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Restarting Maine's Economy Stage 3: Guidance for Child Care Providers

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Updates can be found on the [OCFS COVID Response Page](#)

The Department of Health and Human Services recognizes the vitally important role of childcare providers for Maine's children, their parents, and employers. The Department has developed this guidance document to provide clear guidelines in order to ensure the health and safety of staff and children. This guidance is applicable both to providers that have continued to operate and those that closed temporarily and are re-opening. Providers should follow these guidelines, as well as continuing to monitor US and Maine CDC guidance. The recommendations regarding COVID-19, including the prevention of transmission, continue to evolve as experts learn more about the virus. As a result, this document and the guidance contained within it are subject to change. Please note the areas of guidance in this document that has changed is identified by the section header highlighted in **yellow**, as well as the specific guidance updates/changes identified in **red**.

Interim Guidance for Child Care Programs

Please review the US CDC guidance for [Childcare Providers](#). You may also find this guidance from US CDC helpful: [Prepare your Small Business and Employees for the Effects of COVID-19](#).

CDC FAQ COVID-19: [K-12 Schools and Child Care Programs](#)

Additional guidance related to COVID-19 more generally is available from the [US CDC](#) and the [Maine Department of Health and Human Services](#).

Scaling Up Operations

The US CDC has released interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The guidance recommends a slow relaxing of community mitigation measures (physical distancing of at least six (6) feet, face coverings, etc...) from Step 1 to Step 3. Some level of community mitigation measures are necessary across all steps until a vaccine or therapeutic drug to address COVID-19 becomes widely available. As Maine enters Stage 3 of the Governor's reopening plan, Step 3 of the US CDC guidance will be applied.

Step 1: Restrict to children of essential workers.

Step 2: Expand to all children with enhanced physical distancing measures.

Step 3: Remain open for all children with physical distancing measures.

In all Stages:

- Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
- Protect and support staff, children, and their family members who are at higher risk for severe illness.
- Follow the [CDC's supplemental Guidance for Child Care Programs that Remain Open](#).
- Encourage any other community groups or organizations that use the child care facilities also follow this guidance.

Good Hygiene to Prevent the Spread of Disease - Promote healthy hygiene practices

- Teach and reinforce hand washing and covering coughs and sneezes among children and staff.
- When feasible, staff members and older children should [wear face coverings](#) within the facility. Cloth face coverings should NOT be put on babies and children under the age of two because of the danger of suffocation.
- Teach and reinforce use of cloth face coverings among staff. Face coverings are most essential at times when physical 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 behaviors, 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.
- **Volunteers and interns should follow the guidelines outlined for staff.**

Train all staff

- Train all staff in the hygiene, physical distancing, use of personal protective equipment, and other safety practices. Consider conducting the training virtually, or, if in-person, ensure physical distance is maintained. Ensure training is updated as information is updated and guidelines are changed.

Screening Staff and Children

- Minimize the risk of disease introduction or transmission, by requiring every person (including staff) entering the facility to be screened for any signs or symptoms of viral infection for as long as this pandemic is active. These [signs and symptoms](#) according to the US CDC include:
 - Cough;
 - Shortness of breath or difficulty breathing;
 - Fever (body temperature above 100.4 degrees Fahrenheit);
 - Chills;
 - Repeated shaking with chills;
 - Muscle or **body aches**;
 - Headache;

- Sore throat; or
 - New loss of taste or smell.
 - Fatigue;
 - Congestion;
 - Runny nose (in conjunction with other symptoms);
 - Nausea or vomiting;
 - Diarrhea
- Establish routine daily health checks on arrival, such as temperature screening of both staff and children.
 - Screen staff upon arrival at the facility prior to working with any children or beginning their normal work day. Staff who present with symptoms when entering the facility or during the day should be sent home immediately.
 - Screen children prior to entering the facility, if possible. Children who present with symptoms when entering the facility should be sent home immediately.
 - The screening of staff and children must also include questions regarding anyone in their household who is exhibiting the symptoms listed above.
 - The screening of staff and children must also include questions regarding their exposure to anyone diagnosed with COVID-19 or exhibiting the symptoms of COVID-19.
 - Implement health checks (e.g. temperature checks and symptom screening) safely and respectfully, and with measures in place to ensure confidentiality as well as remaining in compliance with any applicable privacy laws or regulations.
 - A quick scan type thermometer may be utilized to take body temperatures in a timely manner. If there is a question about the results or the results are inconclusive, a more accurate probe style thermometer should be utilized using an oral or under the arm method.
 - Employers and child care directors may use examples of screening methods in the [CDC's supplemental Guidance for Child Care Programs that Remain Open](#) as a guide, or use the screening tools posted on the [OCFS COVID-19 Response](#) page.
 - Children who present with symptoms during the day should be isolated immediately, provided a face mask/cloth facial covering (if over the age of two) and sent home with their caregiver as quickly as possible. Expectations should be established with caregivers regarding the speed with which they must respond to the facility if their child develops symptoms.
 - Children and staff with symptoms should be evaluated by their medical provider:
 - If testing for COVID-19 is not recommended for the child or staff based on medical judgement, they may return to the childcare after they are symptom free for 24 hours with no fever reducing medication.
 - If COVID-19 testing is negative, they may return after they are symptom free for 24 hours with no fever reducing medication.
 - If COVID-19 testing is positive, CDC guidelines should be followed for isolation, and the child or staff should not return until isolation is complete (at least 10 days from when symptoms began and three days symptom free with no fever reducing medication).
 - Guidelines may change based on the level of community transmission.

Promote Physical Distancing

Physical distancing is defined as at least six (6) feet of distance between each person. Work with your local health officials to determine a set of strategies appropriate for your community's situation. Consider the following physical distancing strategies:

- Ensure child care classes include the same group each day and the same child care providers remain with the same group each day, if possible.
- Extracurricular Activities:
 - **Limit** field trips, gatherings, events, and extracurricular activities to those that allow for physical distancing. Proper hand hygiene should be emphasized. Consider restricting attendance for those from higher transmission areas. Consider whether to alter or halt daily group activities that may promote transmission.
- If possible, keep each group of children in their separate rooms.
- If possible, increase time outside.
- Restrict the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, space out seating and at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally at least six (6) feet apart. Consider placing children head-to-toe in order to further reduce the potential for viral spread.
- Limit nonessential visitors and activities involving other groups.
- If possible, close communal use spaces, such as game rooms or dining halls; if this is not possible, stagger use and disinfect between uses.
- Adults in the program should be limited to those caring for the children and/or overseeing program operations.
- **Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).**

Limit sharing

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas. Request that belongings be taken home each day and cleaned, 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.
- Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, other games, and learning aids.

Drop Off Procedure

- If you are providing curbside drop off and pick up, limit direct contact between parents and staff members and adhere to physical distancing recommendations, as much as possible.
- Consider staggering arrival and drop off times and plan to limit direct contact between parents as much as possible.
- Require staff to greet all children at the entrance and ensure a staff member completes the screening protocol.
- If a staff member is not available at the entrance, post instructions on how to contact a staff person for the screening protocols.
- Make hand sanitizer available at the entryway and require everyone entering the building to use it.

- Limit who proceeds past the entry way by having staff walk all children to their classroom after the screening is complete.
- Have staff complete the sign-in process in the classroom or if possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- **Infants can be transported into the program in their car seats. Store car seat out of children's reach.**

Pick Up Procedure

- Require staff to be present at the entryway when children are expected to be picked up. If a staff member is not available at the front door, post instructions on how to contact a staff person for pick up.
- Staff should walk children from their classroom to their caregiver.
- If children are in a playground area, post instructions on how to contact a staff person and have them picked up at the playground gate.

Food Preparation and Meal Service

- 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. Ensure the safety of children with food allergies.
- Food preparation should not be done by the same staff who diaper children, if possible.
- Sinks used for food preparation should not be used for any other purposes.
- Children should wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and before and after helping children to eat.

Intensify cleaning, disinfections and ventilation

- Ensure that employees have access to hand soap, face coverings, gloves, tissues, paper towels, and a designated trash bin to dispose of used items at all times.
- Ensure that employees using cloth face coverings are washing their coverings per CDC guidelines (washing after each use in hot water, etc.)
- Provide access to hand washing areas and require frequent hand washing for staff and children during the day (preferably every 45 minutes).
- Provide hand sanitizer (at least 60% alcohol) in multiple locations around the facility for adults and children who can safely use hand sanitizer.
- Ventilate workspace with open windows and doors to the extent safely possible.
- Clean, sanitize, and disinfect all high touch surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day and shared objects between use.
- Clean all cots/sleeping mats after each use.
- Clean playgrounds after every use (or change of children) using a bleach or sanitizing solution for all playground equipment.
- Clean and disinfect all restroom surfaces including floors, sinks and toilet bowls daily. Place trashcans by the door. Remove anything that does not have to be in the restrooms and post handwashing signs in all restrooms.

- Disinfectant only works on a clean surface so clean all surfaces and tools with hot soapy water, or cleaning wipes (if using wipes, be sure to cover surface thoroughly) before disinfecting.
 - Contact time refers to how long the disinfectant is visibly wet on the surface allowing it to destroy the pathogens.
 - Typical contact time for immersion/sprays is 10 minutes, for disinfectant wipes is 2-4 minutes.
 - Observe contact time on label to allow disinfectant to work properly.
 - Ensure safe and correct application of disinfectants
 - Disinfection is for hard non-porous surfaces - glass, metal, and plastic.
- Launder all linens, towels, blankets and smocks in hot soapy water and dry completely at the warmest temperature allowed and store in a closed cabinet. Store all used/dirty linens in an airtight container.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected (for example, soft or plush toys).
- Make sure you have a safe process to receive supplies and other deliveries.
- Providers should have multiple changes of clothes on hand for each child.
- Leave extra clothes, blankets or toys at the facility.
- Items not able to be laundered onsite should be placed in a plastic bag to be laundered at home in hot water.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible, including by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk to children using the facility (for example, allowing pollens in or exacerbating asthma symptoms, or creating a risk of harm from falling or leaving the program without permission).
- Take steps to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other water-borne illnesses. Discontinue the use of shared drinking fountains.

Plan for when a staff member, child or visitor becomes sick

- Encourage parents to keep sick children home.
- Require staff to stay home and to notify workplace administrators when sick or someone in their household is sick.
- Review, update, or develop workplace plans to include non-punitive leave policies for people with COVID-19 symptoms.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- Notify 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.
- Know the signs and symptoms of COVID-19. Have a plan of what to do if staff or children become symptomatic at the child care and make sure all staff know and can implement the plan.
- **If possible, maintain electronic lists of staff and children by classroom that could be easily sent to Maine CDC should the information be needed. List should include the staff**

person's role and contact information (phone and email). For children, the list should include the child's name, parent/guardian's name, phone number, email and mailing address.

- If an employee:
 - Falls ill while not on the job:
 - Instruct employees to not come to work when experiencing any symptoms of COVID-19 (listed above);
 - Becomes ill on the job:
 - If an emergency, call 911 for guidance/assistance;
 - The employee should leave the facility immediately;
 - If immediate departure from the facility is not possible, or while waiting for emergency personnel, have a plan for a room or space where the employee can be isolated until transferred to home or health care facility and provide a face covering, if available and tolerated; and
 - Clean the room or space thoroughly after use by any employee who is feeling ill.
 - Plans to return to work, instruct employees to:
 - Follow [CDC Guidelines](#) on quarantine and isolation after symptoms subside.
 - **Be evaluated by their medical provider.**
 - **If testing for COVID-19 is not recommended based on medical judgement, they may return to the childcare after they are symptom free for 24 hours with no fever reducing medication.**
 - **If COVID-19 testing is negative, they may return after they are symptom free for 24 hours with no fever reducing medication.**
 - **If COVID-19 testing is positive, CDC guidelines should be followed for isolation, and they should not return until isolation is complete (at least 10 days from when symptoms began and three days symptom free with no fever reducing medication).**
 - **Guidelines may change based on the level of community transmission.**
- If a child:
 - Becomes ill while at the facility:
 - If an emergency, call 911 for guidance/assistance;
 - Immediately isolate the child from other children and any adults not necessary for care. Have a designated room or place in which to isolate them;
 - Call the child's parent(s) to pick them up immediately (have clear expectations for the time within which a parent must pickup their child and ensure you have updated contact information for all parents);
 - Ensure the child is properly supervised until the parent can pick them up; and
 - Clean the room or space thoroughly after use by any child who is feeling ill.
 - Plans to return to child care, instruct parents to:
 - Follow [CDC Guidelines](#) on quarantine and isolation after symptoms subside.
 - **Have children with symptoms be evaluated by their medical provider.**

- If testing for COVID-19 is not recommended for the child or staff based on medical judgement, they may return to the childcare after they are symptom free for 24 hours with no fever reducing medication.
 - If COVID-19 testing is negative, they may return after they are symptom free for 24 hours with no fever reducing medication.
 - If COVID-19 testing is positive, CDC guidelines should be followed for isolation, and the child or staff should not return until isolation is complete (at least 10 days from when symptoms began and three days symptom free with no fever reducing medication).
 - Guidelines may change based on the level of community transmission.
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick and do not use them until they have been cleaned.
 - Open outside doors and windows to increase air circulation in the areas, if possible.
 - Wait 24 hours (or as long as possible) before you clean or disinfect to reduce risk to individuals cleaning and 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, but routine cleaning and disinfection should continue.
 - Advise sick staff members or children not to return until they have met CDC criteria to discontinue home isolation.
 - Inform those who have had exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

Maintain healthy operations

- 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.
- Check [State health department](#) notices about spread of COVID-19 in the area daily and adjust operations accordingly.

- In the event a person diagnosed with COVID-19 is determined to have been in the building, programs may consider closing for a few days for cleaning and disinfection.

General Cleaning, Disinfecting, and Sanitizing

- **Four levels**
 - *Daily clean*
 - Typical housecleaning using CDC/EPA-approved disinfectants (see below).
 - *Enhanced clean*
 - Use of CDC/EPA-approved disinfectant cleaners on “high touch” surfaces in common areas/public spaces at regular frequency (elevator buttons; railings; door knobs and handles; light switches; bathrooms including toilets, faucets and sinks; breakrooms and breakroom equipment like refrigerator handles, microwaves, and tables.
 - *Deep clean*
 - In addition to the “Enhanced clean” scope above, “deep cleaning” applies to disinfecting items such as desks, chairs, computer keyboards/mice, interactive touch screens, phones, printers, fax machines, office door handles, communal items like salt and pepper shakers, etc.
 - *Deep clean with disinfection and sanitization with COVID-19 exposure*
 - Measures in “Deep clean” above with the additional use of disinfectants and/or other sanitization techniques.
- Please also see the CDC information on [Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility](#).
- For **disinfection** of hard, non-porous surfaces, appropriate disinfectants include:
 - [EPA’s Registered Antimicrobial Products for Use against Novel Coronavirus SARS-CoV-2](#), the virus that causes COVID-19. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
 - [Diluted household bleach solutions](#) prepared according to the manufacturer’s label for disinfection, if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
 - Alcohol solutions with at least 70% alcohol.
- For electronics, such as tablets, touch screens, keyboards, and remote controls:
 - Consider putting a wipeable cover on electronics.
 - Follow manufacturer’s instruction for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.
- Pay close attention to high traffic public use areas such as lobbies, entrances, seating areas, and restrooms.
- Make sure that staff are regularly washing hands before and after gloving and wiping down work surfaces.

Sources:

Occupational Safety and Health Act of 1970: [Guidance on Preparing Workplaces for COVID-19](#)

Centers for Disease Control and Prevention: [Cleaning and Disinfecting Your Facility](#)

United States Environmental Protection Agency: [List N: Disinfectants for Use Against SARS-CoV-2](#)