

REOPENING

MONTGOMERY

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Montgomery County, Maryland

REFERENCE GUIDE FOR CHILD CARE to Prevent the Spread of COVID-19



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

Dear Child Care Providers,

As stay-at-home orders are lifted for multiple industries within Maryland, the need for child care and other supports for working families will increase. Every child care program must have a plan in place to minimize the spread of COVID-19 and to ensure the safety of children, providers and families. As programs begin to reopen, child care programs must take extraordinary precautions beyond what is normally recommended to prevent the spread of the COVID-19 virus.

Montgomery County, MD recognizes this health crisis is a fluid situation and is coordinating joint efforts with state and other local agencies to provide support, as well as current information and guidance that is responsive to questions and suggestions from providers, families and stakeholders. Child care providers should monitor recommendations from the Centers for Disease Control (CDC), the Maryland Department of Health (MDH), and the Maryland State Department of Education (MSDE) Division of Early Childhood, as well as local County information on the recovery efforts. This guide and its subsequent guidelines will include a combination of the recommendations from all three sources to ensure best practices for preparation, programming planning and implementation, and for maintaining sanitary conditions throughout your child care facility. Please refer regularly to the MSDE and CDC websites for the latest information as guidance may change.

You play a vital role in restarting our local economy and in protecting the safety and well-being of our children. We hope that you find this reference guide to be of use during this phase of reopening and rely on the technical assistance available through the Montgomery County Resource and Referral Center, EarlyChildhoodServices@MontgomeryCountyMD.gov.

Sincerely,

Dr. Raymond Crowel
Director
Department of Health and Human Services

Public Health Services

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ESSENTIAL PROTECTIVE EQUIPMENT AND SUPPLIES

ITEMS	CHILD CARE WORKFORCE	CHILDREN
FACE COVERINGS/ MASKS	YES	<p>Never place face coverings/masks on babies or children under 2 years old because of danger of suffocation.</p> <p>Children over 2 years old are required to wear a face covering, unless there is a developmental or physical reason why they should not.</p>
GLOVES	YES For tasks such as serving food, handling trash, diapering, and when using cleaning and disinfectant products.	NO
HAND SANITIZER <i>Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant)</i>	YES, OPTIONAL Handwashing is more effective than the use of hand sanitizers.	<p>Under 2 years old, hand sanitizer is not recommended.</p> <p>Over 2 years old, hand sanitizer may be used under adult supervision and must be kept out of children's reach.</p> <p>Call Poison Control if consumed: 1-800-222-1222</p>
DISINFECTANT CLEANING PRODUCTS	YES Provide training and required protective equipment per manufacturer's recommendations. Must be kept out of children's reach.	NO

PLANNING

Be Prepared

- Do you have a list of substitutes in the event of staff absences?
- Do you have an adequate supply of cleaning and disinfecting products and personal protective equipment?
- Has all information regarding updated policies and procedures been shared with families and staff? (*see templates at end of booklet*)
- Have you identified staff to handle the additional cleaning?
- Which staff will be assigned Website monitoring for updates from MSDE, CDC, the County, etc?
- Have you prepared the new drop off and pick up area and materials – outside of the program, temperature checks, sign-in sheets, etc.?
- Does each child have a current health inventory?
- Does your staff know the procedures if they become sick?
- Do your staff and families know the procedures if a child becomes sick?
- Do you have a designated isolation room or area to isolate a sick child?
- Do you have a plan in place for excluding children?
- Have you shared social-emotional resources with families to prepare children for the transition back to child care?



Communicate with Families

- Messaging to parents that keeping their child home is the first and best option.
- Update emergency contact information, medication authorizations, and other health care plans.
- Use the CDC and MDH/MSDE guidance to inform families about your policies during the COVID-19 pandemic. The County Executive's order effective June 16, 2020, is at <https://montgomerycountymd.gov/exec/Resources/Files/orders/082-20.pdf>
- Use social media, group texts, and/or newsletters to provide up to date information and reliable resources.
- Use posters and signage to remind them of the precautions being taken regarding cleaning and handwashing.
- Instruct parents/guardians to keep children home if they or any member of the household exhibits symptoms.
- Require staff and family to inform the program immediately if diagnosed with COVID-19.
- If you have children with underlying health conditions, talk to their parents about their risks.
- If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.
- Monitor children for signs of increased anxiety.
- Encourage families to practice preventative measures at home such as handwashing, covering coughs.
- CDC recommends that travelers avoid all nonessential international travel because of the COVID-19 pandemic <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>



Employee Health and Safety

- Child care providers 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.
- Instruct staff to stay home if they are sick.
- All child care program staff should monitor their temperature at home and report the temperature to the child care center director/administrator upon arrival to the facility. If a temperature is not reported, a temperature should be taken by another child care staff member following the procedure found on MSDE's website (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/updated-temperature_checks_4.27.2020.pdf)
- Educate staff, children and families about COVID-19, physical “social/physical” distancing, when they should stay home, and when they can return to child care.
- Contact your local Child Care Resource & Referral Center to support staff on COVID-19 prevention and response protocols. Our local Child Care Resource & Referral Center also employs a full-time nurse focused on child care health consultation to specifically support the child care community: 240-777-3128.
- CDC guidance is located at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higherrisk.html>, <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-businessresponse.html>
- MDH guidance is located at: https://phpa.health.maryland.gov/Documents/FAQ_covid19_older_adults.pdf
- Contact the local health department, Montgomery County Disease Control, in case of a COVID diagnosis at your site: 240-777-1755.



CLEANING, SANITIZING, AND DISINFECTING



Intensify Cleaning and Disinfecting Efforts

- Evaluate your program to determine what kinds of surfaces and materials are included in that area. Most surfaces and objects will just need normal routine cleaning.



- Consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them.
- Frequently touched surfaces and objects such as light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.

- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>.

Refer to the Montgomery County poster in the Templates section at the end of this guide book.

- Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.





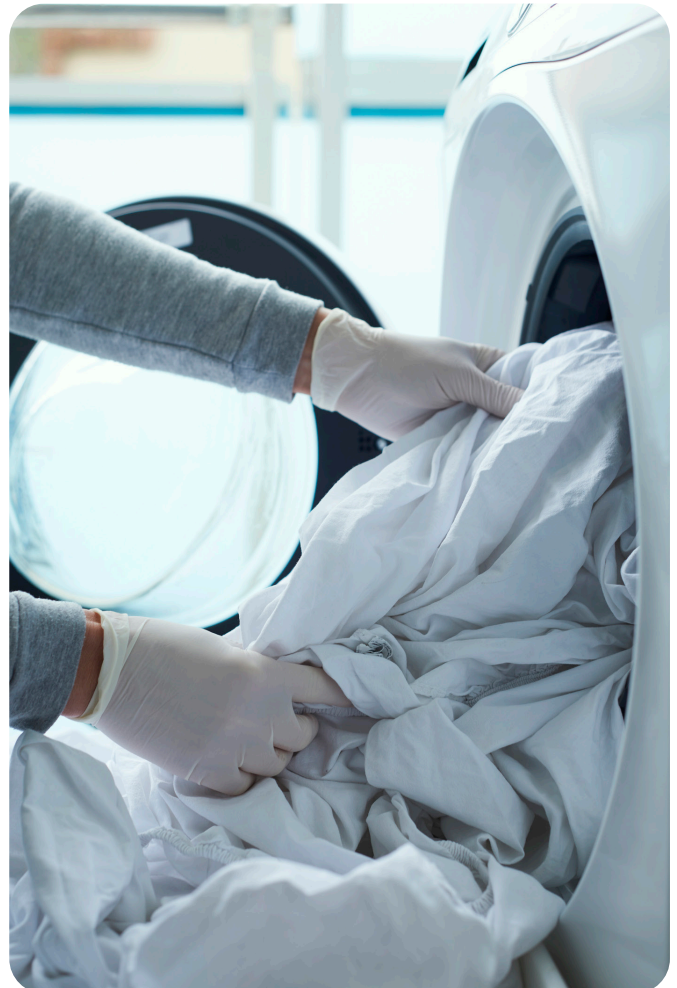
Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.



Clean and Disinfect Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.



IMPLEMENT



Drop-off and Pick-up Procedures

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer for children over age 2 with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - Have child care providers greet children outside as they arrive.
 - Designate a staff member to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day walk all children back to their cars.
 - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).
- Parents must sign in and out their child each day. Pens used for signing in and signing out must be disinfected between uses.
- Volunteers may not enter child care facilities at this time.



Daily Health Screening

Temperature and symptom screening should be conducted daily on each child and staff upon arrival to the child care facility using the process below that has been developed to assist child care facilities in daily temperature and symptom screening without the need for Personal Protective Equipment (PPE),

- The individual child's parent/guardian who is dropping off the child should take the child's temperature upon arrival while being directly observed by child care program staff
- Temperature checks should be conducted while maintaining social/physical distancing to the greatest extent possible; in addition, the child's parent/guardian and any child care program staff involved in temperature checks must wear a cloth face covering
- The child's parent/guardian should use a personal thermometer brought from home; this thermometer should only be used for that child/family and should not be handled by the child care program staff
- After taking the temperature, the child's parent/guardian should show the temperature result to the child care program staff for recording





- In the event that a family does not have access to a personal thermometer for their child, the parent/guardian should use a thermometer provided by the child care program; non-contact thermometers are preferred but temporal or tympanic (ear) thermometers are also acceptable
- The parent/guardian should perform hand hygiene and wear single use gloves prior to taking the child's temperature with a thermometer provided by the child care program
- Temporal and tympanic thermometers should be cleaned and disinfected after each use and non-contact thermometers should be cleaned routinely as recommended by CDC for infection control
- The child's parent/guardian should be asked if the child has any symptoms of COVID-19 and if there are persons in the household with symptoms of COVID-19
- All child care program staff should monitor their temperature at home and report the temperature to the child care center director/administrator upon arrival to the facility. If a temperature is not reported, a temperature should be taken by another child care staff themselves following the procedure above. Child care providers should also be monitoring themselves for any symptoms of COVID-19 and 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. Children or staff members 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 into the child care facility. These procedures apply to small and large Family Child Care providers and settings, as well.
- In addition, child care providers should contact their local health department, Montgomery County Disease Control, for guidance regarding closure in accordance with MDH/MSDE closure recommendations for persons with confirmed or probable COVID-19: 240-777-1755.
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/updated-temperature-checks_4.27.2020.pdf



Hand Hygiene/ Health Promotion

- All children and staff should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering or after using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors
 - After handling garbage



- Provide children with soap and water to wash hands; adults may use an alcohol-based hand sanitizer with at least 60% alcohol, but must keep it out of reach of children because it is toxic.
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Keep hand sanitizer out of reach of children because it is toxic.



- Provide adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

- Advise persons to avoid touching their face (especially eyes, nose, and mouth with unwashed hands).
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and wash hands with soap and water or hand sanitizer (if soap and water are not readily available).
- Alcohol free hand wipes such as baby wipes are not recommended for cleaning hands.
- Supervise children when handwashing.
- Assist children and infants with handwashing, then staff should wash their hands.

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



Face Coverings/ Masks

MSDE and MDH recommend social/physical distancing be accompanied by the use of cloth face coverings for adults and children. Montgomery County requires all residents 2 years old and older to wear a face covering/mask when in group settings, this includes child care. Children with special needs are exempt. It is important to note that wearing a cloth face covering is not a substitute for practicing social/physical 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 pickup and when parents are performing, and staff are observing, temperature checks; and
- Children age 2 years old 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.

- Parents and any other adults who must enter the child care center or family child care home related to essential child care operations should wear cloth face coverings while in the child care site.



- NOTE: Cloth face coverings should NOT be placed on young children under 2 years old, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering/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

[org/system/files/filedepot/3/final_child_care_face_covering_guidance_4.23.20.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/final_child_care_face_covering_guidance_4.23.20.pdf)



- The use of cloth face coverings by children in a child care setting should be guided by the following considerations which impact a child's ability to wear a cloth face covering safely and consistently. Each child



care program should determine the feasibility of implementing the use of cloth face coverings based upon the characteristics of the children in its care as well as the availability of staff to support the safe and consistent use of cloth face coverings by children.

- The child care program may identify other program or child specific considerations when determining feasibility of implementing the use of cloth face coverings in child care programs.
- Cloth face coverings should NOT be placed on young children under 2 years old, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering/mask without assistance;
- Some children, particularly those under age 5 years old, may not be developmentally capable of wearing a cloth face covering without frequent touching of the face covering/mask or

their face or attempting to take the face covering/mask off, or be unable to remove it safely without assistance;

- Some children with developmental or behavioral conditions may have difficulty tolerating cloth face coverings;
- Some children with respiratory conditions or other medical problems may have difficulty breathing or have other safety concerns when wearing a cloth face covering; and
- Some children with physical limitations may not be able to remove a cloth face covering without assistance.
- Parents and child care staff should discuss the considerations above for an individual child, and consult with the child's health care provider if necessary (e.g., for children with certain conditions such as asthma), to determine if an individual child age 2 years old and older is able to safely and consistently wear a cloth face covering while in child care.



Caring for Infants and Toddlers

- It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.



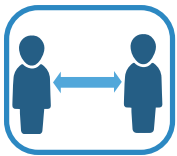
- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or Family Child Care.
- Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.



Meals and Snacks

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children, unless thorough hygiene steps have been completed.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.





Guidance on Social/Physical Distancing

There are many strategies to practice social/physical distancing. These include but are not limited to:

- Discontinue large daily group activities that may promote transmission.
- Avoid mixing groups of children at arrival and dismissal time.
- Enforce 6 feet distance between children and staff when direct care is not being provided
- Create distance between children when doing table work.
- Add instructional time outdoors (instead of indoors) for direct instruction of daily activities as an effort to control spread of the virus.
- Incorporate outside play time whenever possible with more than 6 feet between children and only a small group outside at the same time. Children may use playground

equipment only if social/physical distancing is maintained, and if the playground structure and other outdoor toys are able to be cleaned according to CDC guidance. Only one group of children 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/physical distancing cannot be maintained, the playground should not be used.

- Limit item sharing.



- Avoid mixing groups of children and teachers (including sharing bathrooms) to the greatest extent possible.
- If possible, at nap time, ensure children's naptime mats (or cribs) are spaced a minimum of 6 feet apart. Place children head to toe in order to further reduce the potential for viral spread.
- Restrict field trips.
- Restrict outside visitors and volunteers.



EXCLUSION AND CLOSURE

Closure of a child care program is based on CDC and Maryland Department of Health/Maryland State Department of Education guidance, done in consultation with the local health department, Montgomery County Disease Control, and in coordination with the licensing specialist. This is not an exhaustive list of circumstances where a program should close. Parents are expected to report illness within their household, children and themselves during drop-off symptom screening to help inform decisions related to site closure. Child care programs should monitor absences among children and staff according to CDC guidance. Information regarding absences due to COVID-19 symptoms will assist child care programs when consulting with local health departments about closure: **240-777-1755**.

When there is a case of COVID-19 or COVID-19-like illness in a child care program, programs should follow Attachment 1, *“Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19 like Illness in School, Child Care Programs, and Youth Camps.”* The person with COVID-19 or COVID-19-like illness should be isolated/excluded and all potentially exposed children and staff (close contacts) should quarantine. **Depending on program operations and degree of cohorting, quarantine of close contacts may result in closure of a classroom or the entire program.**

For the purposes of this guidance, **COVID-19-LIKE ILLNESS is defined as:** New onset cough or shortness of breath **OR** At least 2 of the following: fever of 100.4 degrees or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting, or diarrhea).

This guidance accompanies the *“Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19 like Illness in School, Child Care Programs, and Youth Camps”*

A child care program should **CLOSE and QUARANTINE** close contacts if:

1. There is a person (child care staff, child, or other person) with **LABORATORY CONFIRMED COVID-19 OR with COVID-19-LIKE ILLNESS** who was present in the childcare program building within the 2 days prior to developing COVID-19 symptoms or while symptomatic, **AND** had close contact as defined by the CDC, with program staff and/or children
2. There is a person (child care staff, child, or other person) with **LABORATORY CONFIRMED COVID-19** who is **ASYMPTOMATIC**, was present in the child care program building **AND** had close contact as defined by the CDC, with program staff and/or children

NOTE: If the person with confirmed COVID-19 or COVID-19-like illness 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 program may not be required to close if the affected parent's child is asymptomatic.



The child care program director/family child care provider should contact the local health department and notify the licensing specialist who will assist the program with the closure process and additional actions to be taken: **240-777-1755**.

Children affected by a child care program closure due to a COVID-19 case or probable case should quarantine at home for a minimum of 14 days and not seek child care in an alternative child care

program. Child care program staff should also quarantine at home for a minimum of 14 days.

The development of COVID-19 symptoms in the program's children, parents, and staff should be monitored by the child care program director/family child care provider during quarantine as this may impact when the program can re-open and when a child or staff member may return to the program.

The length of time for closure should be determined by the local health department, Montgomery County Disease Control, in consultation with the licensing specialist. Closure may be shortened, and the child care program may be able to reopen, if a person with symptoms of COVID-19 is tested for COVID-19 and results are negative. Likewise, closure may be longer for a family child care program when the affected person is a household member of the provider who must be released from isolation before the 14-day quarantine can begin for the provider. Reopening decisions and approvals are made on a case by case basis.

After consulting with the local health department and the licensing specialist, the program should inform families of the situation and the recommendations provided by the local health department and the actions to be taken, including closing the program. Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. When consulting with the local health department and licensing specialist, be prepared to provide detailed information about:

- The identity of the person with COVID-19 or probable COVID-19 (i.e. staff, child in care, household contact, another person);
- The date the person with COVID-19 or probable COVID-19 was last in the building;
- The date the person developed symptoms

- What types of interactions the person may have had with other persons in the building and in what locations;
- How long their interactions were with other persons in the building;
- If the person is now symptomatic; and
- Any other information to assist with the determination of next steps.

Child care program staff returning to work and children returning to care after having a confirmed or probable case of COVID-19 should have a note from their health care provider documenting that they have been released from isolation and may return to work or care.

If COVID-19 is confirmed in a child or staff member:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection



Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps

For the purposes of this decision aid, COVID-19-like illness is defined as: New onset cough or shortness of breath **OR** At least **2** of the following: fever of 100.4° or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting or diarrhea). **NOTE:** This definition was adapted from the clinical criteria in the [CDC case definition of a probable case of COVID-19](#).

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

Exclude person and allow return when symptoms have improved and criteria in the [Communicable Diseases Summary](#) have been met as applicable. If person develops symptoms of COVID-19-like illness, follow processes below for person with COVID-19-like illness.

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

Person has positive test for COVID-19.

Close contacts should stay home for 14 days from the date of last exposure **even if they have no symptoms or they have a negative COVID-19 test done during quarantine.**

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

- Exclude person and recommend that they talk to their health care provider about testing for COVID-19 or whether there is another specific diagnosis.
- The person should isolate pending test results or evaluation by their health care provider.**
- Close contacts of the ill person should quarantine per [CDC guidelines](#).**

Person does not receive a laboratory test or another specific diagnosis by their health care provider.

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

Person has negative test for COVID-19.

The ill person should stay home until symptoms have improved and criteria in the [Communicable Diseases Summary](#) have been met as applicable.

Close contacts DO NOT need to stay home as long as they remain asymptomatic.

Health care provider documents that the person has another specific diagnosis (e.g. influenza, strep throat, otitis) or health care provider documents that symptoms are related to a pre-existing condition.

The person should consider being tested/retested for COVID-19 if symptoms do not improve.

COVID-19 INFORMATION AND RESOURCES

- https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/final_closure_guidance_update_5.2.20.pdf
- CDC <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- MSDE <https://earlychildhood.marylandpublicschools.org/child-care-maryland-during-covid-19-state-emergency>
- Maryland Department of Health <https://coronavirus.maryland.gov/>
- Montgomery County Health Department <https://montgomerycountymd.gov/HHS/RightNav/Coronavirus.html>
- Maryland's Infant and Early Childhood Mental Health (IECMH) Consultation Project is Open! https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/orange_iecmh_resource_guide_2_1.pdf
- https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/covid_childhood_vaccinations.pdf
- https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/mis-c_onepage_051920.pdf multisystem_inflammatory_syndrome_in_children_mis-c.pdf



KEEP SICK CHILDREN HOME

Dear Families,

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and you. If your child will be absent because he/she is sick or because someone in the home is sick, please notify your child care provider.

SYMPTOMS OF COVID19:

Feverish/chills temperature of 100.4 or more

- sore throat,
- nasal congestion,
- runny nose,
- new or worsening cough,
- shortness of breath,
- fatigue/malaise,
- headaches,
- body aches,
- nausea, vomiting, diarrhea,
- loss of taste or smell

If your child is severely ill, go to the nearest emergency room or call 911 immediately.

Children excluded from child care for illness should consult their pediatrician. The child 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.

FOR MORE INFORMATION VISIT:

Montgomery County <https://montgomerycountymd.gov/HHS/RightNav/COVID19CommunityResources.html>

Centers for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/>

Maryland Department of Health <https://coronavirus.maryland.gov/>

Seek immediate care if your child has:

- **Persistent fever for several days**
- **Difficulty feeding (infants) or is too sick to drink fluids**
- **Severe abdominal pain, diarrhea or vomiting**
- **Dehydration with decreased frequency of urination**
- **Change in skin color or appearance — becoming pale, patchy or blue, swelling**
- **Trouble breathing, breathing is painful or breathing very quickly**
- **Racing heart or chest pain**
- **Acting unusually sleepy, dizzy or confused**

EDUCATOR HEALTH

Dear Educator,

Your safety and well-being is very important. Most people with COVID 19 will experience only mild symptoms if they have any at all. Please be familiar with the more common symptoms listed below. If you begin to feel ill at work notify your director and your primary care provider. Family child care providers should also consult your primary care provider. Any symptoms experienced by staff or anyone in their households must be reported to the licensing specialist and Montgomery County Disease Control, 240-777-1755.

Symptoms of COVID19:

- Feverish/chills temperature of 100.4 or more
- sore throat,
- nasal congestion,
- runny nose,
- new or worsening cough,
- shortness of breath,
- fatigue/malaise,
- headaches,
- body aches,
- nausea, vomiting, diarrhea,
- loss of taste or smell

If you have difficulty breathing or chest pain go to the nearest emergency room or call 911 immediately.

Be mindful of your own overall wellbeing and do your best to take care of yourself. Stay connected to social supports, get enough rest, take time for restorative activities (exercise, meditation, reading, outdoor activities).

The CDC offers guidance on [managing anxiety and stress](#) during this time of coronavirus outbreak. Our goal is to support you in caring for yourself as well as minimizing the opportunities to spread illness to your co-workers, children in care and their families.



WHAT FAMILIES CAN DO TO PLAN AND PREPARE

- ☐ Practice and reinforce good prevention habits with your family.
 - Avoid close contact with people who are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, adults and children over age 2 can use a hand sanitizer that contains at least 60% alcohol.
 - Avoid gathering in other public places to help slow the spread of COVID-19 in the community.
- ☐ Avoid nonessential travel out of state.
- ☐ Keep your child at home if sick with any illness. If your child is sick, keep them at home and contact your healthcare provider.
- ☐ Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.
- ☐ Be prepared if your child's school or child care facility is temporarily closed. Talk with your employer about sick leave and telework options in case you need to stay home with your child. Consider planning for alternative child care arrangements and avoid sending your child to a new child care provider.



SOCIAL DISTANCING TIP SHEET FOR CHILD CARE

- ☐ Implement small group activities and encourage individual play/activities. For example, if the class has eight children, break into two small groups, and designate space in the classroom for individual play.
- ☐ In infant classrooms, keep the non-mobile infants separate from the mobile infants and implement small group, focused activities with this group.
- ☐ Physically rearrange the room to promote individual play.
- ☐ Feed children in their individual classes. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean and disinfect tables between lunch shifts
- ☐ Refrain from activities that promote touching or closeness (circle time, hand-holding, center play, etc.).
- ☐ Limit item sharing and if items are being shared, remind children not to touch their faces and wash their hands after using these items.
- ☐ Refrain from use of water or sensory tables.
- ☐ Incorporate additional outside time, for direct instruction and play, and open windows if possible.

Additional Resources for Children and Families on Social Distancing

<https://www.youtube.com/watch?v=jUmSiLXesKlh> *The Wiggles Social Distance Song*

<https://www.youtube.com/watch?v=NVUxUL5qwNY> *Outdoor Games for Social Distance*

<https://www.youtube.com/watch?v=3nQgTywKmvQ> *Two Meters Away; Social Distance Song*

Talking About Coronavirus with Children

<https://childmind.org/article/talking-to-kids-about-the-coronavirus/>

<https://www.pbs.org/parents/thrive/how-to-talk-to-your-kids-about-coronavirus>



SOCIAL DISTANCING TIP SHEET FOR FAMILIES

- ☐ **Explain social distancing.** Children may not understand why social distancing helps to reduce exposure.
- ☐ **Tell your child that your family and child care program** is following the guidelines of the Centers for Disease Control and Prevention (CDC), which include social distancing.
- ☐ **Let your children's questions guide you.** Answer their questions truthfully, but don't offer unnecessary details or facts. Children feel empowered if they can control some aspects of their life.
- ☐ **Resources to support explaining social distance to young children** <https://www.munsonhealthcare.org/blog/explaining-social-distancing-to-kids>

FACE COVERING/MASKS GUIDANCE

- ☐ Face coverings/masks should NOT have any attachments (e.g., buttons, stickers, etc.) that may be a choking hazard;
- ☐ Face coverings/masks should NOT be worn if they are a strangulation risk (e.g., during certain activities or for certain children);
- ☐ Children should NOT wear face coverings/masks while napping;
- ☐ Children should NOT wear face coverings/masks while playing outside if social distancing can be maintained; and
- ☐ Children should NOT be forced to wear a face covering/mask if they are not comfortable/able to do so safely or if they show signs of breathing difficulty.

FAMILY RESPONSIBILITY FOR PROVIDING CLOTH FACE COVERINGS

Parents should provide cloth face coverings for their own child/children. Parents should provide a sufficient supply of clean/unused cloth face coverings for their child each day to allow replacing the covering as needed and have a plan for routine cleaning of cloth face coverings. The number of cloth face coverings needed for each child will vary by child and by day. If a child does not have an adequate supply of cloth face coverings on a particular day, the child may remain in school or care but the program should inform the parent that additional face coverings are needed.

Parents should be sure the cloth face coverings are:

- Clearly marked with the child's name and room number/teacher's name;
- Clearly marked and/or designed to distinguish which side of the covering should be worn facing outwards so they are worn properly each day.

NOTE: If a parent supplies surgical face masks rather than cloth face coverings, they may also be used according to the guidance above.

COVID-19 GUIDANCE

For Parents with Children in Child Care

PREPARE CHILDREN

Keeping children at home is the first and best option.



Keep sick children at home



Symptoms for illness will be checked at arrival and throughout the day

PRACTICE AT HOME

Become aware of new center-based or home-based policies/contract for child care.

If parents or children are high-risk consider other work or child care options for reduced exposure.



Activities will be conducted six feet away others



Use soap and water and scrub hands for 20 seconds



Wear face coverings/masks

Learn more at: www.cdc.gov and
www.earlychildhood.marylandpublicschools.org

Dear Parents and Families,

Given the COVID-19 (Coronavirus) crisis that is spreading through our country, I want to assure you that we are monitoring the situation closely. Based on information we have at this time, we will continue to operate

Child Care Program Name

to minimize disruption to you and your family. If the situation should change, we will notify you immediately.

Effective

Day of the Week, Month, Day

and for the foreseeable future, we will be taking extra precautions to prevent spread of Coronavirus. We are taking these extra steps to support the health and safety of your children, your family and our staff.

Please take note of the following changes to our policies and procedures:

Check-In and Pick-Up

- Families will be greeted at the _____ where a staff member will greet the
Door / Curb
- child(ren). Parents and other family members will not be allowed inside the child care program. Prior to parents leaving the site, a trained staff member will take the temperature of their child(ren) and ask parents the following questions:
- Have you, your child or anyone in your household been feverish or measured temperature of 100.4 or greater since last in the child care site? Or in past 14 days if new or returning from absence?
- Have you, your child or anyone in your household symptoms (e.g., sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue/malaise, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday? Or in past 14 days if new or returning from absence?
- Have you, your child or anyone in your household had close, prolonged contact with anyone known to have COVID-19 or who has symptoms of COVID-19 (e.g., fever, sore throat, nasal congestion, runny nose, cough, headaches, body aches, fatigue/malaise, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday? Or in past 14 days if new or returning from absence?
- Children and staff will be required to wash their hands immediately upon entering the building and throughout the day. When children are received for drop-off, they will be escorted into the nearest bathroom where their hands will be washed prior to being brought to their classroom/child care area.
- Upon your arrival to pick up your child, a staff member will bring your child out to you. Doing so will limit direct contact and help us to maintain social distancing.

Healthy Environment

- We will separate children into smaller groups that fall within state or local guidelines.
- We will not share equipment and will clean equipment between uses.
- All classrooms will remain separated to reduce the number of children in one area and to reduce the possibility of viral transmission.
- Staff will disinfect high-touch surfaces, such as door handles, light switches, faucets, toys and games that children play with at least once daily.

- We will perform enhanced cleaning every night in all areas, on all touched surfaces.
- Staff will have access to hand sanitizers and disposable gloves and use them as needed.
- Staff will wash/scrub their hands and children's hands according to best practices found in Caring for Our Children.
- No program tours will be given until further notice to reduce the number of visitors in the building.
- Guests and non-personnel will not be allowed in the facility.

Meal Preparation and Service

- All surfaces will be sanitized before meal preparation and feedings using EPA-approved products.
- All staff will wash hands before and after meal preparation and feeding.
- Each child's meal will be plated and served by staff, instead of served family-style.

Child Health

- Staff will receive education on COVID-19 symptoms as well as preventive measures.
- Children who start to experience symptoms of respiratory illness, including a fever of >100.4 while at child care, will be isolated from other children until they can be picked up.
- Until further notice, all program field trips will be suspended
- Please provide a face covering/mask for all children over 2. If your child has a condition which prohibits the use of a mask, please discuss with your child's teacher.

Staff Health & Wellness

- Staff will receive additional training on infection control and workplace disinfection.
- Staff will not share their phone, devices or meal or utensils with one another or children.
- Staff will check their temperature at the beginning of each shift and notify their supervisor if >100.4 as well as self-monitor for signs and symptoms of COVID-19 and notify their supervisor if any develop (fever or respiratory symptoms).
- Staff will wash their hands immediately upon entering the program and immediately prior to leaving.
- Staff will not be allowed to work if they are feeling ill or experiencing respiratory symptoms.

Communication

- If the current situation changes and it becomes necessary to update our procedures or close our program temporarily, we will notify key family contact by email.
- You may follow our social media page _____

- for late-breaking program updates.

Thank you for your understanding and patience as we implement these new procedures. Our goal is to minimize disruption while at the same time keeping you, your family and our staff healthy and well.

Sincerely,

ILLNESS AND ISOLATION NOTES

For tracking the development of illness of staff or children during the day

Name and title of individual completing information _____

NAME OF INDIVIDUAL: CHILD <input type="checkbox"/> STAFF <input type="checkbox"/>	DATE
LICENSING CONTACT TIME: NAME :	Temperature at 1 st reading
	Temperature at 2 nd reading
DISEASE CONTROL CONTACT TIME NAME	Other symptoms
Isolation determination Time <input type="checkbox"/> Child picked up; time: <input type="checkbox"/> Staff went home; time:	Family contact Time Name

Record the parent/guardian's responses to the screening questions at drop off

Date: _____

Child's Name	Feverish or measured temperature of 100.4 or greater since last in the child care site? Or in past 14 days if new or returning from absence? (Yes/No)	Symptoms (e.g., sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue/malaise, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday? Or in past 14 days if new or returning from absence? (Yes/No)	Close, prolonged contact with anyone known to have COVID-19 or who has symptoms of COVID-19 (e.g., fever, sore throat, nasal congestion, runny nose, cough, headaches, body aches, fatigue/malaise, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday? Or in past 14 days if new or returning from absence? (Yes/No)	Recorded Temperature taken by parent on site	Admitted to Care? (Yes/No)

Page ____ of ____

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Page ____ of ____

[illegible]



DEPARTMENT OF HEALTH

Robert R. Neall, Secretary

STATE DEPARTMENT OF EDUCATION

Dr. Karen Salmon, State Superintendent of Schools

Interim Guidance for Temperature and Symptom Screening at Child Care Programs Serving Children of Essential Personnel – Updated 5/11/20

In cooperation with the Maryland Department of Health and the Maryland State Department of Education, the following interim guidance has been developed to assist child care facilities in daily temperature and symptom screening without the need for Personal Protective Equipment (PPE), as recommended by the Centers for Disease Control and Prevention (CDC). This guidance may change as PPE becomes more widely available.

Temperature and symptom screening should be conducted daily on each child upon arrival to the child care facility using the process below. See the attached resources that are recommended for use by child care programs when conducting temperature and symptom screening on children and child care program staff.

- The individual child's parent/guardian who is dropping off the child should take the child's temperature upon arrival while being directly observed by child care program staff
- Temperature checks should be conducted while maintaining social distancing to the greatest extent possible; in addition, the child's parent/guardian and any child care program staff involved in temperature checks should wear cloth face coverings [as recommended by CDC](#)
- The child's parent/guardian should use a personal thermometer brought from home; this thermometer should only be used for that child/family and should not be handled by the child care program staff
- After taking the temperature, the child's parent/guardian should show the temperature result to the child care program staff for recording
- In the event that a family does not have access to a personal thermometer for their child, the parent/guardian should use a thermometer provided by the child care program; non-contact thermometers are preferred but temporal or tympanic (ear) thermometers are also acceptable
- The parent/guardian should perform hand hygiene and don single use gloves prior to taking the child's temperature with a thermometer provided by the child care program
- Temporal and tympanic thermometers should be cleaned and disinfected after each use and non-contact thermometers should be cleaned routinely [as recommended by CDC for infection control](#)
- The child's parent/guardian should be asked if the child has any symptoms of COVID-19 and if there are persons in the household with symptoms of COVID-19



Multisystem Inflammatory Syndrome in Children (MIS-C)

Updated May 20, 2020

MIS-C is a severe inflammatory syndrome where pediatric patients present with features similar to Kawasaki disease and toxic shock syndrome. The condition can cause problems with the heart and other organs and may result in hospitalization.

MIS-C appears to be rare and most children who get COVID-19 will not develop MIS-C, according to the Centers for Disease Control and Prevention (CDC). However, children with this syndrome may become seriously ill. If you have any concerns about your child's health, please call your child's doctor.

What are the symptoms of MIS-C?

Symptoms of MIS-C might include persistent fever (temperature of 100.4 degrees F or 38.0 degrees C or greater), a rash or changes in skin color, red eyes or conjunctivitis, red cracked lips or red, bumpy tongue that looks like a strawberry, swollen hands and feet, abdominal pain or swollen lymph nodes.

When should I get emergency care?

Call your child's doctor and seek immediate care if your child has:

- Persistent fever for several days
- Difficulty feeding (infants) or is too sick to drink fluids
- Severe abdominal pain, diarrhea or vomiting
- Dehydration with decreased frequency of urination
- Change in skin color or appearance — becoming pale, patchy or blue, swelling
- Trouble breathing, breathing is painful or breathing very quickly
- Racing heart or chest pain
- Acting unusually sleepy, dizzy or confused

If your child is severely ill, go to the nearest emergency room or call 911 immediately.

Is MIS-C contagious?

MIS-C is not contagious, but it is possible that your child has COVID-19 or another infection that may be contagious.

Is there a treatment for MIS-C?

Children with MIS-C are being treated with therapeutic medications to support the body's immune system and inflammatory response. Children may also receive medications to protect their heart, kidneys and other organs.

How can I prevent my child from getting MIS-C?

You should take steps to prevent your child from being exposed to COVID-19. Stay home when you can, practice social distancing and wear a mask if you must go out and wash hands frequently. Children with underlying medical conditions can be at higher risk for poor outcomes of COVID-19.

For more information about COVID-19 in Maryland, visit coronavirus.maryland.gov.



DEPARTMENT OF HEALTH

Robert R. Neall, Secretary

STATE DEPARTMENT OF EDUCATION

Dr. Karen Salmon, State Superintendent of Schools

Child Care Program Closure Recommendations UPDATED 5/21/2020

This guidance accompanies COVID-19 FAQs for Childcare Settings

Closure of a child care program is based on CDC and Maryland Department of Health/Maryland State Department of Education guidance, done in consultation with the local health department and in coordination with the licensing specialist. This is not an exhaustive list of circumstances where a program should close. Details of each case may result in additional circumstances where a program should close as determined by local health department assessment of level of risk. Closure could be 14 days or more and reopening decisions are made on a case by case basis.

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents should be encouraged to report illness within their household, children and themselves during drop-off symptom screening to help inform decisions related to site closure. Child care programs should monitor absences among children and staff according to CDC guidance. Information regarding absences due to COVID-19 symptoms will assist child care programs when consulting with local health departments about closure.

Closure Recommendation

For the purposes of this guidance, a **probable case of COVID-19 is a person** (i.e., a child care staff member, child, or another person) with symptoms of COVID-19 regardless of whether they are tested or when test results are not known.

A child care program should **CLOSE** if:

1. There is a **LABORATORY CONFIRMED COVID-19 CASE OR PROBABLE CASE** who was present in the child care program building within 48 hours prior to developing COVID-19 symptoms, **AND** had [close, prolonged contact](#) as defined by the CDC, with program staff and/or children
2. There is a **LABORATORY CONFIRMED COVID-19 CASE** who is **ASYMPTOMATIC**, was present in the child care program building **AND** had [close, prolonged contact](#) as defined by the CDC, with program staff and/or children



DEPARTMENT OF HEALTH

Robert R. Neall, Secretary

STATE DEPARTMENT OF EDUCATION

Dr. Karen Salmon, State Superintendent of Schools

Interim Guidance for Use of Cloth Face Coverings in Child Care Programs

Updated April 23, 2020

To prevent the spread of COVID-19, the Centers for Disease Control and Prevention (CDC) recommends the use of cloth face coverings in child care settings **when feasible**. This guidance has been developed by the Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) to assist child care providers with implementing the use of cloth face coverings within their programs.

The use of cloth face coverings is not a substitute for other infection control measures including social distancing, frequent hand washing, and cleaning of frequently touched surfaces within the child care setting.

Cloth Face Coverings for Adults

Most healthy adults should be able to wear cloth face coverings safely and consistently in a child care setting; if an adult has questions or concerns about wearing a cloth face covering, they should discuss this with their health care provider.

- Child care staff should wear cloth face coverings throughout the work day while in the child care center or family child care home in accordance with [CDC guidance](#);
- Child care staff and parents should wear cloth face coverings during drop-off and pick-up and when parents are performing, and staff are observing, temperature checks; and
- Parents and any other adults who must enter the child care center or child care home related to essential child care operations should wear cloth face coverings while in the child care site.

Cloth Face Coverings for Children

The use of cloth face coverings by children in a child care setting should be guided by the following considerations which impact a child's ability to wear a cloth face covering safely and consistently. Each child care program should determine the feasibility of implementing the use of cloth face coverings based upon the characteristics of the children in its care as well as the availability of staff to support the safe and consistent use of cloth face coverings by children.



Frequently Asked Questions: Coronavirus Disease 2019 (COVID-19) and Childhood Vaccinations

Updated May 28, 2020

What is the concern about childhood vaccinations now?

During the COVID-19 pandemic, parents have done everything they can to keep their children safe. As a result, pediatric visits have been missed, along with important vaccinations. While there is no vaccine for COVID-19 yet, there are many vaccinations available to keep your child safe from many other serious illnesses.

Should I be concerned about taking my child to get a vaccination?

Health care providers are doing many things to make their offices as safe as possible during the COVID-19 pandemic. If you want to know what your child's provider is doing to keep you and your child safe during a visit to their office, you can call them to find out and ask any questions you may have.

How can I know what vaccinations my child needs?

You can check your child's vaccination records by contacting your health care provider. You can also view your child's vaccination records at [MD.MylR.net](https://md.mylr.net), Maryland's free and secure online portal for vaccination records.

How important is it for me to get my child's vaccinations now? Can't it wait?

Vaccinations are a vital part of maintaining your child's health and well-being. Without up-to-date vaccinations, your child could get sick from serious diseases like measles, rubella, pertussis (whooping cough) and many others. Many children have missed their vaccinations due to concerns about COVID-19. Children need to be vaccinated before they are potentially exposed. Now is the right time to bring your child's vaccinations up to date to protect your child.

What if my child does not have a regular health care provider or insurance?

There are several ways you can find a health care provider or insurance for your child.

1. To learn about resources in your community, contact the local health department in your county <https://health.maryland.gov/Pages/health-departments.aspx>
2. To locate a community health center near you, visit <https://findahealthcenter.hrsa.gov/>
3. If you need insurance, visit <https://www.marylandhealthconnection.gov/> for assistance.
4. To find a pediatrician near you, visit <https://www.healthychildren.org/English/tips-tools/find-pediatrician/Pages/Pediatrician-Referral-Service.aspx>



DEPARTMENT OF HEALTH

Robert R. Neall, Secretary

STATE DEPARTMENT OF EDUCATION

Dr. Karen Salmon, State Superintendent of Schools

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

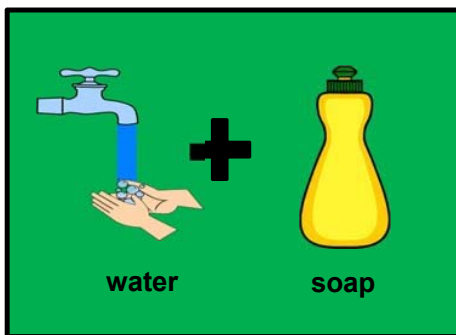
Montgomery County Child Care Nurse Consultation

An Important Partner in Your Early Childhood Program

Clean, Sanitize, and Disinfect What Child Care Programs Need to Know!

CLEAN

Physically removes all visible dirt and debris from a surface.



SANITIZE

Applying an EPA registered bleach product that reduces the number of germs on a surface.



DISINFECT

Applying an EPA registered bleach product that kills nearly 100% of germs on a surface.



↓ Always pre-clean with soap and water first! ↓

↑ Leave for 5 minutes, then rinse with water, air dry. ↑

IMPORTANT

Prepare daily, away from children.
Store in an opaque spray bottle out of children's reach.
Label bottle with strength, date and purpose.
Do not spray when children are present.
Keep out of reach from children.
Dispose mixtures at the end of the day.

Products other than bleach (ex. Lysol, green products) used for sanitizing or disinfecting must be labeled "sanitizes", "kills", or "disinfects;" must have an EPA number; and must be used according to the manufacturer's instructions.



**EARLY
CHILDHOOD
SERVICES**
Montgomery County
Department of Health & Human Services

Child Care Resource & Referral Center
Montgomery County Department of Health & Human Services

www.montgomerycountymd.gov/mcccrcc

240-777-3110 ❖      @mcccrcc

Montgomery County, Maryland
REFERENCE GUIDE FOR CHILD CARE
to Prevent the Spread of COVID-19



RE  **OPENING**
MONTGOMERY

montgomerycountymd.gov/covid19-recovery



montgomerycountymd.gov/covid19-recovery

Montgomery County, Maryland

Reference Guide for Child Care to Prevent the Spread of COVID-19

This guide was compiled with information provided by the United States Centers for Disease Control, the Maryland Department of Health, and the Maryland State Department of Education.



Montgomery County, Maryland
Department of Health and Human Services

Alternative formats of this report are available upon request;
please call 240-777-0000 Maryland Relay (711).