Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

DIRECTOR'S ORDER

Re: Director's Order that Reopens Facilities Providing Child Care Services, with Exceptions

I, Amy Acton, MD, MPH, Director of the Ohio Department of Health (ODH), pursuant to the authority granted to me in R.C. 3701.13 to "make special orders…for preventing the spread of contagious or infectious diseases" **Order** the following to prevent the spread of COVID-19 into the State of Ohio:

1. **Preamble:** The sacrifices and incredible efforts that Ohioans have undertaken, make it possible to begin to lift the mandatory requirements and restrictions that were needed during the initial phase of the COVID-19 Pandemic. The adjustment of these orders is able to proceed based upon the facts and the science existing at this time in Ohio, however if the situation continues to improve, then more restrictions will be lifted, and if the situation deteriorates additional targeted restrictions will need to be made. While government can set the baseline, it should be understood that these orders set forth the minimum acts that must be taken and if people do more than the minimum to act safely, it will benefit everyone.

2. **Facilities providing child care services to reopen**. All facilities providing child care services licensed by the Ohio Department of Job and Family Services (ODJFS) are permitted to reopen within the State so long as all safety standards are met. In addition, any child care provider that is not required by law to be licensed by ODJFS or the Ohio Department of Education (ODE) is permitted to reopen. All facilities providing ODE licensed preschool and school age child care programs are permitted to reopen within the State once ODE has in effect rules that meet or exceed the newly adopted ODJFS rules governing child care facilities and so long as all safety standards are met. Any comprehensive child development program that receives funds distributed under the "Head Start Act," 95 Stat. 499 (1981),42 U.S.C. 9831, as amended, is also permitted to reopen within the State so long as all safety standards are met. Any facility that stayed open for the purpose of operating a United States Department of Agriculture food service program is permitted to continue the program so long as all safety standards are met. All other facilities providing child care services in the State are to remain closed, unless specifically permitted to be open in a separate Director of Health order. Businesses and operations shall continue to comply with Social Distancing Requirements as defined in this Order, including by maintaining six-foot social distancing for both employees and members of the public when possible, including, but not limited to, when any customers are standing in line.

3. **Elderly people and those who are vulnerable as a result of illness should take additional precautions.** People at high risk of severe illness from COVID-19, including elderly people and those who are sick, are urged to stay in their residence to the extent possible except as necessary to seek medical care. According to CDC, those at high-risk for severe illness from COVID-19 include people who are sixty-five years or older and people of all ages with underlying medical conditions, particularly if not well controlled, including:

a. People with chronic lung disease or moderate to severe asthma;
b. People who have serious heart conditions;
c. People who are immune compromised;
d. People with severe obesity (body mass index [BMI] of 40 or higher);
e. People with diabetes;
f. People with chronic kidney disease undergoing dialysis; and
g. People with liver disease.

4. **Facial Coverings (Masks).** Businesses must allow all customers, patrons, visitors, contractors, vendors and similar individuals to use facial coverings, except for specifically documented legal, life, health or safety considerations and limited documented security considerations. Businesses must require all employees to wear facial coverings, except for one of the following reasons:

    a. Facial coverings in the work setting are prohibited by law or regulation;
    b. Facial coverings are in violation of documented industry standards;
    c. Facial coverings are not advisable for health reasons;
    d. Facial coverings are in violation of the business's documented safety policies;
    e. Facial coverings are not required when the employee works alone in an assigned work area; or
    f. There is a functional (practical) reason for an employee not to wear a facial covering in the workplace.

    Businesses must provide written justification, upon request, explaining why an employee is not required to wear a facial covering in the workplace. At a minimum, facial coverings (masks) should be cloth/fabric and cover an individual's nose, mouth, and chin.

5. **Prior Director of Health Order.** The Director of Health Order signed March 24, 2020 that closed facilities providing child care services is rescinded.

6. **Social Distancing Requirements.** For purposes of this Order, Social Distancing Requirements includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

    a. **Required measures.** Businesses and Operations and businesses must take proactive measures to ensure compliance with Social Distancing Requirements, including where possible:

        i. **Designate six-foot distances.** Designating with signage, tape, or by other means six-foot spacing for employees and customers in line to maintain appropriate distance;

        ii. **Hand sanitizer and sanitizing products.** Having hand sanitizer and sanitizing products readily available for employees and customers; and

        iii. **Online and remote access.** Posting online whether a facility is open and how best to reach the facility and continue services by phone or remotely.

7. **Enforcement.** This Order may be enforced by State and local law enforcement to the extent set forth in Ohio law. Specifically, pursuant to R.C 3701.352 "[n]o person shall violate any rule the director of health or department of health adopts or any order the director or department of health issues under this chapter to prevent a threat to the public caused by a pandemic, epidemic, or

bioterrorism event." R.C. 3701.56 provides that "[b]oards of health of a general or city health district, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and other officers and employees of the state or any county, city, or township, shall enforce quarantine and isolation orders, and the rules the department of health adopts." To the extent any public official enforcing this Order has questions regarding what services are prohibited under this Order, the Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order, but does not require local health departments to provide advisory opinions to nongovernmental entities.

8. **Penalty.** A violation of R.C. 3701.352 is guilty of a misdemeanor of the second degree, which can include a fine of not more than $750 or not more than 90 days in jail, or both.

9. **General COVID-19 Information and Checklist for Businesses/Employers.** Business and employers are to take the following actions:

   i. Strongly encourage as many employees as possible to work from home by implementing policies in areas such as teleworking and video conferencing, subject to the discretion of the employer;

   ii. Actively encourage sick employees to stay home until they are free of fever (without the use of medication) for at least 72 hours (three full days) AND symptoms have improved for at least 72 hours AND at least seven days have passed since symptoms first began. Do not require a healthcare provider's note to validate the illness or return to work of employees sick with acute respiratory illness; healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way;

   iii. Ensure that your sick leave policies are up to date, flexible, and non-punitive to allow sick employees to stay home to care for themselves, children, or other family members. Consider encouraging employees to do a self-assessment each day to check if they have any COVID-19 symptoms (fever, cough, or shortness of breath);

   iv. Separate employees who appear to have acute respiratory illness symptoms from other employees and send them home immediately. Restrict their access to the business until they have recovered;

   v. Reinforce key messages — stay home when sick, use cough and sneeze etiquette, and practice hand hygiene — to all employees, and place posters in areas where they are most likely to be seen. Provide protection supplies such as soap and water, hand sanitizer, tissues, and no-touch disposal receptacles for use by employees;

   vi. Frequently perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, countertops, railings, door handles, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. Provide disposable wipes so that commonly used surfaces can be wiped down by employees before each use;

   vii. Be prepared to change business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations); and

   viii. Comply with all applicable guidance from the U.S. Centers for Disease Control and Prevention and the Ohio Department of Health regarding social distancing.

10. **Sector Specific COVID-19 Information and Checklist for Businesses/Employers Covered by this Order.** Businesses and employers, whether currently open or reopening, are to take the following actions:

a. Employees

i. Child care providers must operate under reduced staff to child ratios and maximum group size limitations at all times.
   1. One child care staff member per four infants with no more than six children in the room.
   2. One child care staff member per six toddlers with no more than six children in the room.
   3. One child care staff member per nine preschool children with no more than nine children in the room.
   4. One child care staff member per nine school-age children with no more than nine children in the room.

ii. Employees must perform a daily symptom assessment that should include taking temperature with a thermometer, monitoring for fever and watching for coughing or trouble breathing.

iii. Require employees to stay home if symptomatic.

iv. It is recommended that, if possible, child care workers should wear a cloth face covering, unless it is unsafe for them to do so.
   1. Cloth face coverings should not be worn if the person has trouble breathing is unconscious, is incapacitated, or they are unable to remove the mask without assistance.

b. At Drop-Off

i. Child care providers must ensure that children wash their hands upon entering their classroom. This may require providers to assist children with handwashing.

ii. Child care providers must check the temperatures of all staff, children, and adults upon arrival. If any individual has a fever of 100 degrees or higher, they may not enter the facility.

iii. It is recommended that, if possible, providers should modify pick-up and drop-off to ensure social distancing.
   1. Providers may stagger drop-off and pick-up times to reduce contact between families.
   2. Parent or caretaker should, when safe to do so, wear a mask for pick-up and drop-off.
   3. The same parent or caretaker should conduct pick-up and drop-off each day.
   4. Providers should conduct "curbside" pick up and drop-off where possible.
      a. A single employee should operate child pick-up and drop-off, escorting all children to and from their classroom.

iv. It is recommended that, if possible, child care providers should limit parent and visitor entry into the facility.

c. During the Day

i. Child care workers must follow rigorous handwashing procedures as detailed in Appendix B to Ohio Administrative Code 5101:2-12-13.
    1. Upon arrival for the day, after breaks and upon returning from outside.
    2. After toileting or assisting a child with toileting.
    3. After each diaper change or pull-up change.
    4. After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
    5. After cleaning or sanitizing or using any chemical products.
    6. After handling pets, pet cages or other pet objects that have come in contact with the pet.
    7. Before eating, serving or preparing food or bottles or feeding a child.
    8. Before and after completing a medical procedure or administering medication.
    9. When visibly soiled (must use soap and water).
    10. Prior to departure.
ii. Child care attendees must follow rigorous handwashing procedures as detailed in Appendix B to Ohio Administrative Code 5101:2-12-13.
    1. Upon arrival for the day.
    2. After toileting/diaper change.
    3. After contact with bodily fluids.
    4. After returning inside after outdoor play.
    5. After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity.
    6. Before eating or assisting with food preparation.
    7. After water activities.
    8. When visibly soiled (must use soap and water).
    9. Prior to departure.
iii. Child care providers may use non-permanent sinks to meet handwashing requirements.
iv. Child care providers must immediately send home any child or employee who has a temperature of 100 degrees or higher. This individual may not return until they are fever free for 24 hours, without the use of fever-reducing medication. If the individual has had contact with someone confirmed or probable to have COVID-19, he or she must complete isolation or quarantine procedures in coordination with the local health department prior to returning to the program.
v. It is recommended that, where possible, child care providers should cancel all field trips, excursions, and large-group events such as parties.
vi. It is recommended that, if possible, child care providers should, to the extent possible, prevent groups from mixing.
    1. Children of the same employer, to the extent possible, should be in the same group.
    2. Teachers should remain with their group throughout the day.
    3. Support staff should only serve one group of children and should not "float" from room to room.

vii. It is recommended that, if possible, child care providers should stagger the use of any communal space, such as playgrounds, lunchrooms, and bathrooms. Providers should sanitize communal spaces between each group of children.
viii. It is recommended that, if possible, when temporary dividers are used, child care providers should ensure that groups do not mix.
    1. Providers should use different entrance/exits for each group of students.
    2. Providers should use separate sinks for each group of kids.
    3. To the extent possible, providers should use different bathrooms for each group.
ix. It is recommended that, if possible, child care providers should sanitize toys after each use and remove toys that cannot be sanitized.
x. It is recommended that, if possible, child care providers should wear gloves while serving food and preparing bottles.
    1. Gloves should be changed between bottle feedings.

d. At Pick-Up

i. Child care providers must ensure that children wash their hands prior to departure. This may require providers to assist children with handwashing.
ii. It is recommended that, if possible, providers should modify pick-up and drop-off to ensure social distancing.
    1. Providers may stagger drop-off and pick-up times to reduce contact between families.
    2. Caregiver should, when safe to do so, should wear a mask for pick-up and drop-off.
    3. Providers should conduct "curbside" pick up and drop-off.
        a. A single employee should operate child pick-up and drop-off, escorting all children to and from their classroom.

e. Physical Environment

i. Child care providers may use temporary walls to divide a room into smaller spaces to serve multiple groups, under limited circumstances.
    1. The smaller space must contain at least 35 square feet of space per child.
    2. The divider must be at least six feet in height.
    3. The divider must be made from nonporous material or other material that can be sanitized.
    4. The divider must meet any requirements set by the Department of Commerce, local building department, state fire marshal, or local fire safety inspector.

f. Confirmed Cases

i. Child care providers may use temporary walls to divide a room into smaller spaces to serve multiple groups, under limited circumstances.

ii. Immediately isolate and seek medical care for any individual who develops symptoms while at the day care facility.
iii. Shutdown rooms for deep sanitation, if possible.
iv. Child care providers should immediately notify the Department of Job and Family Services in writing of any confirmed cases of COVID-19 among children or staff.
v. It is recommended that, if possible, businesses work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.
vi. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.
vii. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.

11. **Duration.** This remainder of this Order shall be effective at 12:01 a.m. on May 31, 2020 and remains in full force and effect until 11:59 p.m. on July 1, 2020, unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date.

COVID-19 is a respiratory disease that can result in serious illness or death, is caused by the SARS-CoV-2 virus, which is a new strain of coronavirus that had not been previously identified in humans and can easily spread from person to person. The virus is spread between individuals who are in close contact with each other (within about six feet) through respiratory droplets produced when an infected person coughs or sneezes. It may be possible that individuals can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

On January 23, 2020, the Ohio Department of Health issued a Director's Journal Entry making COVID-19 a Class A reportable disease in Ohio.

On January 28, 2020, the Ohio Department of Health hosted the first statewide call with local health departments and healthcare providers regarding COVID-19.

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern.

On January 31, 2020, Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19.

On February 1, 2020, the Ohio Department of Health issued a statewide Health Alert Network to provide local health departments and healthcare providers with updated guidance for COVID-19 and revised Person Under Investigation (PUI) criteria.

On February 3, 2020, the Ohio Department of Health trained over 140 personnel to staff a call center for COVID-19, in the event it was needed.

On February 5, 2020, the Ohio Department of Health began updating and notifying the media of the number of PUIs in Ohio every Tuesday and Thursday.

On February 6, 2020, the Ohio Department of Health updated all agency assistant directors and chiefs of staff on COVID-19 preparedness and status during the Governor's cabinet meeting.

On February 7, 2020, the Ohio Department of Health and the Ohio Emergency Management Agency met to conduct advance planning for COVID-19.

On February 13, 2020, the Ohio Department of Health conducted a Pandemic Tabletop Exercise with State agencies to review responsive actions should there be a pandemic in Ohio.

On February 14, 2020, the Ohio Department of Health held a conference call with health professionals across the state. The purpose of the call was to inform and engage the healthcare community in Ohio. Presentations were provided by the Department of Health, Hamilton County Public Health, and the Ohio State University.

On February 27, 2020, the Ohio Department of Health and the Ohio Emergency Management Agency briefed the directors of State agencies during the Governor's cabinet meeting regarding preparedness and the potential activation of the Emergency Operations Center.

On February 28, 2020, the "Governor DeWine, Health Director Update COVID-19 Prevention and Preparedness Plan" was sent to a broad range of associations representing healthcare, dental, long-term care, K-12 schools, colleges and universities, business, public transit, faith-based organizations, non-profit organizations, and local governments.

On March 2, 2020, the Ohio Department of Health activated a Joint Information Center to coordinate COVID-19 communications.

On March 5, 2020, the Ohio Department of Health hosted the Governor's Summit on COVID-19 Preparedness, a meeting with the Governor, cabinet agency directors, local health department commissioners, and their staff.

On March 6, 2020, the Ohio Department of Health opened a call center to answer questions from the public regarding COVID-19.

On March 9, 2020, testing by the Department of Health confirmed that three (3) patients were positive for COVID-19 in the State of Ohio. This confirms the presence of a potentially dangerous condition which may affect the health, safety and welfare of citizens of Ohio.

On March 9, 2020, the Ohio Emergency Management Agency activated the Emergency Operations Center.

On March 9, 2020, the Governor Declared a State of Emergency in Executive Order 2020-01D.

On March 11, 2020, the head of the World Health Organization declared COVID-19 a pandemic.

On March 11, 2020, testing by the Ohio Department of Health confirmed that one (1) more patient was positive for COVID-19 in the State of Ohio.

On March 11, 2020, the Ohio Departments of Health and Veterans Services issued a Joint Directors' Order to limit access to Ohio nursing homes and similar facilities.

On March 15, 2020, the Ohio Department of Health issued a Director's Order to limit access to Ohio's jails and detention facilities.

On March 15, 2020, the Ohio Department of Health issued a Director's Order to limit the sale of food and beverages, liquor, beer and wine to carry-out and delivery only.

On March 15, 2020, the CDC issued Interim Guidance for mass gatherings or large community events, stating that such events that consist of 50 or more people should be cancelled or postponed.

On March 16, 2020 the Ohio Department of Health issued a Director's Order closing polling locations for the March 17, 2020 primary election.

On March 17, 2020 the Ohio Department of Health issued a Director's Order for the management of non-essential surgeries and procedures throughout Ohio.

On March 17, 2020 the Ohio Department of Health issued an Amended Director's Order to limit and/or prohibit mass gatherings and the closure of venues in the State of Ohio.

On March 19, 2020, the Ohio Department of Health issued a Director's Order closing hair salons, nail salons, barber shops, tattoo parlors, body piercing locations, and massage therapy locations.

On March 21, 2020, the Ohio Department of Health issued a Director's Order closing older adult day care services and senior centers.

On March 21, 2020, the Ohio Department of Health issued a Director's Order closing family entertainment centers and internet cafes.

On March 22, 2020, the Ohio Department of Health issued a Director's Order that all persons are to stay at home unless engaged in essential work or activity.

On March 24, 2020, the Ohio Department of Health issued a Director's Order that closed facilities providing child care services.

On March 30, 2020, the Ohio Department of Health issued an Amended Director's Order that closed all K-12 schools in the State of Ohio.

On April 2, 2020, the Ohio Department of Health issued an Amended Director's Order that all persons are to stay at home unless engaged in essential work or activity.

On April 30, 2020, the Ohio Department of Health issued the Stay Safe Ohio Order that reopened businesses, with exceptions, and continued a stay healthy and safe at home order.

Multiple areas of the United States are experiencing "community spread" of the virus that causes COVID-19. Community spread, defined as the transmission of an illness for which the source is unknown, means that isolation of known areas of infection is no longer enough to control spread.

The CDC reports that people are most contagious when they are most symptomatic (the sickest) however some spread might be possible before people show symptoms although that is not the main way the virus spreads.

Mass gatherings (10 or more persons) increase the risk of community transmission of the virus COVID-19.

Accordingly, I hereby **ORDER** that facilities providing child care services may reopen or continue to operate as set forth in this Order. This Order shall remain in full force and effect until 11:59 p.m. on July 1, 2020, unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date. To the extent any public official enforcing this Order has questions regarding what services are prohibited under this Order, the Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order.

Amy Acton MD MPH

May 29, 2020

Amy Acton, MD, MPH
Director of Health