



# Guidelines for Safe Child Care Operations During COVID-19

For Use in Licensed Child Care and School-age Enrichment Programs  
January 24, 2022

## Introduction

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

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

Child care providers should work with their local health department to determine if there are additional regulations in your area.

Child care providers are strongly encouraged to notify their licensing consultant if there is a COVID-19 positive in the facility and/or if they are closed.

**Note:** This document is written for licensed child care providers in home based- and center-based environments.

The Michigan Department of Licensing and Regulatory Affairs (LARA) has developed this guidance in consultation with the Michigan Departments of Education, Health and Human Services; the Executive Office, medical professionals, national experts, and child care providers across the state. LARA will continue to monitor best practices and will issue updated guidance as our knowledge of COVID-19 continues to improve and updated guidance is made available by the Centers for Disease Control and Prevention (CDC). Visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) for updates. New versions of this document will be posted online and shared electronically with childcare providers. This guidance does not constitute legal advice and is subject to change. Licensees are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, epidemic orders, public acts and other orders.

## **Isolation & Quarantine Guidance**

Quarantine and isolation are determined by the local health department and are used as important tools to prevent the spread of disease.

- You [isolate](#) when you are already infected with COVID-19 and have tested positive, even if you do not have symptoms. Isolation is used to separate people who are infected with COVID-19 from those who are not infected.
- You [quarantine](#) when you might have been exposed to COVID-19. This is because you might become infected with COVID-19 and could spread COVID-19 to others.

### ***Isolation and Quarantine Guidance for All Staff and School Aged Care (age 5 and older)***

Child care providers that serve school age children, either in individual classrooms or sitewide, should follow the [quarantine and isolation guidance for K-12](#) for all staff and the children age 5 and over in the school-age rooms or sites.

Child care staff who care for children under age 5 should follow the [quarantine and isolation guidelines for K-12](#).

### ***Isolation and Quarantine Guidance for Children under age 5***

Licensed child care providers that serve children younger than school age in classrooms or sitewide should follow the guidance below for children in care.

## **Isolation Guidelines: Children under age 5 who are Symptomatic and/or Test Positive for COVID-19**

When a child or staff member tests positive for COVID-19 and/or display COVID-19 [symptoms](#), they must be isolated away from other children and staff and sent home as soon as possible. Providers should encourage children and staff, regardless of vaccination status, to get tested for COVID-19 if having symptoms.

Children who test positive for COVID-19 and/or display [COVID-19 symptoms](#) should isolate for days 0-10. Day “0” is the day symptoms begin or the day the test was taken for those without symptoms.

If a child has a fever, they should stay home until they are fever free for a period of 24 hours without the use of fever reducing medication.

## **Quarantine Guidelines: Children under age 5 who have been Exposed to COVID-19**

When a child is exposed to someone with COVID-19 and is identified as a [close contacts](#), the child care provider will notify families of the close contact and implement the quarantine

period. A child who is a close contact must quarantine for 10 days after last date of exposure to a COVID-19 positive staff or child.

The program should conduct contact tracing within the child care program to identify close contacts of the person who is positive and the most recent day those individuals had contact with the person who is positive. (Programs are encouraged to use attendance records for this.)

Close contacts who have tested positive for COVID-19 in the past 90 days do not need to quarantine. They must wear a mask around other people while in the child care program for 10 days after exposure.

***Children should monitor for symptoms throughout quarantine period (days 1 through 10). Day "0" is the day of last close contact with any COVID-19 positive individual. If symptoms develop, get tested.***

### **Strictly Enforce Sick Policy**

Providers should continue to strictly enforce their sick policy. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1919](#)) detail rule requirements. The presence of any of the symptoms below generally suggests a child has an infectious illness and should not attend child care, regardless of whether the illness is COVID-19.

For children with chronic conditions, a positive screening should represent a change from their typical health status.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough (for children with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for children with asthma, a change from their baseline breathing)
- Diarrhea, vomiting or stomachache
- New onset of severe headache, especially with a fever

Children should also stay home if they have other signs of illness described in a provider's sick policy. Providers should encourage families to contact their healthcare provider or follow up with a local clinic/urgent care before returning to care.

## PREVENTION STRATEGIES

Child care facilities have many different groups of people in the building at one time including children who aren't eligible to be vaccinated yet. There are several prevention strategies supported by the CDC that may be used to reduce transmission of COVID-19, and variants, in the child care building. These strategies may be layered to include multiple [prevention strategies that are tailored based on provider, building, and community needs](#). Individually, each strategy provides some level of protection and layered at the same time, the strategies provide the greatest level of protection. The number and intensity of [layers of defense](#) against COVID-19 can increase as needed.

### Screening

It is recommended you screen children daily before arrival and ask staff to conduct a self-screen of COVID-19 symptoms. Daily health screenings include a self-check for [symptoms](#) of COVID-19 by family and staff. You should determine the best screening method to use depending on local conditions. This may include universal screening on your site or asking parents to screen children prior to arrival. Encourage families to watch for signs of illness in their children and keep them home if they are ill.

### Vaccination

Promoting vaccination against COVID-19 for eligible staff and children can help child care facilities remain open for in-person care. Vaccination has proven incredibly effective as the leading public health prevention strategy. Promoting vaccination can help schools more safely maintain in-person learning as well as extracurricular activities and sports. Staff and families can visit [vaccines.gov](https://www.vaccines.gov) to learn where they can get vaccinated against COVID-19.

### Masks

The [CDC](#) recommends universal masking for everyone 2 years of age and older, regardless of vaccination status when indoors. When outdoors, the [CDC](#) recommends that people age 2 years and older who are not fully vaccinated wear a mask if in a crowded area or if engaged in an activity that involves continued close contact. All individuals ages 2 years and over are required by the [CDC order](#) to wear a face mask during transportation regardless of vaccination status. The CDC has recommendations for [proper use of masks](#).

### Physical Distancing and Cohorting

When possible, physical distancing should be implemented indoors in facilities where everyone is not vaccinated. The CDC recommends a distance of at least 6 feet between adults who are not fully vaccinated. Because of the essential service that child care programs provide, programs should not exclude children from in-person care to keep a minimum distance requirement. However, because of this, it is important to use the [layers](#)

[of defense](#), including cohorting. The [CDC](#) offers the following recommendations for cohorting:

- If possible, your child care groups should include the same children each day, and the same child care providers should remain with the same group of children each day.
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
- The number of cohorts or groups may vary depending on child care program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.
- Maintain at least 6 feet between children and staff from different cohorts.
- Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping with as much distance as possible between mats. Masks should not be worn when sleeping. Layer additional strategies such as improved ventilation if possible.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger use of communal spaces between cohorts.
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
- Prioritize [outdoor activities](#). When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water.

### **Ventilation**

Providers can improve ventilation in their buildings by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems. Providers should also try to avoid crowded and/or poorly ventilated indoor activities (e.g., engaging in outdoor activities when possible). [The CDC offers additional guidance on ventilation in child care and schools.](#)

### **Handwashing and Respiratory Etiquette**

Providers should continue to promote handwashing and covering coughs and sneezes by reinforcing regular health and safety practices with children and staff. Wash hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing; going to the bathroom; and before eating or preparing food. The administrative rules for centers ([R400.8134](#)) and homes ([R400.1924](#)) detail rule requirements. Continue to implement CDC [handwashing guidelines](#). Wearing gloves does not replace appropriate hand hygiene.

- Soap and water are the best option, especially if hands are visibly dirty. If you use hand sanitizer, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

- Continue to cover coughs with a tissue or sleeve.
- Systematically and frequently check and refill soap and hand sanitizers.

### **Contact Tracing**

Providers should collaborate with their local health department for contact tracing in combination with quarantine to keep positive cases from spreading.

Providers are required to notify families and staff members of possible exposure to a communicable disease, like COVID-19. The administrative rules for centers ([R400.8155](#)) and homes ([R400.1961](#)) detail rule requirements. Your local health department can help you do this. Speak with your local health department before notifying families. Remember to maintain confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws. Even if a family/student acknowledges and publicly discloses a positive test, childcare staff must not participate in discussions or acknowledge a positive test. LARA has posted a sample letter you can share with families at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

### **Resources**

Vaccinations: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

CDC Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>