

# Health and Safety COVID-19 Guidelines

Includes all addendums through 03/12/21

**During the Covid-19 Pandemic we will follow the guidelines set forth in this document in conjunction with our HSCDP Procedures Manual.**

*\*These guidelines are subject to change as needed and in accordance with additional requirements and/or guidance from the County and/or State*

## Vaccinated Central Office Staff and Consultants (03/12/21)

Fully vaccinated staff are persons who have completed the 14 days period after their final injection and have submitted their complete vaccination card to the PA/HR Liaison. Fully vaccinated staff are still required to follow all COVID-19 safety guidelines and protocols.

Only fully vaccinated central office staff and consultants are authorized to do the following:

1. Central Office staff can provide in-person support to sites in the classrooms and kitchens. This support will be provided when no other substitute is available, and the site/classroom is in danger of closing due to insufficient adult-child ratios or inability to provide meals for the children.
2. Mental Health and Disability Consultants can conduct in-person observations of children in the classroom, if approved by the EDMM.
3. The nutrition and safety coordinators can conduct their required CACFP monitoring site visits and health and safety checklists while children are present.
4. CDS's can resume in-person bi-weekly site check-ins while children are present. Check-ins will be conducted outdoors whenever possible.

## Facility Health Checks for both Staff and Children

1. Train staff and inform parents of new screening requirements for COVID-19 symptoms utilizing guidance from the CDC and/or the local public health agency - whichever is more stringent.
2. Staff will also be required to have daily home health checks and the results of each staff member's health check will be documented daily. Staff will need to report to their supervisor and HR department if they or any person living with the staff member or who has had close contact with the staff member has tested positive for COVID 19 in the past **10 days** or has displayed any COVID-19 symptoms such as cough, fever over 100 degrees Fahrenheit, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, loss of taste/smell, or sore throat within the last 48 hours.
  - a. Follow Employee Wellness Self-Assessment and Daily Sign-In directions in Reopening Plan.
3. Child Health Checks will be conducted daily by facility staff. Sites will be allowed to develop their own health check systems consistent with agency requirements to account for their individual site needs, as long as they follow sanitation practices and meet the following additions (a.-d.). They must submit their plan to their CDS for approval.
  - a. It is highly recommended to set up the health check station outside to minimize facility exposure to COVID-19 and other viruses.

- b. There should be a minimum of 2 staff to assist with health checks at the center based facilities – one staff member conducting the health check while maintaining social distancing and the other to escort each child into the facility to wash hands.
- c. Ensure there is appropriate social distancing of at least 6 feet between each adult dropping off child. The staff is highly encouraged to mark areas for families to stand while waiting.
- d. Assess the child and family member/adult escorting the child to the facility utilizing the Exclusion Guidelines for Sick Children. Staff need to be wearing facial covering and gloves. If you need to have contact with the child during health check you must change gloves. In addition, the following questions should be asked, and steps taken:
  - i. Take each child’s temperature. It is best to use touchless thermometers (FDA approved for human use) that have no contact with the individual. If oral or other types of thermometers must be used, make sure to disinfect the thermometers thoroughly before using on the next individual.
  - ii. Ask parent/guardian if the child has received any fever-reducing medication within the past 24 hours.
  - iii. Anyone with a temperature of 100 degrees or higher must be excluded from the facility.
  - iv. Ask and assess if child or any person living with the child or who has had close contact with the child has tested positive for COVID 19 in the past **10 days** or has displayed any COVID-19 symptoms such as cough, fever over 100 degrees Fahrenheit, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, loss of taste/smell, or sore throat within the last 48 hours.
- 4. Family members/caregivers will not be allowed to enter the sites, unless under extraordinary circumstances.
- 5. If any child and/or staff member in addition to anyone living with the child or staff member has a positive test for COVID-19 or direct contact with someone with a positive COVID-19, it must immediately be reported to Miriam McNamara, Program Director and Christina Burns, Health Specialist. The agency will continue to follow County Public Health and California Community Licensing guidelines for reporting COVID-19.

## Positive COVID 19 Test

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

1. Contact Health Specialist, Christina Burns 707-367-8334 immediately, followed by Program Director Miriam McNamara.
2. The Health Specialist will contact Public Health for further instructions, if necessary.
3. Staff and children in the classroom that have had direct exposure to positive COVID person will be sent home to quarantine.
4. If a direct contact staff member has a child at another site that child will need to quarantine with parent.
5. Staff and children in direct contact will have to be tested and cleared by Public Health or physician to return.
  - a. If testing is completed at Optumserve, Public Health will contact you with results and email them to you.
    - If negative, you will finish 10 days quarantine and public health will give you

- date you are off quarantine.
    - If positive public health will guide you with follow up and/or treatment, and when to test again for clearance.
    - Test results usually 4-6 days
  - b. If testing is completed at physician's office, your physician will give you test results and provide you with documentation and the date your quarantine ends.
  - c. Test results usually 2-4 days
- 6. When possible, remote services will be provided during quarantine to children and families.

### Site COVID-19 Cleaning

1. Close off areas used by the person who tested positive.
2. Open outside doors and windows to increase air circulation in the areas.
3. SS will contact Jeremy, Facilities Manager, to arrange for COVID sanitation/cleaning service by Moonlight to occur not before 48 hours after site closure. (It is recommended to wait 24 hours or longer before cleaning or disinfecting to allow respiratory droplets to settle.)
4. The agency will utilize the most stringent exclusion guidelines indicated by the California Department of Public Health, local public health guidelines, or the Centers for Disease Control to ensure any ill staff member or child does not return to school until there is no COVID-19 threat.

### Travel Related Quarantine for Staff and Children

From Community Care Licensing PIN 20-04-CCP:

Inform families, teachers, visitors, or staff who have traveled to an area identified by the CDC as Level 3 Travel Health Notice (see Evaluating and Reporting Persons Under Investigation by CDC) they may not attend the facility for 10 days from the day they returned to the United States.

### Drop Off and Pick Up

\*Drop off and pick up should take place outdoors to the extent possible

1. Hygiene stations will be at each exit/entrance with hand sanitizer. Hand sanitizer must be kept out of reach of children. Hand sanitizer must not be expired and contain at least 60% alcohol. Hand sanitizer should not replace regular handwashing practices and will only be used as a secondary system when soap and water are unavailable. Children using hand sanitizer will be supervised by staff. Children under age 2 should not use hand sanitizer if possible.
2. Once children are cleared to enter the facility, they are to be escorted by staff immediately to the hand washing station and supervised to ensure appropriate handwashing occurs for at least 20 seconds per child. Children may need to use hand sanitizer before entering the facility until handwashing can occur.
3. Parents will be asked to bring a change of clothes for any child clothing emergencies and it is to be kept in a Ziplock bag with the child's name and placed in the child's cubby.
4. Children will not be allowed to bring any toys, blankets, backpacks, etc. into the facility.
5. Adults picking up children from the program will be asked to remain outside the facility entrance whenever possible.
6. Staff will need to develop a plan to give parents/guardians the contents of their parent boxes or make them available outside during drop-off and pick-up.

## Sign-In and Out

Ensure that there is a sign in/out system that decreases the risk of viral spread. Staff must inform parents/adults dropping off children of the new practices and ensure they are being followed. Some ideas include but are not limited to:

1. Consider staggering arrival and drop off times, and plan to limit direct contact with parents/adults dropping off children as much as possible
2. Ask parent/guardian to designate a person to drop off/pick up each day, if possible.
3. When parent/adult is signing in a child, they are encouraged to use their own pen.
4. Have 2 canisters of pens labeled “new pens” and “used pens.” The used pens must be disinfected daily.
5. Parent can use hand sanitizer at sign in table prior to touching pens/paper.
6. Have sign in/out sheets outside the facility to decrease the amount of foot traffic within the facility, whenever possible. If that is not feasible, adults picking up or dropping off children are to remain at the sign in/out area and the child will be brought to them.

## Staff/Child Symptoms Appearing During Program Hours – Isolation Protocols

1. Children and Staff will be assessed throughout the day for any new COVID-19 symptoms defined as “excludable” in the health check guidance.
2. If symptoms appear in staff – they are to be sent home and another staff member will need to be assigned to classroom as needed to maintain ratios. The staff will not be able to return until they can answer yes to the questions on the exclusion flow chart.
3. If symptoms appear in a child - that child is to be escorted to the isolation area in which a staff member will stay with that child until they can be picked up. Both supervising staff and child will be required to wear a face mask while in isolation.
4. Another staff member will need to assist in the classroom as needed to maintain ratio.
5. The isolation room or area for sick children must follow social distancing guidelines.
6. Be ready to follow CDC guidance on how to disinfect your building or facility if someone is sick.

## Masks or other Personal Protective Equipment for Staff/Child (Updated 12/30/20)

1. In accordance with agency COVID Protocols and CalOSHA, all staff must wear appropriate facial coverings during work hours, unless on break/lunch and alone in area.
2. Under our current health order, face masks are not a required form of Personal Protective Equipment for children in the classroom or playground. (Note: per the Centers for Disease Control, face masks should never be used on children under 2 years old.) All staff will receive 3 cloth reusable masks from the agency. If staff request to use their own personal face masks in the classroom, their request will be accommodated.
3. If parents are requesting their children wear masks during program hours, parents are to be informed that children under 2 years of age are not to wear masks per the CDC. Preschoolers aged 3-5 years old may struggle to properly use masks to decrease infection spread as they

are more apt to touch masks and share them with other children. Parents are to be educated of risks/benefits of masks in the facilities when children are not in isolation. Although wearing a face mask is a best practice to prevent the spread of viruses, it may not always be used appropriately by preschoolers. Parents can provide their own mask for children to use during program hours if they request. However, parents must be informed that the program cannot force the child to wear the mask during the day and staff may remove the mask to give back to the parent at the end of the day if the child was using it inappropriately.

4. Classroom staff will be encouraged to bring a second set of clothing to the facility for emergencies or wear a smock.
5. If staff are utilizing disposable gloves, they are to wash their hands after removing them.
6. Management will work with staff to identify areas where additional Personal Protective Equipment would mitigate viral spread and decrease staff/parent anxiety.

### Classroom Cohorts (Revised 10/22/20)

1. As per the California Department of Public Health, cohorts must be limited to no more than 14 children and youth and no more than two supervising adults, or a configuration of no more than 16 individuals total (children and youth or adults) in the cohort.
2. HSCDP Classroom cohort limits:
  - a) EHS Classrooms – Up to 8 children with 2 teachers.
  - b) HS Only Classrooms – Up to 10 children with 2 teachers.
  - c) HS/CSPP Classrooms – Up to 13 children with 3 teachers
3. Prevent interactions between cohorts, including interactions between staff assigned to different cohorts.
4. Enrollment will do their best to assign children who live together or carpool together to the same cohort, when possible.
5. Supervising adults should be assigned to one cohort and must work solely with that cohort, unless serving children five years of age and younger in which case an adult may be assigned to no more than 2 cohorts. Avoid changing staff assignments to the extent practicable.
  - a. EHS Floaters should also be assigned to no more than 2 classrooms.

### Social Distancing Strategies for Site Staff (Updated 12/30/20)

#### Daily Staffing Guidance

1. All staff will wash their hands before entering the classroom.
2. Assign one Staff person to a specific classroom for the teachers breaks (includes lunch/office time), when possible.
  - a) The assigned staff for breaks will be the first choice to substitute for the classroom if there is a need for a substitute.
  - b) If the need to break multiple classrooms is determined staff will:
    1. Wash hands, face and neck and change their smocks between classrooms when possible.
    2. Stay to break all staff in classroom before moving to next classroom—even if this means someone is late for break/lunch.

### When Staff are Absent

1. Follow the current practices such as having floater/site supervisor/FSS to cover classroom, etc.
2. Call the same substitute per site, when possible.
3. If/when a sub is needed the Site Supervisor will ensure that all health screening/temperature checks are conducted before arrival to the site.
4. The sub will be assigned to stay in one specific classroom to cover, when possible

### When several staff are absent or there is a risk of being out of ratio please follow these steps

1. Determine the risk of being out of ratio, determine if there is truly not enough staff compared to timing and actual number of children attending that day.
2. First use all current practices such as having floater/site supervisor/FSS to cover classroom, etc.
  - a. This may mean no office time or pulling staff from other duties/rooms.
3. As a last resort follow current close down procedure.
  - a. If close down is longer than one-week remote learning packets will need to be provided.

### Social Distancing Outside the Classroom (Revised 10/22/20)

1. When staff are in shared spaces outside the classroom, they need to make sure to socially distance and wear facial coverings.
  - Clarification regarding “stable work group”. This designation is for work sites that have no more than 6 employees who do not come into contact with any other individuals during their workday. These groups must social distance but are not required to wear facial coverings.
    - The fact that centers provide direct services to our clients means that no HSCDP site is permitted to operate under the “stable work group” exemption from wearing facial coverings.
  - Facial coverings are available for each staff member at their site. Please contact your CDS.
2. Meetings among staff from different cohorts must be conducted remotely, outdoors, or in a large room in which all staff wear cloth face coverings and maintain at least 6 feet distance from other staff. Outdoor meetings and meetings in large rooms with the windows open are preferred over meetings in small rooms with windows closed.
  - During larger staff meetings, if space is limited, staff from the same cohort may sit closer than 6 feet apart and must be masked.

### Staff Lunches

1. Staff may continue to store their lunches in the previously dedicated location at the center.
2. Staff may use the microwave at the center.
3. Staff must clean and disinfect any surfaces they come into contact with while preparing their lunch.
4. Social distancing and the use of facial covering guidelines must be followed when in the kitchen.
5. Due to concerns regarding COVID-19 stipulated in the county protocols, sharing of food is not allowed at this time.

## Interoffice Mail Delivery

1. Site Supervisors and CDSs will create a plan for regular delivery and receipt of interoffice mail.
2. Whenever possible, paperwork should be scanned to your e-mail address and then forward with a subject line completed to the recipient.
  - a. Many service areas already encourage or recommend scanning to them. If you are unsure if something can be scanned or if the hard copy is required, please review the Paper Flow Chart for clarification. If you still have questions, contact the service area coordinator or specialist for guidance.
3. The facilities team will still be coming to centers from Central Office to maintain the safety of our facilities. They will also be delivering and receiving interoffice mail.
4. The Information Systems Manager will provide troubleshooting via remote access when possible. If maintenance of equipment is needed, the ISM will come to the site when children are not present. The ISM will also be delivering and receiving interoffice mail only when children are not present.

## Daily Sanitizing Protocols (Revised 10/22/20)

Caring for Our Children (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

### Intensify cleaning and disinfection efforts:

1. Open windows and/or doors to ventilate facility before and after children arrive/depart.
2. Facilities must develop a schedule for cleaning and disinfecting.
3. Signage regarding proper handwashing techniques and regular hand washing will be posted at all hand-wash sinks, including classrooms, kitchens, and child and adult restrooms.
4. Sink and toilet handles will be disinfected after each child's use. Or sinks only turned on and off by a Teacher wearing gloves when a group of children will wash hands at the same time (i.e. washing hand before and after going outside).
5. Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This also includes cleaning objects/surfaces such as doorknobs, light switches, classroom sink handles, countertops, toilets, desks, chairs, cubbies, and playground structures. Use the cleaners, sanitizers and disinfectants typically used at the facility.
6. Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, disinfectants should be effective.
7. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
8. If possible, use EPA-registered disposable wipes to wipe commonly used surfaces such as keyboards, desks, and remote controls before use. If wipes are not available, spray bleach solution on a clean paper towel, and wipe down surface.
9. All cleaning materials must be kept secure and out of reach of children.
10. Cleaning products are not to be used near children and staff should ensure that there is adequate ventilation when using these products to prevent inhaling toxic fumes.
11. Site Supervisors are responsible for ensuring that sanitizing materials at their facility are in stock at all times and will re-order in a timely manner from central office when supplies are

running low.

### Rugs in the classroom

1. Small area rugs should be removed from the classrooms.
2. Larger rugs, such as Circle Time rugs, can remain in the classroom and at the end of each day are to be vacuumed daily using a machine with a HEPA filter and sprayed with disinfectant.

### Drinking Fountains

1. All indoor and outdoor drinking fountains are to be covered and turned off.
  - a. If site staff are unable to turn off the water at fountains, please contact facilities for assistance.
2. Drinking fountains are to be replaced by water jugs and small disposable cups to ensure that water is always available to children both inside and outside.
  - a. If site staff have questions, contact your CDS for support.

## Adjustment to Nutrition Procedures

### Disinfection – Tables

Follow procedures detailed in the HSCDP Procedures Manual with the addition of the following:

1. All cleaning/sanitizing cloths should be put in the laundry **after each use**.

### Food Preparation (Revised 10/22/20)

1. 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.
2. If possible, seat children at least 6 feet apart during mealtime.
3. Sinks used for food preparation should not be used for any other purposes.
4. Disinfect surfaces immediately after use using an EPA approved disinfectant that will kill the COVID-19 virus and follow the manufacturer's instructions for appropriate dwell time.
5. Teachers 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 and sanitizing.
6. Cooks must wear gloves and face coverings when preparing and serving food.
7. Cooks must wear face coverings and gloves when going into the classroom to serve the food.
8. Food prep areas must be sanitized and disinfected regularly throughout the day using bleach solution.

### Meal Service

1. Teachers should ensure children wash hands prior to and immediately after eating.
2. Teachers should also wash their hands prior to and immediately after eating.
3. Tables are cleaned with multi-purpose cleaner, and then sanitized using a spray bottle of bleach solution. (See Sanitation Procedure.)
4. Children wash hands just prior to sitting at the table.

5. No more than 5 children are seated at each table with 1 adult per table. Children are not to be segregated i.e., by language or gender at the meal table.
6. All food is kept at the correct temperature (hot or cold) until it is served.
7. All foods for each child will be portioned out and plated by the Cook prior to being sent out to the classroom.
8. The Cook will bring out the pre-portioned plates on the kitchen cart once all the children are seated.
9. The teacher at each table will supervise the children to ensure they are eating from their own plate. Teachers will wear gloves when clearing the table.

### Bottle Feeding

1. When teachers are bottle feeding children, a mask and face shield are both required.

### Clean-Up After Meals

1. Any food/drink at the table that has not been consumed, must be thrown out. Food is never sent home with children or parents. Any food that was not sent out, can be properly stored and used for another meal.
2. The adult at each table will clear all dishes once the children are done eating.
3. All children wash their hands after each meal.
4. An identified clean up area is used for clearing places after mealtime. This includes a garbage can for paper, a container for uneaten food/drink, and tubs for silverware, cups, and plates/bowls. All wet garbage and dirty dishes need to be removed immediately following the meal.

### Tooth Brushing

1. Effective immediately, tooth brushing will be discontinued at all facilities.
2. Toothbrushes will be sent home with each child every 3 months or sooner, depending on sickness and necessity.
3. Dental education still must be given to the parents that would include the importance of brushing child's teeth twice daily at home using fluoridated toothpaste. Dental education flyers will be sent home every 3 months with the child's new toothbrush.
4. Staff will include dental health activities, that may include stories, songs, pantomime or conversations about good dental health practices.

It is suggested that during the morning health check, staff can ask the child if they remembered to brush their teeth this morning. Which is an opportunity to engage the family in dental health conversations.

## Adjustments to the Education Section of the Procedures Manual

### (Revised 10/22/20)

1. **Enrollment Conference/Conferences** - Effective immediately home visit and conferences will be modified to follow social distancing rules and requirements.
2. To facilitate a feeling of safety for the child and family, the enrollment visit of newly enrolling children will be conducted in the classroom in conjunction with the site orientation.
  - a. Before entering the classroom, the child and adult(s) must complete a health check.
  - b. Site staff will ensure that all social distancing rules are maintained

- i. 6 feet distance
    - ii. Use of mask and gloves
    - iii. Windows open, if possible
    - iv. Sanitize after each family
  - c. All enrollment activities will be provided to each family per current procedure (outside of the home)
  - d. Site staff will create a plan of action for how they will complete the enrollment conferences and submit to CDS for approval.
- 3. **ASQ-SE's and ASQ-3's** will be completed on Newly Enrolled children only and should be sent to families prior to their enrollment visit to shorten the enrollment visit. Teachers could either complete these forms interview-style via phone or virtual contact with families, or the family could complete the form and email it or bring it to the enrollment visit. Returning children will not have ASQs completed this year unless concerns have been noted.
- 4. Creative Curriculum Studies will continue with closer attention to what and how materials are shared. Use above guidance when planning activities for studies
  - a. Use above guidance on toy/material use and sanitation
- 5. Learning trips and Classroom Visitors will be on hold, but virtual visits could be implemented as well as virtual field trips. Get creative.
- 6. Enhancement curriculums:
  - a. Food for Thought: It is not recommended that “real” food cooking activities be implemented. Instead, the use of alternate activities such as songs, books, and conversations are recommended.
  - b. Music and Movement or Kindermusik (EHS) should be implemented in small groups, whenever possible. Opening the windows during energetic indoor play and singing (or moving outdoors, if possible) is recommended.
  - c. Second Step: for some units hand shaking or other activities where two people touch, an alternative form of greeting should be suggested or used (i.e.: instead of a handshake wave hello).
- 7. Staff will arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.
- 8. Staff will include activities that:
  - a. model and reinforce social and physical distancing and movement.
  - b. Model social distancing when interacting with children, families, and staff.
  - c. Role-play what social distancing looks like by demonstrating the recommended distance.
  - d. Give frequent verbal reminders to children.
- 9. Staff will teach, model, and reinforce healthy habits and social skills by:
  - a. Creating a scripted story around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.
  - b. Using carpet squares, mats, or other visuals for spacing.
  - c. Sending home a tip sheet for parents and caregivers to also learn about social distancing.
  - d. Explaining to children why it's not healthy to share drinks or food, particularly when sick.
  - e. Practicing frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
  - f. Teaching children to use tissue to wipe their nose and to cough inside their elbow, and to wash their hands afterwards.

- g. Modeling and practicing handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.
- 10. **ITERS/ECERS** will be completed despite an understanding that it may be a challenge to obtain efficient scores during the Covid-19 procedures.
- 11. **CLASS** and other classroom observations must be done virtually or through a viewing window whenever possible.

## Home Visiting

Weekly Home Visits will continue to be provided remotely whenever possible. If in person visits are necessary, all social distancing rules will be followed:

1. Call the family before the visit, to ask the COVID-19 screening questions.
2. Wear a mask and gloves,
3. Perform health check (including taking temperatures) for all participants in the home visit,
4. Stay 6 feet apart whenever possible,
5. Held outside whenever available,
6. Sanitize all toys and materials used, and
7. If sensory materials or other materials not easily sanitized are used, they will be left with the family or thrown away.

## Play Groups (Socializations)

1. Play Groups will be held virtually.

When in-person play groups are allowed, HBEs will use the following safety measures:

1. Health checks as stated above,
2. Only the enrolled child and one Parent/Guardian adult will attend,
3. No more than 5 families at a time using social distancing practices (within a stable group),
4. Held outside whenever available.
  - If outside is not possible (e.g. smoke or rain), use a large room with windows open.
5. Use individual sensory and materials whenever possible,
6. If sensory materials or other materials not easily sanitized are used, they will be going home with the family or be thrown away,
7. No toothbrushing,
8. Meals will be provided if all meal service procedures can be met, and
9. Disinfect room and all materials.

## Rest time

1. The children's mats or cots will be placed in the same location every day.
2. The children will be placed head to foot, 6 feet apart as space allows to stop the spread of germs.

## Clean and Disinfect Bedding

1. Children's sheets and blankets will be supplied by the program. Children will not be allowed to bring blankets and stuffed animals from home unless specified in an IFSP or IEP specifically

for that child. If that is the case, a plan will be developed between the teacher and parent/s to maintain the safety of the child and staff.

2. Each child's bedding will be stored in their personal cubbies.
3. Bedding that touches a child's skin will be cleaned and sanitized weekly, or as needed if they become soiled.
4. Cots and mats will be labeled for each child.

**Use of Pillows for Preschool Children Only:** As a regular practice and especially during COVID, the use of pillows during napping is not recommended. However, if requested by a parent or for medical reasons a pillow will be allowed. The pillow with case will be provided by the parent and must be small in size. The pillow must be kept with the child's bedding (blanket) in a sanitary manner. The pillow will remain at the center and will not go back and forth from center to home. The pillowcase will be washed with child's bedding weekly.

## Classroom Materials

1. There should be no dress-up clothes, soft animals, and/or cushions in the classroom.
2. For EHS, cloth-based books are allowable and should be used by only one child and not shared until they have been cleaned and sanitized.
3. As with the cloth-based books for EHS, machine washable cloth toys should be used by one child at a time or should not be used at all (such as puppets). If the teaching team decides to offer cloth toys in the classroom, they must develop a plan and submit it to their CDS.
4. When books/board books are chewed or mouthed they should be set aside, cleaned and then sanitized with a towel dampened with bleach-water solution and left out of reach of children for 24 hours or until thoroughly dry.
5. As mentioned earlier, pretend play items such as (cooking props, play food/dishes/utensils/baby bottles) need to be monitored closely. EHS teachers have the option to offer these items or not. If the teaching team decides to offer them, they must develop a plan and submit it to their CDS.
6. Set aside toys that need to be cleaned. Each classroom must have a container clearly marked for "soiled toys."
  - o Keep container out of reach from children.
  - o Washing with soapy water is the ideal method for cleaning.
  - o Try to have enough toys so that the toys can be rotated through cleanings.
7. Each group of children should have their own toys. Do not share toys with other groups of children unless they are washed and sanitized before being moved from one group to the other.
8. All toys should be washed and sanitized/disinfected by the end of each day, ready for use the following day.
9. Each child will have their own labeled pack of consumable materials, that can be stored in their cubby.
10. When the teachers offer Playdough, each child must have their own. Each child's playdough needs to be labeled and stored separately to avoid contamination.
11. Art activities are encouraged such as drawing, coloring, cutting, and painting (please have each child use their own paint brushes and art tools).
12. Children's books and other paper-based materials such as mail/envelopes are allowed.

## Clean and Sanitize Toys

1. Toys that cannot be cleaned and sanitized should not be used.
2. 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.
  - a. Clean with water and detergent, rinse, sanitize/disinfect with an EPA-registered disinfectant, rinse again, and air-dry.
3. Machine washable cloth toys should be laundered in hot soapy water, and dried, before being used by another child.
4. 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.

## Water Table Use (indoor and outdoor)

1. All children must wash hands before and after use of the water table.
2. When possible, have only two children use water table at a time
3. For Infants and Toddlers who are more likely to put toys in their mouths use individual water tables, when available.
4. When possible, position children at ends of water table rather than using the sides
5. When possible, wash water table toys between child uses (have multiple sets)
6. Wash and sanitize water table per procedure, and between different classroom uses

## Outdoor Materials

1. Each classroom should have their own outdoor play toys such as balls, sand toys, hula-hoops.
2. For bikes, swings, wagons, and pushing toys, they should be clean after each use before being made available to the next group of children.
3. Children should wash and/or sanitize hands before, during, and after play sessions. Understand that the equipment is only as clean as the previous users.

According to the CDC:

- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
- Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Sidewalks and roads should not be disinfected.
- Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

## Shoes in the classroom

1. There are no recommendations at this time to change our current practice regarding child or staff shoes in the classroom.

## Caring for Infants and Toddlers

Diapering: When diapering a child, staff will wash their hands and then wash the child's hands before diapering. Staff will then put on disposable gloves. Follow safe diaper changing procedures as defined in the procedure manual. Diapering procedures will be posted in all diaper changing areas. Steps include:

1. Prepare (includes putting on gloves)
2. Clean the child
3. Remove trash (soiled diaper and wipes)
4. Replace diaper
5. Wash child's hands
6. Clean up diapering station
7. Wash hands

After diapering, staff will wash their hands (even if gloves were worn) and disinfect the diapering area with bleach solution (made daily) or other disinfecting product that is EPA registered as a disinfecting solution. Best practice is to use products for sanitizing or disinfecting that are fragrance free to decrease the chemical fumes that may exacerbate breathing issues for staff and children. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

It is best practices to change children while they stand, and if willing to sit on the toilet between diapers, when developmentally appropriate.

## Adjustments to the Mental Health and Disability Sections of the Procedures Manual--(Revised 3/12/21)

### Mental Health

Mental Health of our children, families and staff is important to HSCDP. As we navigate the COVID Pandemic remember that an important part of being a teacher is supporting the developing Mental Health of our students. A teacher wearing a mask needs to place greater effort on articulating feelings and words than when a mask is not worn.

It is important to comfort crying, sad, and/or anxious children, the CDC does not advise caregivers to refrain from comforting children, instead, the CDC suggests wearing clothing such as over large long sleeve shirts (smocks), pulling long hair up off the collar, and regularly washing hands, necks, and anywhere touched by a child's secretions.

### Observation from outside Specialists

Wherever possible, staff will limit any non-essential visitors from coming to centers. This includes specialists, child development supervisors, managers, consultants, and other non-site based staff.

1. Staff will use phone calls, video conferencing, or other technology, such as teams or zoom, to hold meetings which include non-site based staff. This includes and is not limited to support team meetings and case management meetings.

2. The Mental Health Consultant is available for Observation and Consultation via Zoom or phone
3. When services are provided in person at the site, the Mental Health Consultant will need to comply with the guidelines and requirements included in the NCO Worksite Re-Entry Safety Training Packet.
  - a. The Mental Health consultant must have had the COVID Vaccine two weeks or longer before in person observation of the classroom or child
  - b. The Mental Health Consultant will need to complete the Daily wellness Screening and Site Sign-in practices prior to entering any site—this includes taking their temperature before arriving.

Every effort will be made to meet the social and emotional needs of families and children. Families may be struggling with social isolation, finances, with mental health or substance abuse challenges, or another debilitating challenge. Some children may be coming back to the classroom after having experienced stressful or toxic home situations and may need extra support or present with additional behaviors.

1. Teachers will continue to be offered trauma informed and relevant COVID-19 trainings. Specialists and consultants will offer consultation and ideas for meeting children and families' needs. Trainings and consultation will be done through phone calls or video conferencing whenever possible. When an in-person meeting must happen, staff will follow the above listed requirements with health screenings, hand washing, facial coverings, and social distancing.
2. Some parents may not feel comfortable leaving their children in a classroom that they've never been in. Teachers may choose to support new parents by doing a virtual classroom tour or set up appointments and stagger times so that parents can visit the classroom.
  - Teachers will be encouraged to create new rituals and provide children with self-soothing techniques. Teachers can use to remind app or google classrooms, to do a phone or video call with children and parents who need additional time to transition and feel safe with the new environment.
  - Teachers may also use Learning Genie family engagement to take pictures of the children as they are engaged and learning throughout the day and send parents these photo updates in the moment soon after the positive experience happens.
3. Visual guides may also be used to support children and families as needed. This includes strategies such as social stories, too-close charts, personal space with hula hoops, and personalized visual schedules, and more

## Disability Service Providers and Vendors (Revised 3/12/21)

To protect children, families, and staff while also ensuring and supporting disability staff to provide services we will follow these protocols for Disability Service Providers to provide services.

1. Currently each district or service provider vendor is following different rules. Some Service Providers may be providing services in person and others virtually. Before a Service Provider provides services at the site a meeting is needed to determine a few important items. Please include your CDS in this conversation.
  - a. What devices are needed and who will provide them?
  - b. How HSCDP staff will support Service Providers?

- c. How will the Service Providers complete the Special Services Log (monthly)?
  - d. If provided in person, the NCO Worksite Re-Entry Safety Training Packet (Packet) will need to be completed and returned with a plan about how the Service Provider staff will comply with the guidelines and requirements in the packet.
  - e. Create an agreement on how the site(s) will be informed if the Service Provider has been exposed to a confirmed virus exposure or case.
2. HSCDP prefers Virtual services to protect the safety of our staff, children, and families.
- a. Service Provider providing virtual services should provide a device such as a laptop or iPad.
  - b. As a last resort, the child can use our Children’s iPad to access the services, if the district is not able to provide a device.
  - c. We will provide a safe quiet place for the child to work with the Service Provider(s).
  - d. A HSCDP staff will supervise the child or group of children, at all times. This person may support the Service Provider in their work per above meeting agreement.
3. When services or assessments are provided in person at the site, the Service Provider staff will need to comply with the guidelines and requirements included in the NCO Worksite Re-Entry Safety Training Packet.
- a. The parents must give verbal or written permission for their child to have services provided in person at our site.
  - b. The Service Provider will need to complete the Daily wellness Screening and Site Sign-in practices prior to entering any site—this includes taking their temperature before arriving.
  - c. Weekly or appointment style services provided at our site(s):
    - i. The service provider will not enter any classroom and will follow all social distancing rules.
    - ii. The service provider must wear a mask whenever possible, if needed to provide services they may remove the mask but only with the child.
    - iii. A quiet safe space outside of the classroom will be provided.
    - iv. The child or children will be brought to the service provider for services. (Remember to follow procedures for the Child Count Board.)
    - v. It is okay for the service provider to be near the child to provide services.
    - vi. The area will be disinfected after use.
  - d. Daily services provided at a site(s):
    - i. They will be included in the Stable Group classroom.
    - ii. They must wear a mask and observe all social distancing protocols.
    - iii. Whenever possible the same daily Service Provider should remain for 4 weeks.
4. Some Service Providers will arrange visits in the child’s home either outside of school hours or during classroom hours. The Special Services Log is not needed for services provided outside of the school setting; however, it is a good idea to keep yourself and your Ed. Specialist and CDS informed of known services provided outside of the classroom.

## Referrals

If a child is given or has a mental health or disability referral, or is presenting with notable or aggressive behavior, or a high need disability, that is outside of the site staff’s ability to safely and ethically address on their own, then the needed staff member (specialist, consultant, or Disability Specialist etc.) may

come to the center.

This is while keeping with the specific protocols, as follows.

1. Whenever possible observations will be completed virtually through video or zoom
2. The staff member who is visiting the center must follow the above listed health screening requirements before entering the center, sign in that they have completed the daily health screening, wash hands frequently, wear facial coverings and maintain social distancing requirements to the largest degree possible.
3. Steps will be taken to avoid closeness and contact with the site staff and children. Whenever possible, child observations will be done through a one-way mirror, a window, or from a distance (such as when the class is on the playground and social distancing guidelines can be maintained).
4. If the staff member has completed the 2<sup>nd</sup> dose of the COVID Vaccine two weeks or greater at the time of the planned visit they may go into the classroom, and still must maintain social distancing and wear a mask.

## Adjustments to Attendance and Enrollment

### Procedures

#### Tracking and Documenting Daily Attendance (revised 02/2021)

It is critically important to track and analyze the cause of absences for all children. When documenting COVID-19 absences, staff must ensure that we do not violate HIPPA laws.

We will document the COVID-19 absences as follow:

**Sign in sheets** - On the sign in sheet use the following excuse absence codes:

(CH) - Child's health (if the child has any of the COVID-19 symptoms).

(PH) - Parent Health (if the parent has any of the COVID-19 symptoms).

(FE) – Family Emergency (if the child is absent due to parental concern, If parent has the suspicion that they might have COVID-19 and they are waiting to get a test, if child and parent test positive, if child or parent have to quarantine).

**Daily attendance and meal worksheet (CP #2315)** - On this report, document the specific reason for the child's absence (example; diarrhea, fever, COVID-19 symptoms, or quarantine). Send the report to FSC's as normal.

In the event that you have not seen a child after two (2) consecutive unexplained absences where there has been no communication with the family, the FFS or SS must notify the FSC immediately to discuss the situation and plan for a home visit. This is a welfare check to ensure the safety of the child and family. Complete a PI202 Note to Parent form with instructions to contact the center as soon as possible and leave it at the residence if there is no one home. If contact with a family member is established, use Covid safety protocol, do not go into the home, remain outside masked and use social distancing. Record your conversation with the family member on the C951 Conference Form.

At this time, home visits for prolonged attendance issues such as a sickness or recovering from surgery are not encouraged. Staff should make every effort to call or meet with the family via zoom or other

available virtual technology whenever possible to:

- Provide information about the benefits of regular attendance.
- Provide the family support services.
- Maintain a connection with the family.

If a child has an extended or frequent absence due to COVID-19, the child will not be placed on attendance agreement even though the attendance is not within the policy guidelines.

If the child has missed class for an extended period, the child will not be dropped from the program, unless the family has told site staff that the child will not return.

If the family has told site staff the child will not return, then SS initiates the drop request and sends it to the enrollment coordinator ASAP.

## Attendance Agreement (ATT107)

1. Follow normal attendance procedure using social distancing rules.
2. Call or meet with the family via Zoom or other available virtual technology when possible.
3. If parent request an in-person meeting, the Site Supervisor will ensure that all social distancing rules are maintained.

## Enrollment - Application Process

When an application packet is requested or turned in at a site, staff should ensure that all social distancing rules are maintained.

1. Immediately scan, fax or inter-mail office application packet to Enrollment Coordinator.
2. Refer all questions about enrollment availability to the Enrollment Coordinator.
3. Write name, address, and phone number of applicants into the Application Log maintained at the site.

## EHS to HS Re-Application Packet

The Site Supervisor, HBE or site designee will receive an alert by the EHS Enrollment Coordinator that a family needs to complete a re-application packet. The EC will send packet to ss via inter-office mail.

The Site Supervisor, HBE or site designee will when possible:

1. Call or meet with the family via Zoom or other available virtual technology when possible or meet in person using all social distancing rules, within a week of receiving the **re-application packet**.

## Adjustments to the Family Services Section of the Procedures Manual (Revised 10/22/20)

### Families Experiencing Homelessness

Follow normal homelessness procedures using following all social distancing rules.

1. Call or meet with the family via Zoom or other available virtual technology when possible.
2. If parent request an in-person meeting, then SS will ensure that all health screenings and social distancing rules are maintained.

### Welcome Packet

Follow normal Welcome Packet procedures using following all social distancing rules.

1. Call or meet with the family via Zoom or other available virtual technology when possible.
2. If parent request an in-person meeting, then SS will ensure that all health screenings and social distancing rules are maintained.

### Family Orientation

**Orientation must occur before a child attends school.**

The Site Supervisor or site designee will create a plan for completing site orientations. What to consider:

1. How to share the Orientation Packet
2. To call the family and schedule a virtual meeting using Zoom or other available virtual technology; or to do Orientation In-person using health screenings and social distancing and disinfecting rules.
  - During the virtual meeting, use the Family Orientation Agenda form (PI203) as a guide to review all contents of the Orientation Packet and provide a virtual site tour
  - Review pedestrian safety and site parking
  - Guide the family on completing the forms in the Orientation Packet with instructions to leave the completed forms in the Parent Box at the center

### Community Resource Referrals (S301CR)

If a family as a need for a community resource referral the Site Supervisor or site designee will provide referrals virtually, when possible:

3. Call or meet with the family via Zoom or other available virtual technology or in person using health screenings and social distancing rules and discuss the referral. Give the family guidance about how to use the referral and get services from the agency they will be referred to
4. Write the referral on the Community Resource Referral form S301CR and leave the

pink copy in the Parent box at the center for the family to pick up

## Family Partnership Agreement Process (FPA)

The FPA process includes an assessment of family needs, strengths, interests, and the development of goals. Follow normal Family Partnership Agreement procedures following all social distancing rules.

- Call or meet with the family via Zoom or other available virtual technology when possible.
- If parent request an in-person meeting, then ss will ensure that all health screenings and social distancing rules are maintained.

For more detailed guidance on the FPA process, please refer to the Family Partnership Agreement Process (FPA) in the regular Procedures Manual starting on page H-11.

## Virtual Parent Events

Site Supervisors and designated site staff will create a plan to provide Virtual Parent Events via Zoom or other available technology at this time.

At least one Virtual Parent Event will be scheduled each month throughout the school year. Specialists and Coordinators may be available to provide support to sites.

### **Virtual Parent Committee Meetings**

Parent Committees will be held virtually. They can happen as standalone meetings or be combined with another virtual parent event.

Please refer to page H-29 of the regular Procedures Manual for more detailed guidance on Parent Committees and their function.

### **Virtual Family Socials**

Family Socials will be held virtually at this time.

Please refer to page H-31 of the regular Procedures Manual for more detailed guidance on Parent Socials and their function.

### **Virtual Parent Education/Information Sessions**

Parent Education/Information Sessions will be held virtually at this time.

### **Parent Education Topics**

Follow normal Procedures for Parent education and in addition Parents/Guardians will be given education on the following:

1. Signs and Symptoms of COVID-19 and other illnesses requiring child exclusion from the facility

2. Guidelines when children with illnesses or COVID-19 symptoms can return to the facility, if excluded. Follow Exclusion Procedures in Health Section in the procedures' manual for non-COVID related illness. If a child has COVID-19 symptoms can return to the center after completing a 14-day quarantine
3. Social distancing protocols
4. Use of child masks in the classroom
5. Isolation protocols
6. How to safely sign child in and out
7. Hand washing and other ways to mitigate viral spread

Please refer to pages H-32 through H-35 in the regular Procedures Manual for further guidance on each Parent Education/Information topic.