

# MI SAFE START: CHILDCARE

## Guidelines for all phases, childcare:

### *Scaling Up*

- Establish and maintain communication with tribal, local and state authorities to determine current contact tracing protocol, local mitigation levels, or local reengagement phase for your community, as described in the [MI Safe Start](#) plan.
- Consider special accommodations for staff, children, and their family members who are members of an at-risk population (e.g. flexible leave and telework policies where possible, reassignment of duties to minimize contact with others).
- Provide employees from higher transmission areas telework and other options as feasible to eliminate travel to workplaces in lower transmission areas and vice versa.
- Follow Center for Disease Control's (CDC) supplemental Guidance for [Child Care Programs that Remain Open](#).
- Employers should follow applicable Occupational Safety and Health Administration (OSHA) and CDC guidance for businesses to plan and respond to COVID-19.

### *Safety Actions*

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
- Ensure adequate supplies to support healthy hygiene practices for both employees and customers including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- Teach and reinforce avoiding direct contact (such as shaking or holding hands, hugging, or kissing).

### *Cleaning, Disinfection, Ventilation*

- Clean, sanitize, and disinfect frequently touched surfaces (for example, playground equipment, door handles, light switches, sink handles, drinking fountains, countertops, nap pads, toilet training potties, desks, chairs, cubbies, toys, art supplies and games multiple times per day and shared objects between use).
- Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.



- Ensure safe and correct application of disinfectants and keep products away from children. Use products that meet [EPA's criteria for use against SARS-CoV-2](#) and that are appropriate for the surface. Prior to wiping the surface, allow the disinfectant to sit for the necessary contact time recommended by the manufacturer.
- Use gloves when removing garbage bags or handling and disposing of trash and wash hands afterwards.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other contaminants associated with water.

### *Limiting Sharing*

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas. Send items home each day for cleaning, if possible.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
- Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, games, and learning aids.

### *Training*

- Train all employees in the above safety actions while maintaining social distancing and use of face coverings during training.

### *Monitoring*

- Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) and in [CDC's General Business FAQs](#) for screening staff.
- Implement health checks (e.g. temperature checks and symptom screening) safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
- If children have contact at home with an individual diagnosed or suspected to have COVID-19, they should remain at home or in a safe quarantine location.



- Establish a procedure for coverage if a staff member must go home based on the results of screening.

### *Response*

- Staff and children with symptoms of COVID-19 (fever, cough, or shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea) at work should immediately be sent to their home.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow [CDC guidance for home isolation](#) if symptoms develop. If a person does not have symptoms follow appropriate [CDC guidance for home quarantine](#). Maintain communication with the local health department.
- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by a sick person and do not use them until after cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members or children not to return until they have met [CDC's criteria to discontinue home isolation](#).

### *Maintaining Healthy Operations*

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and children.

### *Closing*

- It is very important to check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.

- Where a community is deemed a significant mitigation community, childcare programs should close, except for those caring for the children of essential workers, such as the children of health care workers.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider temporarily closing for cleaning and disinfection.

### **Phase 3 guidelines for childcare:**

- Telework required whenever possible and feasible with business operations.
- If allowed, return to work in phases whenever possible.
- Close common areas where personnel are likely to congregate and interact or enforce strict social distancing protocols.
- Minimize non-essential travel.
- Strongly consider special accommodations for personnel who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents.
- Childcare facilities should only remain open for children of essential workers and anyone resuming work activities.
- Ensure that classes include the same group of children each day and that the same childcare providers remain with the same group each day, if possible.
- Restrict mixing between groups.
- Cancel all field trips, inter-group events, and extracurricular activities.
- Restrict nonessential visitors, volunteers, and activities involving outside groups.
- Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
- Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate in order to limit the use of shared serving utensils and ensure the safety of children with food allergies.
- Stagger arrival and drop-off times or locations or put in place other protocols to limit direct contact with parents or caregivers as much as possible.
- Restrict the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.
- Rotate or stagger shifts to limit the number of employees in the workplace at the same time.

## Phase 4 guidelines for childcare:

- Telework required whenever possible and feasible with business operations.
- If allowed, return to work in phases whenever possible.
- Close common areas where personnel are likely to congregate and interact or enforce moderate social distancing protocols.
- Minimize non-essential travel.
- Strongly consider special accommodations for personnel who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents.
- Childcare facilities should only remain open for children of essential workers and anyone resuming work activities.
- Ensure that classes include the same group of children each day and that the same childcare providers remain with the same group each day, if possible.
- Restrict mixing between groups.
- Cancel all field trips, inter-group events, and extracurricular activities.
- Restrict nonessential visitors, volunteers, and activities involving outside groups.
- Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
- Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate in order to limit the use of shared serving utensils and ensure the safety of children with food allergies.
- Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents or caregivers as much as possible
- Restrict the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.
- Rotate or stagger shifts to limit the number of employees in the workplace at the same time.

## Phase 5 guidelines for childcare:

- Telework encouraged whenever possible and feasible with business operations.
- Close common areas where personnel are likely to congregate and interact or enforce moderate social distancing protocols.
- Non-essential business travel can resume.
- Strongly consider special accommodations for personnel who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents.



- Childcare facilities can open and should maintain enhanced social distancing measures.
- Ensure that classes include the same group of children each day and that the same childcare providers remain with the same group each day, if possible.
- Restrict mixing between groups.
- Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas.
- Restrict nonessential visitors, volunteers, and activities involving outside groups.
- Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
- Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate in order to limit the use of shared serving utensils and ensure the safety of children with food allergies.
- Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents or caregivers as much as possible
- Restrict the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.

### **Phase late-5 guidelines for childcare:**

- Resume unrestricted staffing of worksites.
- Consider telework whenever possible and feasible with business operations.
- Strongly consider special accommodations for personnel who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents.
- Childcare facilities can remain open with appropriate social distancing and hygiene measures.
- Consider keeping classes together to include the same group of children each day and consider keeping the same childcare providers with the same group each day.
- Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas.
- Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
- Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- Consider continuing to plate each child's meal in order to limit the use of shared serving utensils and ensure the safety of children with food allergies.

- Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas.
- Consider staggering arrival and drop-off times or putting in place other protocols to limit close contact with parents or caregivers as much as possible.