after playing on the playground.

If the playground's material or configuration makes it difficult to clean and sanitize, or if social distancing cannot be maintained, the playground should not be used.

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.

6. 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 program should follow CDC and MDH/MSDE guidance: (1) contact the licensing specialist and local health department immediately, (2) close **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. The licensing specialist should be involved in the closure decision and process.

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://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/final_closure_guidance_-_update_5.2.20.pdf

<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.html>

7. NEW--If a child or staff member is confirmed to have COVID-19 or is probable case of COVID-19, when may they return to care/work?

The child or staff member with confirmed COVID-19 or probable 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 10 days have passed *since symptoms first appeared*.

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

8. If a child, staff, or household member of a family child care provider becomes ill with COVID-19 symptoms and was present in the family child care home 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 site 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) consult with the local health department and licensing specialist for guidance on the duration of closure based on level of contact and potential exposure to persons in the building.

Please refer to the guidance developed by MDH for child care program closure related to COVID-19:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/final_closure_guidance_-_update_5.2.20.pdf

9. 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 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>

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

Children who have a household contact who is a positive case or probable case of COVID-19 may return to child care 14 days after the household contact is released from isolation according to [CDC guidance](#) for discontinuation of isolation for persons with COVID-19 not in healthcare settings. The child must undergo this additional 14 day quarantine because the child could have been infected on the final day of the household member's isolation.

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

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

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

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

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

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

NOTE: Program Closure may be shorter than 14 days, and the program may be able to reopen, if a person with symptoms of COVID-19 is tested for COVID-19 and results are negative. Reopening decisions and approvals are made on a case by case basis.

12. NEW-- If my family child care program needs to close due to a COVID-19 case, when can I reopen?

Initial closing is to allow time for thorough cleaning and sanitizing the entire area, contact assessment and communication. The total program closure could last for 14 days or more depending on several factors including the identity of the person with 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 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 COVID-19 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 COVID-19 or probable COVID-19 was last in the family child care home;
3. The date the person developed symptoms;
4. What types of interactions the person may have had with other persons in the family child program and in what locations;
5. How long their interactions were with other persons in the family child care program;
6. If other persons in the family child care program have developed any symptoms; and
7. Any other information to assist with the determination of next steps.

Extended closures beyond 14 days should be expected when the person with COVID-19 is a household member of the family child care provider. In this case, the provider should remain quarantined for **14 days AFTER the household member with COVID-19 is released from isolation** according to [CDC guidance](#) for discontinuation of isolation for persons with COVID-19 not in healthcare settings. The provider must undergo this additional 14 day quarantine because the provider could have been infected on the final day of the household member's isolation. The family child care program should remain closed during this time. The local health department and licensing specialist should be notified if the provider develops symptoms during quarantine as this may also potentially extend the closure period.

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 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.

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

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

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. 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.

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

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

- Adults should use cloth face coverings throughout the work day while in the child care center or family child care home according to CDC guidance. If an adult has concerns about wearing a cloth face covering, they should discuss with their health care provider;
- Child care staff and parents should use cloth face coverings during drop-off and pick-up and when parents are performing, and staff are observing, temperature checks; and
- Children age 5 years and older should wear a cloth face covering while they are in the child care center or family child care home **when this can be accomplished safely and consistently.**

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

Child care programs should refer to the detailed guidance developed by MDH which contains important safety precautions for cloth face coverings and procedures for appropriate use:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/final_child_care_face_covering_guidance_4.23.20.pdf

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.

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

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.

<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/hcp/pediatric-hcp.html#clinical-presentation>

<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 Communicable Disease Contact Information

https://phpa.health.maryland.gov/OIDEOR/SIPOR/NEDSS/CD_Contacts_List.pdf