COVID-19
GUIDANCE

For Child Care Facilities

Maryland
DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF
EDUCATION
EQUITY AND **EXCELLENCE**

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CONTENTS

COVID-19 Guidance for Child Care Facilities
Updated July 7, 2021

The following guidance is provided to assist child care programs 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. **For topics not addressed in this document, providers should refer to [Centers for Disease Control and Prevention (CDC) guidance.](#)**

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 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.

For the purposes of this guidance, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

A **probable case** of COVID-19 is a person with COVID-19 symptoms who has had close contact with a person with COVID-19 in the past 14 days.

The **infectious period** for COVID-19 starts 2 days before the onset of COVID-19 symptoms (or 2 days before the date of the positive COVID-19 test if asymptomatic), and typically ends 10 days after symptom onset/test date.

Cohorting (or podding) is one of many mitigation strategies that child care programs can use to limit mixing between children and staff and to limit the spread of COVID-19. A cohort or pod is a distinct group of children and staff that stays together throughout the entire day and remains the same every day, so that there is minimal or no interaction between groups. In a child care center, a cohort would typically be a classroom. In most cases, a family child care home would be considered its own cohort.

Child care programs in the context of this guidance include child care centers, family child care homes, school-based, and other school-age child care programs.

Contact tracing is a strategy for slowing the spread of disease in which public health workers communicate with people infected with the virus that causes COVID-19 to identify their contacts. They then follow up with those contacts to provide guidance on how to quarantine themselves and what to do if they develop symptoms of COVID-19.

Individuals are **fully vaccinated** 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.

Considerations for Persons at Increased Risk

Child care staff 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 the staff person, a child, or a household member is at increased risk for severe illness from COVID-19. Older adults and people of all ages with certain underlying medical conditions or disabilities may be safest staying home or may need extra precautions to protect themselves from getting COVID-19.

Communication with Staff and Families

Child care staff and families play an important role in reducing the spread of COVID-19 within child care programs. Child care programs should consider designating someone to be responsible for responding to COVID-19 concerns. Programs should make sure staff and families know who their designated person is and how to contact them. In a family child care home, the provider is the designated contact person. It is important that child care programs communicate and reinforce the following:

- Information on the preventive measures being taken to decrease the risk of COVID-19 within the child care program and what staff and families should do remain safe outside of the program;
- Clear instructions for any specific policies or procedures that families and staff need to follow related to COVID-19 prevention such as use of face coverings, procedures for drop off/pick up; temperature screening, etc.
- Requirement for timely pick up of a child or staff (as applicable) who becomes sick at child care;
- Clear instructions for when staff and children should stay home including when they are sick, when they have had close contact with someone with COVID-19 in the past 14 days, if they have tested positive for COVID-19, or when they are waiting for the results of a test due to symptoms;
- Importance of staff and families notifying the child care program whenever the staff person, child, or a household member is sick, when they have had close contact with someone with COVID-19 in the past 14 days, if they have tested positive for COVID-19, or when they are waiting for the results of a test due to symptoms;
- Importance of following instructions from the health department related to isolation and quarantine as well as cooperating with contact tracing.

In addition, child care programs should provide timely notification to staff and families:

- When someone in the child care program has confirmed COVID-19, maintaining confidentiality as required by applicable laws and regulations;
- If a staff member or child is thought to be a close contact of a person with COVID-19 in the child care program and needs to stay home (quarantine) and monitor for symptoms, once again maintaining confidentiality as required by applicable laws and regulations;
- When a classroom or child care program needs to close due to a case of COVID-19.

Hand Hygiene and Respiratory Etiquette

Child care programs should follow the hygiene practices below:
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues) to support healthy hygiene practices;
- Teach and model good hygiene practices, including covering coughs and sneezes with an elbow or tissue and washing hands with soap and water for at least 20 seconds;
- Handwashing should take place frequently throughout the day, including:
  - At arrival to the program;
  - Before and after preparing food or drinks;
  - Before and after eating or handling food or feeding children;
  - Before and after putting on, touching, or removing face coverings or touching your face;
  - Before and after administering medication;
  - Before and after diapering a child;
  - After using the bathroom or after helping a child use the bathroom
  - After having contact with body fluids;
  - After handling waste baskets or garbage;
  - After playing on outdoor or shared equipment.
- If soap and water are not available, and the hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60 percent alcohol can be used. This should only be used by a child under adult supervision and following the manufacturer's instructions.

Face Coverings

UPDATED - MDH strongly recommends, but does not require, that all unvaccinated individuals continue to wear face coverings in settings outside of their home where physical distancing cannot be maintained.

Child care programs should refer to 06.30.21 MDH Notice - Face Covering Recommendations for additional information.

Each childcare facility can set their own policies regarding masks and face coverings.

As recommended by the CDC, face coverings should not be worn by children under the age of 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

Caution should be used when individuals are wearing face coverings outdoors during hot days or when individuals are engaged in vigorous activity due to the increased risk of heat-related illness. See CDC guidance for additional safety considerations related to the use of face coverings.

Please see Appendix C for considerations and best practices for wearing face coverings safely in young children.

Physical Distancing and Cohorts

UPDATED - In child care settings, at least 6 feet physical distancing is recommended as follows:

- Between adults and between adults and children when direct care is not being provided;
- When face coverings cannot be worn such as when eating and drinking or during naptime;
- During activities when increased exhalation occurs, such as singing, shouting, or sports and exercise;
- Between cohorts (ex. at drop off and pick up if unable to stagger by cohort).

At least 3 feet physical distancing is acceptable between children in a cohort (i.e. classroom, family child care home).

There are many strategies to reduce potential exposure to COVID-19 in child care settings. These include but are not limited to:

- Placing children and staff in cohorts that stay together throughout the entire day and remain the same every day;
- Staggering arrival and dismissal time or location for children by cohort (including the teachers if possible);
- Avoiding the mixing of cohorts of children at arrival and dismissal time or in shared areas prior to classroom teacher arrival;
- Prohibiting visitors (including parents/guardians) from entering the building unless needed to perform an essential service;
- Creating distance between tables and other spaces occupied by children such as learning stations;
- Turning tables to face in the same direction or having children sit on only one side of the tables, spaced apart, particularly when eating;
- Arranging mats/cots/cribs head to toe to allow appropriate distance, head to head, between children;
- Avoiding the mixing of cohorts of children and teachers in any communal spaces such as bathrooms, playgrounds, and multi-purpose rooms.

Additional strategies are available in the CDC guidance for child care programs.

Playgrounds and Outdoor Play Spaces

Outdoor spaces reduce the risk of spreading COVID-19, but still require preventive strategies including cohorting, physical distancing, use of face coverings, and cleaning and disinfecting. The following are strategies that should be implemented by child care programs:

- Targeted use of disinfectants can be done safely on outdoor hard surfaces and objects frequently touched by multiple children and staff (for example, handrails, benches); make sure disinfectant has thoroughly dried before allowing children to play;
- Routinely clean high touch surfaces made of plastic or metal, such as grab bars and railings;
- In order to promote physical distancing, limit use of play structures or equipment that position children close by one another (for example, facing each other on a tire swing, crawling close together in tunnels, or enclosed with one another in fort-type structures);
- Stagger the use of playgrounds and outdoor play spaces with only one cohort in the space at a time and sanitizing shared objects (ex. balls, tricycles) and high touch surfaces between cohorts;
- If the outdoor space is large enough to accommodate more than one cohort, use fencing or another barrier to designate separate areas for each cohort so there is no mixing;
- Children and staff should wash hands immediately after playing on the playground or in other outdoor space.

Cleaning, Disinfecting and Sanitizing

Child care programs should:

- Routinely clean and disinfect surfaces and objects that are frequently touched; at a minimum, high-touch surfaces must be cleaned and disinfected daily;
- More frequent cleaning and disinfecting of high touch surfaces and objects should be performed when a space is occupied by young children and others who may not consistently wear masks, wash hands, or cover coughs and sneezes;
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. If surfaces are dirty, clean them using a detergent or soap and water prior to disinfection;
- Use products on List N: Disinfectants for Coronavirus (COVID-19) and follow instructions for how long a product must be in contact with a surface to be effective. Ensure that there is adequate ventilation when using these products to prevent children or staff from inhaling toxic vapors;
- Choose products with asthma-safer ingredients such as products with hydrogen peroxide (no stronger than 3%) or ethanol (ethyl alcohol) when possible as some cleaning and disinfection products can trigger asthma;
- Ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. This includes soap and water, hand sanitizer with at least 60% alcohol (for your staff and children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, surgical masks (for cleaning and disinfecting areas where someone has been sick) and no-touch/foot-pedal trash cans if possible;
- Assign toys, play equipment, and other objects to individual groups to avoid mixing of these items between groups; if this is not possible, the items must be cleaned, disinfected, and when appropriate sanitized prior to use by another group;
- Immediately set aside toys that have been in children's mouths or soiled by bodily secretions to be cleaned and sanitized by a staff member wearing gloves before being used by another child;
- Ensure that machine washable toys are used by only one child and laundered between uses;

- Clean and sanitize mats/cots/cribs between use;
- Wash bedding at least weekly or before use by another child;
- Refer to the *Playgrounds and Outdoor Play Spaces* section for instructions for these areas.

When there is a child, staff person, or essential visitor with COVID-19 symptoms or a person who tested positive for COVID-19 and the person was in the building within the past 3 days, programs should:

- Close off all areas used by the person who is sick;
- Open doors and windows and use fans or HVAC settings to increase air circulation in the area if possible;
- Wait as long as possible (at least several hours) before cleaning and disinfecting;
- Clean and disinfect all areas and objects used by the person;
- Wear a surgical mask and gloves while cleaning and disinfecting.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning or disinfecting beyond regular practices) is needed.

Ventilation

Ventilation is one component of maintaining healthy environments, and is an important COVID-19 prevention strategy for child care programs. Good ventilation can reduce the number of SARS-CoV-2 virus particles in the air. Along with other preventive actions such as wearing face coverings, ventilation can reduce the likelihood of spreading disease. Below are ways you can improve ventilation in your child care program, whether in a large building or in a home. Child care programs should implement these strategies to the extent possible.

- Increase outdoor air ventilation, using caution in highly polluted areas:
  - If it's safe to do so, open doors and windows as much as you can to bring in fresh, outdoor air;
  - Do not open windows and doors if doing so is unsafe for you or others (for example, risk of falling, triggering asthma symptoms, high levels of pollution);
  - If opening windows or doors is unsafe, consider other approaches for reducing the amount of virus particles in the air, such as using air filtration and exhaust fans;
  - Consider running your HVAC system at maximum outside airflow for 2 hours before and after the center or home is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the center or home is occupied. Clean and change filters as recommended by the manufacturer.
- Inspect and maintain your local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use child safe fans to increase the effectiveness of open windows. Placing a fan by an open window to blow inside air out is a good way to encourage air flow throughout the room.
- Ensure your ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.

Additional information and more in-depth ventilation interventions for child care centers and family child care homes can be found on CDC's Ventilation in Schools and Child Care Programs page.

Visitors and Field Trips

- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations;
- Indoor field trips are not recommended. Outdoor field trips are allowable if they are limited to one cohort at a time and there is no mixing or interaction with any persons outside the child care program (ex. nature walk). The same guidance for wearing face coverings and physical distancing at the child care program applies on field trips.

Essential visitors are those who must perform an essential function for a child in care or the child care program, including

- Direct service providers such as support professionals, paraprofessionals, therapists, early intervention specialists, and others with specialized training/certifications who provide services for children with disabilities and special needs;
- Child care licensing specialists when monitoring compliance with licensing regulations;
- Parents/guardians in certain specific situations (ex. breastfeeding);
- Maintenance workers servicing the building/home (ex. HVAC, plumbing)

All essential visitors must follow the applicable guidance in this document including use of face coverings, physical distancing, and staying home when sick.

Child care programs may choose to allow one (**1**) parent/guardian to accompany their child(ren) to the classroom at drop off and also pick up their child(ren) at the classroom at the end of the day IF the program is able to ensure that the other children in the classroom are appropriately supervised and that all parents/guardians:

- Have a negative temperature and symptom screening upon arrival to the building;
- Consistently wear a face covering;
- Maintain physical distancing of at least 6 feet from all staff and children at all times; AND
- Do not remain inside the building for more than 15 minutes total in one (1) day.

It is the responsibility of the child care program to monitor this procedure.

It is recommended that child care programs continue to find the safest way to celebrate the culmination of children's preschool or kindergarten experience such as hosting a virtual event or scheduling an event for one family and the child at a time.

If child care programs would like to hold a small culminating event for children and families, they may hold an event for a limited number of persons outside. Events should include staff and children from only one cohort/classroom at a time. The number of family visitors should be limited and family members should sit together with at least 6 feet distancing between family groups. All participants must follow the additional recommendations in the guidance, including the use of face coverings and staying home when sick.

Travel

UPDATED - Child care programs should refer to CDC guidance for [domestic](#) and [international](#) travel during the COVID- 19 pandemic.

Temperature and Symptom Screening

Programs should refer to CDC guidance for [child care](#) for information related to performing daily symptom and temperature screening for children, staff, and essential visitors prior to or upon arrival to the child care site. Child care programs can use one of the [screening methods](#) recommended by the CDC for temperature screening of children, staff, and essential visitors and visual inspection for signs of illness. Child care programs can refer to Appendix B for a sample daily screening log. Parents can monitor their children for symptoms of infectious illness daily through home-based temperature checks and symptoms screening.

[Screening questions and procedures](#) should be designed to ensure that children or staff staff do not enter the facility if they have COVID-19 symptoms, have been in close contact with someone diagnosed with COVID-19 or suspected of having COVID-19, and have not completed quarantine per MDH and local guidance, if they are waiting for a COVID-19 test result, or if they have been diagnosed with COVID-19 and not completed isolation.

When Someone is Sick or has Confirmed COVID-19

 If a child, staff person, or essential visitor develops COVID-19 symptoms or is confirmed to have COVID-19 while at the child care program, the person should be safely isolated in an area away from others with good ventilation and access to a separate bathroom if possible. A child who has been isolated must be supervised by an adult. If it is safe to do so, a person age 2 years and above not wearing a face covering should be provided one. Arrangements should be made for the person to leave the child care site as soon as possible and instructions given to contact their health care provider for evaluation and COVID-19 testing. Spaces used by the person should be closed off for cleaning and disinfecting. Child care programs should refer to the *Decision Aid* in Appendix A for additional guidance about when the person can return.

When a child care program is informed of a confirmed or probable case of COVID-19 in a child, staff person, or essential visitor and the person was present in the child care program during their infectious period, the program should:

- Notify the local health department and licensing specialist about the confirmed or probable case;
- Close the classroom and any other spaces that the person may have used in the past 3 days for cleaning and disinfecting;
- Dismiss the person's cohort (i.e. classroom or family child care) and/or any close contacts to quarantine while awaiting further guidance from the local health department;
- Communicate with staff and families regarding the confirmed or probable case of COVID-19 and potential exposures.

The local health department will further assist the program with identifying close contacts and

provide additional guidance including duration of quarantine and whether other classrooms or parts of a program should close for cleaning/disinfecting and quarantine of close contacts. If the child care program does not maintain strict cohorts, limit mixing between cohorts, and follow other recommended mitigation practices, it is more likely that a program will need to close more than 1 classroom. Quarantine of close contacts and duration of closure could last for 14 days or more.

If there is limited to no close contact identified in a lower risk cohort (ex. school age classroom where children can consistently mask and distance), the local health department may determine that the classroom can be reopened for those who do not need to quarantine.

Children affected by a child care classroom or 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. The development of COVID-19 symptoms in the program's children, household members, and staff should be monitored by the child care program during quarantine as this may impact when children and staff can return.

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 and other household members should quarantine. However, if the child is asymptomatic, the program should not need to close or quarantine any other persons in the child's cohort.

The licensing specialist should be kept informed of the status of the child care program and consulted prior to reopening.

Communication with the Local Health Department

The child care program must follow existing procedures for reporting communicable diseases (COMAR 10.06.01). Programs must notify the local health department when a child, staff member, or essential visitor has tested positive for COVID-19. In addition, child care programs are required to notify the local health department when there is an outbreak of COVID-19. The definition of a child care outbreak is as follows:

Family Child Care Homes: Two or more laboratory-confirmed COVID-19 cases among providers, provider's household members, or attendees with onsets (or, if asymptomatic, collection dates) within a 14-day period, and who are epidemiologically linked. To open an outbreak investigation, cases must be from at least two separate households.

For attendees, household contacts count collectively as a single case with respect to the outbreak definition. At least one case must be in a provider or attendee. Providers and provider's household members alone are not considered an outbreak.

Child Care Center: Two or more laboratory-confirmed COVID-19 cases among staff or attendees with onsets (or, if asymptomatic, collection dates) within a 14-day period, and who are epidemiologically linked, but not household contacts.

An **epidemiological link** is a characteristic that links two cases, such as close contact between two people or a common exposure.

When communicating with the local health department, the child care program should prepared to provide detailed information about:

- The name and contact information of the person(s) with confirmed COVID-19;
- The date the person(s) with confirmed COVID-19 was last in the building;
- The date of positive COVID-19 tests if known;
- If symptomatic, the date the person(s) developed symptoms;
- Names and contact information for any identified close contacts in the child care program;
- Details about any other persons in the child care program that have developed symptoms; and
- Details about potential sources of exposure/transmission and child care program prevention/mitigation measures

For an outbreak, information about the persons who tested positive for COVID-19 and any other persons with symptoms should be provided using a line list. If a child care program is unsure whether there is an outbreak, the local health department should be consulted.

Isolation/Release from Isolation

A 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 10 days have passed since symptom onset, **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications, **and**
- 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.

Quarantine of Close Contacts

Fully vaccinated persons who have no COVID-19 symptoms do not need to quarantine following exposure to a person with confirmed COVID-19. These persons do not need to be excluded from the child care program. Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. These same recommendations apply for asymptomatic people who have tested positive in the past 3 months and recovered.

Close contacts who are NOT fully vaccinated should be excluded from the child care program until completing quarantine. A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19.

For all children under 5 years of age, and children and staff in a cohort (i.e. classroom, family child care home) when the children are both below and above 5 years of age, 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 face covering use and physical distancing in child care settings for young children.

Based on guidance from the CDC, the following options to shorten quarantine may be acceptable alternatives depending upon local circumstances and resources:

For child care program staff and children ONLY in a cohort (i.e. classroom, family child care home) when 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; OR
- Quarantine can end after Day 7 if the person has a negative COVID-19 test performed on Day 5 or after and if NO symptoms have been reported during daily monitoring. Quarantine cannot be discontinued earlier than after Day 7.

When a person meets these criteria and quarantine is ended early, all of the following must be implemented:
- 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 face covering 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 or the local health department to determine if they need to be tested and how long they should be excluded from the child care program.

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

The above guidance assumes that the person in quarantine does not develop symptoms of COVID-19 at any time during their quarantine. If symptoms develop, the person should contact their health care provider or local health department to determine if they need to be tested and how long they should be excluded from the child care program. Child care programs should determine the best quarantine option for their population in consultation with the local health department and their licensing specialist.

Considerations for Quarantine of Household Contacts

When a child or child care staff person needs to quarantine because they are the close contact of a household member with confirmed COVID-19, CDC guidance should be followed to prevent the spread of infection within the household. Persons who are able to have **no further close contact** with their household member with confirmed COVID-19 may return to the child care program once they complete recommended quarantine. If the person is not able to avoid any close contact with the household member with confirmed COVID-19, the person must start their quarantine AFTER the household member is released from isolation. The person must undergo this additional time for quarantine because they could have been infected on the final day of the household member's isolation. The person should provide evidence (e.g., a note from the health department or health care provider) that their household member has been released from isolation at the time the person returns to the child care program.

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.pd f

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

Appendices

A. Decision Aid
B. Daily Health Screening Log for Child in Child Care
C. Considerations and Best Practices for Wearing Face Coverings Safely in Young Children

Appendix A   Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in

Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19[1]	Recommendations for the person with symptoms who is NOT FULLY VACCINATED	Recommendations for close contacts of the person with symptoms
	Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Household members[2] should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

[1]For persons with symptoms who were previously infected with COVID-19 and recovered, follow CDC guidance.

[2]These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated[1]	Recommendations for the person with symptoms who is FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fullyvaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. Person should have written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance *except* those who are fullyvaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

[1]For persons with symptoms who were previously infected with COVID-19 and recovered, follow CDC guidance.

Appendix B

Daily Health Screening Log for Child in Child Care

Date: _____

Record the child's temperature and the parent response to the symptom screening questions daily

Child's name	Child's temperature	Symptoms (fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset severe headache, especially with fever, or new loss of taste or smell)	Waiting for a COVID-19 test result or diagnosed with COVID-19 and not released from isolation	In the last 14 days, close contact (within 6 feet for a total of 15 minutes or more) with anyone diagnosed with COVID-19 or suspected of having COVID-19 and not completed quarantine	Child admitted to care
	Record result	YES/NO	YES/NO	YES/NO	YES/NO

Daily Health Screening Log for Child Care
Staff

Date:_____

Record the staff person's temperature and response to the symptom screening questions daily

Staff name	Staff temperature	Symptoms (fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset severe headache, especially with fever, or new loss of taste or smell)	Waiting for a COVID-19 test result or diagnosed with COVID-19 and not released from isolation	In the last 14 days, close contact (within 6 feet for a total of 15 minutes or more) with anyone diagnosed with COVID-19 or suspected of having COVID-19 and not completed quarantine	Staff permitted to work
	Record result	YES/NO	YES/NO	YES/NO	YES/NO

Appendix C. Considerations and Best Practices for Wearing Face Coverings Safely in Young Children

Parents and child care staff should discuss individual considerations for children of any age, including developmental or medical conditions that may prevent them from wearing a face covering, and consult with the child's healthcare provider when necessary (e.g., for children with certain conditions such as asthma), to determine if an individual child is able to wear a face covering safely.

Children must be able to safely use, avoid touching, and remove the face covering without assistance. Staff may assist a child with putting on their face coverings as long as proper hand hygiene is followed and staff are careful not to touch the child's eyes, nose, or mouth.

For children without a condition that makes use of a face covering unsafe, parents and staff should work together to maximize the use of face coverings in child care settings. Staff and families should teach and reinforce proper fit, use, and removal of face coverings, including the use of behavioral strategies as necessary to assist children with becoming comfortable wearing face coverings.

The following are additional procedures for the safe use of face coverings:

- Face coverings should fit snugly over the nose and mouth and under the chin and have no gaps around the sides;
- Staff and children should bring a sufficient supply of clean face coverings each day to allow replacing a face covering as needed; it is recommended that child care programs have a supply of face coverings for back-up as needed;
- Face coverings should be clearly marked with the child's name or initials and which side should be facing outward;
- Face coverings should not be worn by anyone who is actively eating or drinking or by children during naptime;
- A face covering should be replaced if it becomes wet or soiled;
- Staff and children should remove a face covering by touching only the straps and should be careful not to touch their eyes, nose, and mouth when removing their face covering;
- Staff and children should wash hands before and after removing a face covering and if they accidentally touch their face covering or face;
- Face coverings that are taken off temporarily (ex. meals or naptime) should be placed in a clean paper bag marked with the child's name and stored in a space designated for each child; for mealtime, they can also be placed next to the child on a napkin as long as there is no risk for the face covering to be touched by another child;
- When putting a temporarily removed face covering back on, the same side of the face covering should be facing out;
- Child care staff should teach children to avoid touching their face covering or their face, to avoid removing the face covering without adult permission, and not to share face coverings; for children who are unable to comply, the use of a face covering should be discontinued.