

CACS COVID-19 Guidance

Table of Contents:

Childcare Plan.....	2
Employee Plan.....	8
Process for Reporting COVID.....	13
Employee and Visitor Screen.....	14
Child Screen.....	17
COVID Case Form.....	18
Quarantine Guidance Poster.....	19
Guidance for Children Who Are Exposed.....	20
Mask Poster.....	21
How to Find a COVID Test Site.....	22
COVID Sources.....	23
Using a Forehead Thermometer.....	24
COVID Symptoms.....	26
COVID Symptoms in Children.....	27
MDHHS Booster Schedule.....	28

Capital Area Community Services

Child Care COVID Response & Preparedness Plan

Updated 8/4/22

Introduction

Our Commitment to Health & Safety

Capital Area Community Services is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Office of Head Start, local health departments, Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, and the Michigan Departments of Licensing and Regulatory Affairs (LARA) and Health and Human Services, in accordance with best practices from the Centers for Disease Control and Prevention (CDC), and with everyone's well-being in mind. To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure (e.g., an infected person spreading respiratory droplets through actions such as coughing, sneezing, or talking). The following plan outlines the recommended practices and strategies we'll use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments. These guidelines are subject to change in accordance with applicable local, state and/or federal guidelines.

We have assembled a COVID-19 Workplace Coordination Team consisting of Elisabeth Holberg, Health Services Manager; Wendy McBride, EHS Manager; Bethany Griffin, Education Manager; Nolana Nobles, Head Start Director; Pam Elise; and Miguel Rodriguez, Executive Director, Jean Hamlin, Human Resources Director.

Changes to Our Physical Spaces

We will use the following strategies in our classrooms and facilities to minimize the spread of illness:

1. If possible, groups should include the same children each day, and the same care providers should remain with the same group of children each day.
2. Limit mixing between groups such that there is minimal or no interaction between groups.
3. Maintain at least 6 feet between children and staff from different classrooms.
4. Provide physical guides, such as wall signs or tape on floors, to help maintain distance between groups in common areas.
5. We will close all drinking fountains.
6. Separate children's naptime mats, cots, or cribs and place them so that children are head to toe for sleeping.
7. Ensuring ventilation systems operate properly and increasing circulation of outdoor air as much as possible (e.g., keeping windows and doors open to the extent that this does not pose safety risks).
8. Stagger use of communal spaces between classrooms. Where possible, limiting use of common spaces in the classrooms/facility. When common spaces must be used, we will rotate use of the space and clean between groups.
9. Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
10. Post visible signage or visible markers to indicate proper social distancing and handwashing.
11. Prioritize outdoor activities. When possible, physically active play should be done outside.

12. Maintain classrooms if feasible in outdoor play spaces.

Mealtimes

We will resume normal Family Style mealtimes.

Tooth Brushing

We will resume normal tooth brushing in the classrooms.

Per the Office of Head Start on November 30, 2021:

- “Program staff who brush infants’ and children’s teeth or help children brush should be fully vaccinated against COVID-19 and should wear a properly fitted mask covering their nose and mouth for additional protection.
- For tooth brushing at the classroom table, seat children as far apart as possible, with staff supervising the brushing. After brushing, clean and sanitize the table. If tooth brushing at the classroom table is not possible, children can brush at the sink with staff supervising. The sink should be cleaned and sanitized after each child finishes brushing.
- Encourage children to avoid placing toothbrushes directly on the classroom table or other surfaces.
- Wash hands with soap and water for at least 20 seconds before and after brushing or helping infants and children brush their teeth. If soap and water are not available, staff can use hand sanitizer that contains at least 60% alcohol. After children brush, ensure that they wash their hands with soap and water for at least 20 seconds, or, for children over age 2, use hand sanitizer that contains at least 60% alcohol”.

Staying Home When Sick and Getting Tested

Per LARA’s Guidelines for Safe Child Care Operations During COVID-19 on February 4, 2022:

“When a child or staff member tests positive for COVID-19 and/or displays COVID-19 symptoms, they must be isolated from other children and staff and sent home as soon as possible. Providers should encourage children and staff, regardless of vaccination status, to get tested for COVID-19 if having symptoms...”

Providers should continue to strictly enforce their sick policy...The presence of any of the symptoms below generally suggests a child has an infectious illness and should not attend child care, regardless of whether the illness is COVID-19. For children with chronic conditions, a positive screening should represent a change from their typical health status.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough (for children with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for children with asthma, a change from their baseline breathing)
- Diarrhea, vomiting or stomach ache.
- New onset of severe headache, especially with a fever

Children should also stay home if they have other signs of illness described in a provider’s sick policy. Providers should encourage families to contact their healthcare provider or follow up with a local clinic/urgent care before returning to care”.

Parents are expected to screen their children at home for COVID symptoms and take their temperature. The presence of any of the symptoms above generally suggests a child has an infectious illness **and should not attend**, regardless of whether the illness is COVID-19.

Everyone’s safety is our highest priority. We will be strictly enforcing our sick policy. Per the CDC, people should get tested 5-7 days after being exposed to COVID.

Quarantine and Isolation

Children who have recovered from COVID in the past 90 days, regardless of vaccination status, do not have to quarantine after having close contact with a confirmed/probable COVID case. They should be monitored for symptoms for 14 days after the last day close contact occurred.

Children who have not recovered from COVID in the past 90 days and have close contact with a confirmed/probable COVID case will be required to quarantine for **5** full days after the last day close contact occurs. They should be monitored for symptoms for an additional four days after completing their quarantine.

If a child becomes a confirmed/probable COVID case: the child may return to school after it has been at least **5** days since symptoms started/testing if not having symptoms, AND symptoms have improved, AND they are fever-free for 24 hours without fever-reducing medication. If a child is a probable COVID case and tests negative, they will no longer be considered a probable case and will not be required to isolate; if the child is unvaccinated, they will be required to complete their **5**-day quarantine period from their last close contact with someone with COVID.

Families of children who have been vaccinated will submit a copy of their vaccination card to their Teacher or Family Advocate who will turn it into their assigned Health Associate. The Health Associate will attach it under the Immunization Attachments in ChildPlus.

Reporting Exposure

If a child or staff member, family member, or visitor to our program tests positive for the virus or is a probable COVID-19 case, it must be reported to the Health Manager and Head Start Director immediately. They will evaluate the situation, contact the local health department, licensing consultant, regional office, and/or the Intermediate School District and gather information for contact tracing as described in the “process for reporting a COVID-19 case at CACS Head Start”. Based on the guidance found in this plan and the information gathered, it will be determined whether to quarantine staff or children, close individual classrooms, close the facility, the duration of the closure or quarantine, and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

Drop-Off and Pick-Up Procedures

Children will have their temperature taken onsite and will be screened for COVID symptoms.

Self-Declaration by the Child’s Parent		Yes	No
1.	Has your child experienced any cold or flu-like symptoms in the last 24 HOURS ? Including		

	<ul style="list-style-type: none"> • Fever of 100.4°F or higher, or felt feverish. • New or worsening cough (change in their cough from baseline for children with chronic cough). • Sore throat. • Difficulty breathing (change from baseline for children with asthma). • New onset of severe headache. • Diarrhea or vomiting. • Congestion, runny nose, or other allergy like symptoms (change from baseline for children with allergies) 		
2.	In the last 5 days, has your child had close contact with an individual with a confirmed/probable COVID-19 case, or traveled internationally or to a place with widespread COVID-19?		
3.	Make a visual inspection of the child: are there signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.		
4.	Is your child waiting for the results of a COVID-19 test after developing COVID symptoms or being exposed to COVID?		
5.	Has your child been recently diagnosed with COVID-19 and not yet cleared to discontinue isolation?		

Transportation

We will use the following CDC-recommended practices to ensure the safety of children and staff during transportation:

1. We will limit non-essential work-related travel and have staff participate in training and technical assistance virtually whenever possible.
2. Cloth face coverings are required, if medically feasible by all children older than 2 years and staff in the vehicle/bus.
3. Use hand sanitizer before entering the vehicle/bus. Hand sanitizer must be supplied in the vehicle/bus
4. We will clean commonly touched surfaces in vehicles/bus between transporting passengers (e.g., seats, arm rests, door handles, seat belt buckles, etc.) with appropriate cleaning products if visibly dirty followed by disinfectant. Staff will use disposable gloves while performing cleaning and disinfecting and leave doors and windows open for ventilation.

Hand Washing

We will promote regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:

- Staff and children will wash hands often with soap and water for at least 20 seconds.
- **Soap and water are the first and best option**, especially if hands are visibly dirty. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used **if soap and water are not readily available(outside)**. Staff and children should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry. **Hand Sanitizer should not be used in the classroom as soap and water are available.**
- Staff should assist children with hand washing (especially infants who cannot wash hands alone) and use of hand sanitizer to ensure proper use and prevent ingestion.
- Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.
- Wearing gloves does not replace appropriate hand hygiene.
- Hand hygiene is especially important after blowing one's nose, going to the bathroom, before eating or preparing food (or helping children do any of these actions).

Cleaning and Disinfecting

Cleaning and Disinfecting Surfaces:

We will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

1. Daily cleaning/disinfecting of high-touch surfaces (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs). Pay close attention to breakrooms, bathrooms, and other frequently used areas. This will be done multiple times per day.
2. Normal routine cleaning of outdoor spaces, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings). It is not necessary to sanitize these areas; just ensure they are clean.
3. Regular cleaning of electronics (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
4. Ensuring staff wear disposable gloves to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
5. Cleaning dirty surfaces using detergent or soap and water prior to disinfection (3-step process).
6. Keeping cleaning products secure and out of reach of children, avoiding use near children, and ensuring proper ventilation during use to prevent inhalation of toxic fumes.
7. Use of CDC-recommended disinfectants such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol. **CACS will utilize a bleach solution of 1/3 cup bleach per gallon water or 4 teaspoons bleach per quart water for disinfection. (this is stronger than the table bleach).**
8. **Disinfecting wipes will only be used for electronic equipment.**

Cleaning and Disinfecting Toys:

We will engage in the following best practices to clean and disinfect toys:

1. We will clean toys frequently, especially items that have been in a child's mouth.
2. We will set aside toys that need to be cleaned (e.g., out of children's reach in a dish pan with soapy water or separate container marked for "soiled toys").
3. We will clean toys with soapy water, rinse them, sanitize them with bleach solution and air-dry.
4. We will clean toys in a dishwasher or use the 3-step cleaning procedure.

Safety Equipment

Per the Office of Head Start *Summary of Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs* on November 29, 2021:

“Universal masking is required for all individuals 2 years of age and older when:

- Indoors in a setting when Head Start services are provided.
- Two or more individuals are in a vehicle owned, leased, or arranged by the Head Start program.
- For those who are not fully vaccinated, outdoors in crowded settings or during activities that involve sustained close contact with other people. OHS notes that being outdoors with children inherently includes sustained close contact for the purposes of caring for and supervising children.

Exceptions

- Children and adults when they are either eating or drinking.
- Children when they are napping.
- The narrow subset of individuals who cannot safely wear a mask because of a disability as defined by the Americans with Disabilities Act (ADA), consistent with U.S. Centers for Disease Control and Prevention (CDC) guidance on disability exemptions.

- When a child's health care provider advises an alternative face covering to accommodate the child's special health care needs”.

Partnering and Communicating with Families & Staff

Training Staff

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, and our new procedures as outlined in this plan.

We will train employees on COVID-19 as described in the *Employee COVID-19 Preparedness and Response Plan*.

Supporting Children's Social-Emotional Needs

Staff and families will partner together to support the needs and emotional reactions of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the "disappearance" of their child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation and we will work together to support all caregivers.

The following resources are available for staff and families to support children:

- [Crisis Parent and Caregiver Guide](#), from the Michigan Children's Trust Fund
- [Talking with Children about COVID-19](#), from the CDC
- [Helping Young Children Through COVID-19](#), from Zero to Thrive (includes Arabic and Spanish translations)
- [Georgie and the Giant Germ](#), from Zero to Thrive and Tender Press Books
- [Kai Ming Going To School Social Story](#), developed by Vivian Wong and Aileen Mui (English, Spanish, Chinese).

Supporting Staff Members' Social-Emotional Needs

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead. We understand our staff may have worries about their own physical or psychological health, and the potential risk to their family members at home. Because young children internalize the stress of the adults who care for them, we know it is vitally important to provide supports and services to ensure the emotional well-being of our staff. Staff have the benefit of Encompass services, an Employee Assistance Program, 24/7, 365-day support, provides mental health counseling along with life coaching, medical advocacy, work-life resources, personal assistant and legal/financial services. Employees can contact Encompass at 1-800-788-8630 or at <https://allonehealth.com/encompasseap>.

Capital Area Community Services

Employee COVID Response & Preparedness Plan

Updated 8/4/22

CACS takes the health and safety of our employees seriously. We are committed to reducing the risk of exposure to COVID-19 and we are ready to provide a healthy and safe workplace for our employees, customers, and guests.

Our plan is based on information and guidance from the Centers for Disease Control and Prevention (CDC) and the Occupational Health and Safety Administration (OSHA) at the time of its development. Because the COVID-19 situation is frequently changing, the need for modifications may occur based on further guidance provided by the CDC, OSHA, and other public officials at the state or local levels.

Note: CACS may amend this Plan based on changing requirements and the need of our business.

The spread of COVID-19 in the workplace can come from several sources:

- Co-workers
- Customers
- Guests - visitors/vendors/family members
- The General Public

Our employees fall into one or more of the following categories as defined by OSHA:

- Lower exposure risk (the work performed does not require direct contact with people known or suspected to be infected with COVID-19 or frequent close contact with the public).
- Medium exposure risk (the work performed requires frequent and/or close contact with people who may be infected with COVID-19, but who are not known COVID-19 patients, or contact with the general public in areas where there is ongoing community transmission).

COVID-19 WORKPLACE COORDINATORS (TASK FORCE)

CACS has designated the following staff as its COVID-19 Workplace Coordinators: Elisabeth Holberg, Health Services Manager; Wendy McBride EHS Manager; Bethany Griffin, Education Manager; Dr. Nolana Nobles, Head Start Director; Miguel Rodriguez, Executive Director; Pam Elise; Jean Hamlin, HR Director.

RESPONSIBILITIES OF CACS SUPERVISORS AND MANAGERS

All CACS managers/supervisors must be familiar with this plan and be ready to answer questions from employees. Additionally, CACS expects that all managers/supervisors will set a good example by following this plan. This includes practicing good personal hygiene and jobsite safety practices to prevent the spread of the virus. Managers and supervisors must encourage this same behavior from all employees.

CACS will:

- Keep everyone on the worksite premises at least six feet from one another to the maximum extent possible, including through the use of ground markings, signs, and physical barriers, as appropriate to the worksite.
- Provide non-medical grade face coverings to their employees. Employees may use their own face mask if it; consists of two or more layers of washable, breathable fabric, completely covers your nose and mouth and fits snugly against the sides of face and does not have gaps. The following face masks are prohibited: face gators, bandannas, and masks with exhalation valves or vents.
- Require face coverings to be worn inside when employees are in shared spaces. Masks are not required while eating/drinking or if the person has a medical contraindication.

- Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (e.g., door handles), paying special attention to parts, products, and shared equipment (e.g., copy machine, fax machine, shredder, vehicles).
- Adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.
- Make cleaning supplies available to employees upon entry and at the worksite and provide time for employees to wash hands frequently or to use hand sanitizer.
- Conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.
- Place posters in common areas encouraging staying away from the workplace when sick, cough and sneeze etiquette, and proper hand hygiene practices.
- Maintain records on screening protocols and required notifications for one month from the time of generation.

COVID-19 Training

CACS will train employees on:

- How to report unsafe work conditions.
- COVID-19 and how to prevent COVID-19 exposure.
- The steps to report signs and symptoms of COVID-19.
- Workplace infection control practices.
- The proper use of personal protective equipment.
- How to notify the company of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
- Updates to the existing controls, policies, and procedures.

CACS will maintain a record of all COVID-19 trainings for one year from the time of generation.

RESPONSIBILITIES OF EMPLOYEES

We are asking each of our employees to help with our prevention efforts while at work. CACS, understands that in order to minimize the impact of COVID-19 at our facility, everyone needs to play their part. We have instituted several best practices to minimize exposure to COVID-19 and prevent its spread in the workplace. This includes specific cleaning efforts and social distancing. While at work, all employees must follow these best practices for them to be effective. Beyond these best practices, we require employees to report to their managers or supervisors immediately if they are experiencing signs or symptoms of COVID-19, as described below.

- When an employee is identified with a confirmed or probable case of COVID-19 notify:
 1. Immediately: Your immediate supervisor who will follow the *Process for Reporting COVID*. This includes notifying the Health Services Manager who will notify the employee's local health department.
 2. Within 24 hours notify: Any co-workers, contractors, or suppliers who may have come into close contact with the person with a confirmed/probable case of COVID-19.

OSHA and the CDC Prevention Guidelines

OSHA and the CDC have provided the following preventive guidance for all workers, regardless of exposure risk:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with anyone who is sick.
- Maintain appropriate social distance of six feet to the greatest extent possible.

Additionally, employees must familiarize themselves with the symptoms and exposure risks of COVID-19. The primary symptoms of COVID-19 include having:

<p>At least one of these symptoms:</p> <ul style="list-style-type: none"> • New or worsening cough; • Shortness of breath or difficulty breathing • New loss of taste or smell • Temperature of 100.4 degrees Fahrenheit or higher) 	<p>Or at least two of these symptoms:</p> <ul style="list-style-type: none"> • Chills • Muscle aches • Headaches • Sore throat • Diarrhea • Nausea or vomiting • Congestion or runny nose
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Source: (Ingham County Health Department 8/2/21).

The Michigan Occupational Safety and Health Administration defines “close contact” as: “‘Close contact’ means someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the person is isolated” (10/14/20). Per the CDC, you are still considered a close contact if you are wearing a mask and are in close contact for 15 minutes or more over a 24-hour period, cumulative. Per the CDC, people should get tested 5-7 days after being exposed to COVID.

HEALTH AND SAFETY PREVENTATIVE MEASURES FOR CACS

Cleanliness and Social Distancing

CACS abides by the recommended social distancing and other safety measures and establishes the following:

- Large gatherings are minimized whenever possible; with staff, governance, or other related meetings held remotely;
- Employees are encouraged to maintain physical distance even when on break, as well as before and after working hours;
- Employees should contact their immediate supervisor if they are unable to resume on-site work.
- Employees’ interactions with the general public are modified to allow for additional physical space between parties; and

CACS will provide employees with, at a minimum, non-medical grade face coverings.

- All employees and visitors are required to wear a mask inside while in shared spaces and when unable to social distance, unless they are eating/drinking or have a medical contraindication.

In addition, CACS is instituting the following cleanliness measures:

- Frequent disinfecting of high touch areas (phones, workspaces, equipment, key boards, light switches, copies, door handles, etc.) by individual staff utilizing disinfecting wipes.
- Each staff person will to perform routine environmental cleaning and disinfection of common areas, bathrooms, kitchens, breakrooms, meeting rooms, etc., following CDC guidelines after each use. A bleach solution of 1/3 cup bleach per gallon or 4 teaspoons bleach per quart water will be used.

Employees are expected to minimize COVID-19 exposure by:

- Cleaning work stations at the beginning and end of each shift;
- Avoiding, when possible, the use of other employees' phones, desks, offices, or other work tools and equipment;
- Frequently washing hands with soap and water for at least 20 seconds;
- Utilizing alcohol based hand sanitizer **only** when soap and running water are unavailable;
- Avoiding touching their faces with unwashed hands;
- Avoiding handshakes or other physical contact;
- Avoiding close contact with sick people;
- Practicing respiratory etiquette, including covering coughs and sneezes;
- Immediately reporting unsafe or unsanitary conditions on CACS premises;
- Seeking medical attention and/or following medical advice if experiencing COVID-19 symptoms; and
- Complying with self-isolation or quarantine orders.

Supplemental Measures Upon Notification of Employee's COVID-19 Diagnosis and/or Symptoms

In response to a confirmed diagnosis or display of COVID-19 symptoms, CACS:

- Protects the confidentiality of the employee.
- Notify the local health department of the employee's condition.
- Makes sure surfaces and work areas the employee came into contact with are disinfected with an EPA-approved cleanser.
- Informs all employees with and near whom the diagnosed/symptomatic employee worked of a potential exposure.

1. Identification and Isolation of Sick and/or Exposed Employees

Risk and exposure determinations are made without regard to employees' protected characteristics, as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employees' personnel documentation.

a. Employees' Self-Monitoring and Exposure

- Employees should monitor themselves for symptoms, and stay home and notify their supervisor when they are sick. If required to quarantine, employees must notify their supervisor of their exposure and request a Leave of Absence.
- Per the CDC, "Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. Fully vaccinated means a person has received their primary series of COVID-19 vaccines". Unless their doctor has advised them not to receive a booster dose, a person ages 18+ should get a booster dose at least 5 months after their primary series of Pfizer or Moderna, or at least 2 months after their first J&J/Janssen shot.
- Per the CDC, a probable COVID-19 case is the report of a person meeting clinical (showing symptoms) and epidemiologic (had close contact with someone with COVID) evidence but without confirmatory laboratory evidence (a positive COVID test).
- Per the CDC & MDHHS, people who are up to date on all recommended COVID vaccines or who have recovered from COVID in the past 90 days, do not have to quarantine after coming in close contact with a confirmed/probable COVID case as long as the employee does not have COVID symptoms. The employee should wear a mask and monitor themselves for symptoms for 14 days after their last close contact with the individual.
- An employee who is not up to date on all recommended COVID vaccines or who has not recovered from COVID in the past 90 days must quarantine for 5 days after their last close contact with a confirmed/probable COVID case, **including someone who has a positive home test.**

b. Return-to-Work Requirements

An employee with a confirmed/probable COVID case may return to work when:

- They are fever-free for 24 hours without fever-reducing medication; **and**
- Their symptoms have improved; **and**
- 5 days have passed since symptoms first appeared, or your test date if no symptoms.

The results of positive at-home COVID tests will not be accepted.

2. Families First Coronavirus Response Act (FFCRA) EXPIRED 12/31/20

a. Executive Order 2020-36 Rescinded

b. Unemployment Compensation Benefits

Under Executive Order 2020-57, and the federal CARES Act, unemployment compensation benefits are expanded in terms of eligibility, amount, and duration.

Employees who are unable to report to work for reasons related to COVID-19 are referred to State of Michigan website for information on unemployment compensation benefits. Such reasons include the following:

- Being under self-isolation or self-quarantine in response to elevated risk from COVID-19 due to being immunocompromised;
- Displaying at least one of the principal symptoms of COVID-19 (i.e., fever, atypical cough, atypical shortness of breath);
- Having close contact in the last 14 days with a confirmed COVID-19 diagnosis;
- Needing to care for someone with a confirmed COVID-19 diagnosis; and
- Fulfilling a family care responsibility as a result of a government directive (e.g., caring for a child whose school or childcare provider is closed or otherwise unavailable due to COVID-19).

c. FMLA and ADA

Employees may be entitled to unpaid leave under the Family and Medical Leave Act (“FMLA”) if their absence is related to their own serious health condition or that of a family member.

CACS is also mindful of its obligations under the Americans with Disabilities Act (“ADA”). Specifically, if an employee requests an accommodation because of a condition that may be complicated by COVID-19 (e.g., cystic fibrosis, emphysema, COPD), then CACS engages in the interactive process to provide a reasonable accommodation.

Minimizing exposure from those outside of our workforce including visitors and vendors

- When possible, CACS will limit the number of visitors in the facility.
- Masks will be available to visitors/vendors as well as appropriate disinfectants so individuals can clean work areas before and after use.

Plan Updates and Expiration

This Plan responds to the COVID-19 outbreak. As the pandemic progresses, CACS will update this Plan and its corresponding processes. This Plan will expire upon conclusion of its need, as determined by CACS and in accordance with guidance from local, state, and federal health officials.

Questions

Employees with questions should contact their Supervisor, or may contact Health Services via email at elisabeth.holberg@cacsheadstart.org or may contact Human Resources via email at Jean@cacsmi.org.

Process for Reporting a COVID-19 Case at CACS

What happens when someone at Head Start gets COVID-19?

1. A CACS employee or child's family learns about the COVID+ case (after being informed of the results of a diagnostic test) or probable case (after developing symptoms after having close contact with someone with COVID).

- The employee reports the COVID+ case to their supervisor. Families report it to the site staff who inform their supervisor.

2. The supervisor reports the case to the Health Manager.

- The supervisor reports the case to their Education Manager if it occurred in a child care site, or if children were exposed to the person with COVID.
- The supervisor reports the case to HR (Jean) if it is an employee with COVID.

3. The Supervisor, and Health and Education Managers work together to determine if any classrooms need to close, and to identify close contacts.

4. The Supervisor notifies close contacts while protecting the identity of the person with COVID.

- If children were exposed to COVID, the Health Manager prepares the general notification to parents protecting confidentiality, and sends it to the Head Start Director, Education Manager, and Education Supervisor (along with a summary of the case).

5. If a classroom closes, the Health Manager notifies the Head Start Administrative Team and Nutrition Coordinator.

6. The Education Supervisor prepares the COVID Case Report and submits it to the Health and Education Managers.

7. External Notifications:

- Family Partnerships Manager reports the classroom closure to the Regional Office.
- Head Start Director reports the classroom closure to the ISD for GSRP classrooms.
- Education Manager reports the COVID+ case to LARA.
- Health Manager reports the COVID+ case to the local health department.

Isolation/Quarantine are completed per the quarantine/isolation requirements in the CACS COVID plans.

Capital Area Community Services, Inc.
COVID-19 Questionnaire – Employees/Visitors

By signing this form, you are verifying your answer is “NO” to each of the questions below*		
In the past 24 hours, have you experienced:		
Fever of 100.4°F or higher, or felt feverish:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
New loss of taste or smell:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Or TWO (2) or more of the following:		
Chills:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Muscle aches:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fatigue:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Nausea &/or vomiting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
In the last 5 days, have you:		
Had close contact with an individual with a confirmed/probable COVID-19 case? **See below.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traveled internationally OR to a place with widespread COVID-19?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EMPLOYEES and VISITORS

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19

TODAY’S DATE: _____ **LOCATION:**

<i>PRINT NAME</i>	<i>SIGNATURE</i>	<i>TEMPERATURE</i>

Revised: 1/25/22

CHECK HERE IF CONTINUED ON ANOTHER PAGE

*Any “YES” ANSWER = Access to the building is Automatically Denied. Contact your supervisor as soon as feasible.

Retain form on-site for one month from time of generation.

** **Close contact** means someone was within six feet of a confirmed/probable COVID case for at least 15 minutes, cumulatively, over 24 hours, with or without a mask and regardless of vaccination status. The **exposure period**, for identifying close contacts, begins two days prior to symptoms starting/testing if no symptoms. A **probable COVID-19 case** means someone had close contact with a confirmed COVID case and now has symptoms, but does not have a test result, regardless of vaccination status (if they test negative they are no longer a probable case but will still be required to complete their quarantine if they are unvaccinated). People are **fully vaccinated** two weeks after their second dose in a 2-dose series (Pfizer or Moderna), or two weeks after a single-dose vaccine, (Johnson & Johnson’s Janssen). If someone tests positive for COVID and recovers, or is up to date on their COVID vaccines, and is then a close contact of someone with COVID within 90 days of their recovery, they do not need to quarantine as long as they do not have COVID symptoms. People are **up to date** when they have received all recommended COVID vaccines.

Capital Area Community Services, Inc.

COVID-19 Questionnaire – **Child**

To prevent the spread of COVID-19 and reduce the potential risk of exposure to Head Start program participants, our workforce and visitors, we are conducting a simple screening questionnaire. Parent’s participation is required and is important to help us take precautionary measures to protect the children and staff in this building.

Self-Declaration by the Child’s Parent		Yes	No
1.	Has your child experienced any cold or flu-like symptoms in the last 24 HOURS ? Including <ul style="list-style-type: none"> • Fever of 100.4°F or higher, or felt feverish. • New or worsening cough (change in their cough from baseline for children with chronic cough). • Sore throat. • Difficulty breathing (change from baseline for children with asthma). • New onset of severe headache. • Diarrhea or vomiting. • Congestion, runny nose, or other allergy like symptoms (change from baseline for children with allergies) 		
2.	In the last 5 days, has your child had close contact with an individual with a confirmed/probable COVID-19 case, or traveled internationally or to a place with widespread COVID-19?		
3.	Make a visual inspection of the child: are there signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.		
4.	Is your child waiting for the results of a COVID-19 test after developing COVID symptoms or being exposed to COVID?		
5.	Has your child been recently diagnosed with COVID-19 and not yet cleared to discontinue isolation?		

If the answer is “Yes” to any of the questions, access to the facility will be **AUTOMATICALLY DENIED:**

1. Children with symptoms may return after being cleared by a doctor or when the symptom is no longer present. For a fever, children must have no fever for 24 hours without the use of medicine that reduces fever. For vomiting or loose stools/diarrhea, the child may return when they have not had loose stools/diarrhea or vomiting in the last 24 hours.
2. If the child or other person did not wear a mask during their close contact, the child may return on the eighth day (if they test negative on the sixth or seventh day) or on the eleventh day (if the child was not tested) starting from the last time they had close contact (within six feet for 15 minutes cumulatively over 24 hours) with the person with a confirmed/probable COVID case.
 - If a child is a confirmed/probable COVID case they may return when they have not had a fever for 24 hours without the use of medicine that reduces fever, their symptoms have improved, and it has been at least 10 days since their symptoms started.
 - A probable case is someone who had close contact with someone with COVID, the person has symptoms, and has no negative test results (were not tested or do not have the results yet).

Last updated 8/4/22

COVID Case Reporting Form

Directions: Please complete the form then email it to Elisabeth Holberg and Bethany Griffin/Wendy McBride.

COVID Reporting

Today's date: _____ Classroom/work location: _____
 Name of person: _____ They are: Employee / Child
 Date of birth: _____ Parent/Guardian Name: _____
 Phone Number: _____ Address: _____
 Date they were last on site: _____ County the site is located in: _____
 Do they have symptoms? Yes / No If yes, date symptoms started: _____
 Did they have close contact with children? Yes / No If yes, were the children fully masked? Yes / No
 Were they a close contact of someone with COVID? Yes / No If yes, date: _____
 Were they tested? Yes / No If yes: Date: _____ Results: Positive / Negative

Close Contact Reporting

Start two days before symptoms started/testing if asymptomatic; close contact means they were within six feet for 15 minutes cumulatively over 24 hours

Staff who Came in Close Contact

Name	Date of last close contact	Are they up to date? Write yes or no	Phone Number

Staff who are not fully up to date or have not had COVID in the past 90 days will quarantine for 5 days since their last close contact.

Staff who are up to date or had COVID in the past 90 days will monitor themselves for symptoms; no quarantine required.

Children who Came in Close Contact

Date of last close contact	Name	Date of Birth	Phone Number	Parent/Guardian Name	Address

CACS Quarantine Guidance

Staff and Children

Close Contact

If up to date/recovered from COVID in the past 90 days: no quarantine.

If not: quarantine for 5 days since the last time you had close contact with someone with COVID. Monitor yourself for symptoms days 6-14.

Confirmed/Probable Case

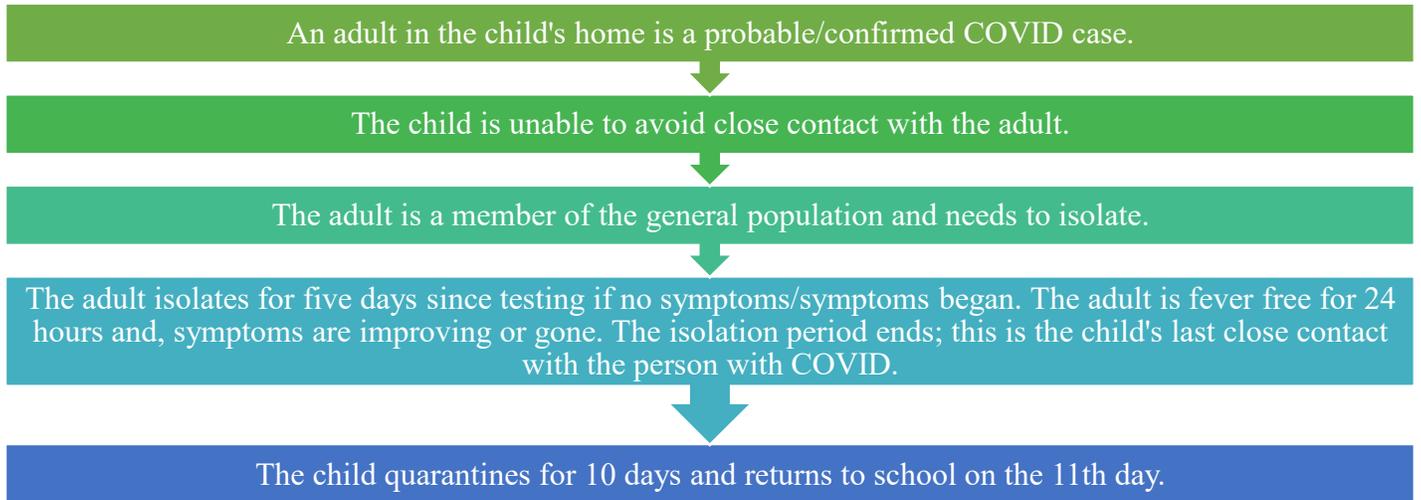
You may return when:
It has been at least 5 days since symptoms started (or since testing if not having symptoms), you have been fever free for 24 hours without medication, and your symptoms have improved.

People who are fully vaccinated, including having a booster, or who had COVID in the past 90 days, can still get COVID. If you have had **close contact (came within 6 feet of someone with COVID for 15 minutes, cumulatively, over 24 hours)** with someone with COVID, have symptoms, and do not have negative test results, you are a probable case and must be treated as if you have COVID, until or unless you receive negative test results. A negative test does not shorten the quarantine period, regardless of vaccination status. Please stay home if you are sick.

Guidance for Children Exposed to COVID at Home

Please refer to the CACS Quarantine Guidance Poster.

Children may be continuously exposed to adults with COVID, in their home, if the child is unable to avoid close contact (coming within six feet for 15 minutes, cumulatively, over 24 hours) during the adult's isolation period.



Source: <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

Counting Quarantine Days (ICHHD, BEDHD, & MMDHD)						
Exposure occurs	1	2	3	4	5	Quarantine ends

Refer to the Ingham, Eaton, or Clinton County scenarios for more details.

Suggested Questions for Parents Regarding Close Contact

- In the last 10 days, did your child have close contact with someone with COVID? If yes, continue.
- When was the last time the child was within six feet, for 15 minutes cumulatively over 24 hours, of the person with COVID? This date is day 0; count 11 days for the child's return date.

Suggested Questions When a Parent/Legal Guardian Has COVID

- Do you have symptoms? If yes, when did they start?
- When were you tested?
- Are you able to avoid close contact with your child? If yes, when was the last time your child was within six feet, for 15 minutes cumulatively over 24 hours, of you? This is the last time exposure occurred (day 0; count 11 days for the child's return date). If no, the child needs to wait till your quarantine period ends to start their quarantine (because the child is will have continuous exposure to COVID and cannot quarantine while being exposed).
- If after 5 days, your symptoms are improving or have improved, and you are fever free for 24 hours, your isolation period is over. If your child was unable to avoid close contact with you, the last day you have COVID is when the last exposure occurs (day 0; count 11 days for the child's return date). 1/25/22 EDH

Mask Poster

Please Wear a Mask



Unless you are eating/drinking/sleeping, under the age of 2, or have a medical contraindication, please wear a mask while inside. Thank you!

* We are aware that some staff may have medical exemptions for masks.

How to Find a COVID Test Site:

- **MDHHS:** <https://www.solvhealth.com/search?cobrandedSrpLocation=MI>
Call the COVID-19 Hotline at 888-535-6136, press 2 for help finding a test site.
- <https://doineedacovid19test.com/>
- **Ingham County Health Department:** <https://lynxdx.health/register>
- **Barry-Eaton District Health Department:**
https://honu.dxresults.com/AntigenSignup?LabId=2487&fbclid=IwAR30t1I5Ah_IaN94MWWDPMLmN8bPrk5oxq9yGupbFUimX6cFH3fcnAt7ueU

“Who Should Get Tested for Current Infection:

- People who have symptoms of COVID-19.
- People who have come into close contact with someone with COVID-19 should be tested to check for infection:
 - Fully vaccinated people should be tested 5–7 days after their last exposure.
 - People who are not fully vaccinated should get tested immediately when they find out they are a close contact. If their test result is negative, they should get tested again 5–7 days after their last exposure or immediately if symptoms develop.
- Unvaccinated people who have taken part in activities that put them at higher risk for COVID-19 because they cannot physically distance as needed to avoid exposure, such as travel, attending large social or mass gatherings, or being in crowded or poorly-ventilated indoor settings.
- People who have been asked or referred to get tested by their healthcare provider, or state or local health department” (CDC).



12/2/21 EDH Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

COVID Sources

CACS Follows:

Federal	State	Local
Center for Disease Control and Prevention (CDC)	Michigan Department of Health and Human Services (MDHHS)	Ingham County Health Department (ICHD)
Office of Head Start (OHS)	Michigan Child Care Licensing Bureau (LARA)	Barry-Eaton District Health Department (BEDHD)
		Mid-Michigan District Health Department (MMDHD)
		Shiawassee County Health Department (SCHD)

This list is not all inclusive.

Where did it come from?

Item	Source
Definitions	CDC
Quarantine and Isolation Guidelines	MDE and MDHHS
How to Count Quarantine and Isolation	CDC, ICHD, BEDHD, MMDHD, SCHD
Children with COVID Symptoms	LARA
COVID Symptoms List	CDC
COVID Screening	LARA, Caring for Our Children, and all local health departments
A Negative Test Does Not Shorten Quarantine	CACS does not have universal acceptance by the four counties (2 allow it for kids with strict universal masking). MDHHS no longer includes it in the school guidance.
Mask and Vaccine Requirements	OHS
Tooth brushing During COVID	OHS

CDC COVID-19 Guidance for Operating Early Care and Education/Child Care Programs:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

1/25/22 EDH

Using a Forehead Thermometer

Measuring a person's temperature can be done in several ways. One method to measure a person's surface temperature is with the use of non-contact infrared thermometers (NCITs). NCITs may be used to reduce cross-contamination risk and minimize the risk of spreading disease. While typically 98.6°F (37.0°C) is considered a "normal" temperature, some studies have shown that "normal" body temperature can be within a wide range, from 97°F (36.1°C) to 99°F (37.2°C). Before NCITs are used, it is important to understand the benefits, limitations, and proper use of these thermometers. Improper use of NCITs may lead to inaccurate measurements of temperature.

Benefits of NCITs

- Non-contact approach may reduce the risk of spreading disease between people being evaluated
- Easy to use
- Easy to clean and disinfect
- Measures temperature and displays a reading rapidly
- Provides ability to retake a temperature quickly

Limitations of NCITs

- How and where the NCIT is used may affect the measurement (for example, head covers, environment, positioning on forehead).
- The close distance required to properly take a person's temperature represents a risk of spreading disease between the person using the device and the person being evaluated.

Proper Use of NCITs

The person using the device should **strictly follow the manufacturer's guidelines and instructions for use** for the specific NCIT being used. The manufacturer's instructions for use typically include the following information and recommendations for proper use:

Preparing the Environment and NCIT:

The use environment may impact the performance of the NCIT. Instructions will typically include recommendations for optimal use, such as the following:

- Use in a draft-free space and out of direct sun or near radiant heat sources.
- Determine if conditions are optimal for use. Typically, the environmental temperature should be between 60.8-104 °F (16-40 °C) and relative humidity below 85 percent.
- Place the NCIT in the testing environment or room for 10-30 minutes prior to use to allow the NCIT to adjust to the environment.

Cleaning Between Uses:

For cleaning NCITs between uses, follow the instructions in the Cleaning and Disinfecting section of the product instructions. Most NCITs should never be immersed in water or other liquids.

Preparing the Person being Evaluated:

In preparation for taking a temperature measurement with an NCIT, the person using the NCIT should typically ensure that

- The test area of the forehead is clean, dry and not blocked during measurement.
- The person's body temperature or temperature at the forehead test area has not been increased or decreased by wearing excessive clothing or head covers (for example headbands, bandanas), or by using facial cleansing products (for example cosmetic wipes).

Using the NCIT:

As previously noted, the person using the device should **strictly follow the manufacturer's guidelines and instructions for use** for the specific NCIT being used. In particular, the following are typical instructions for NCIT usage.

- Hold the NCIT sensing area *perpendicular* to the forehead and instruct the person to remain stationary during measurement(s). (See Figure 1)
- The distance between the NCIT and forehead is specific to each NCIT. Consult the manufacturer's instructions for correct measurement distances.
- Do not touch the sensing area of the NCIT and keep the sensor clean and dry.



Figure 1: Correct Use – Forehead unobstructed, and NCIT perpendicular to forehead and used at distance identified in manufacturer’s instructions.



Figure 2: Incorrect Use – Not perpendicular to forehead

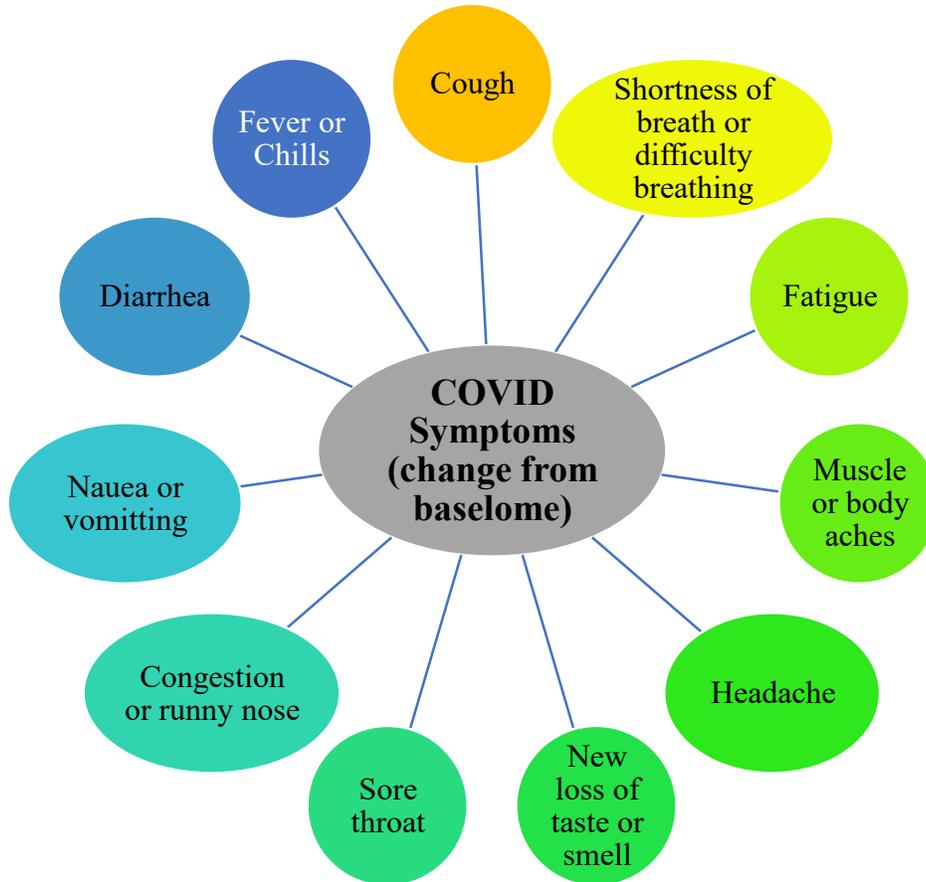


Figure 3: Incorrect Use – Forehead exposed to direct sunlight outdoors

Copied from <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/non-contact-infrared-thermometers>

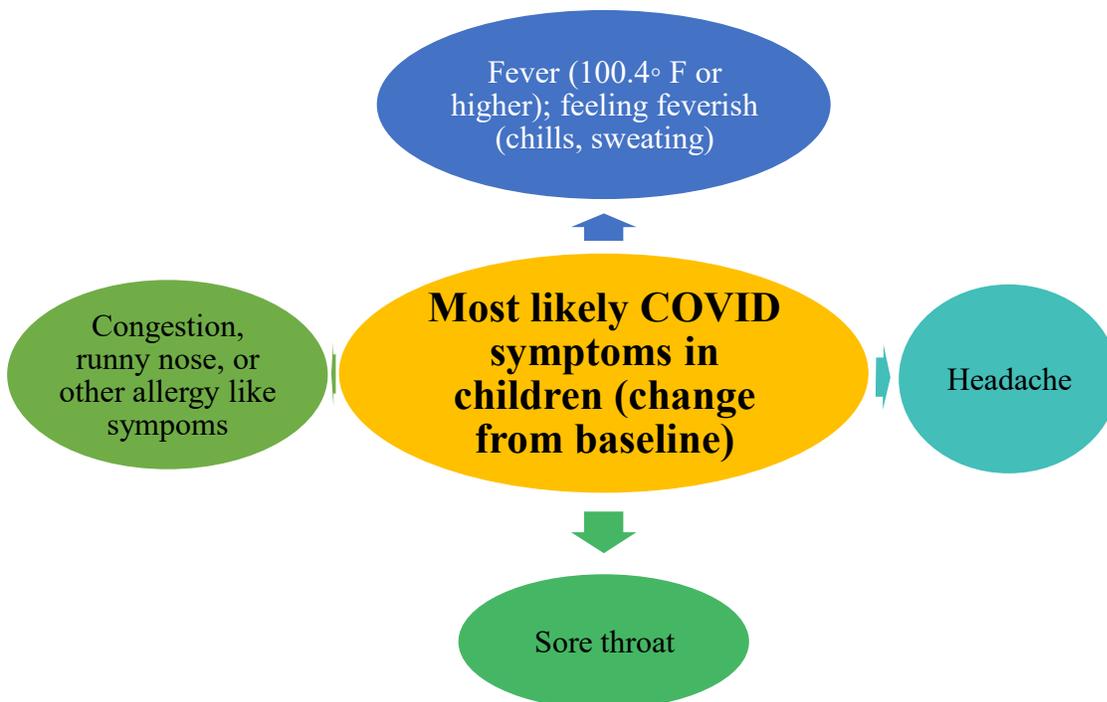
Retrieved 1/7/22 EDH

COVID Symptoms



Symptoms may appear 2-14 days after exposure to the virus.

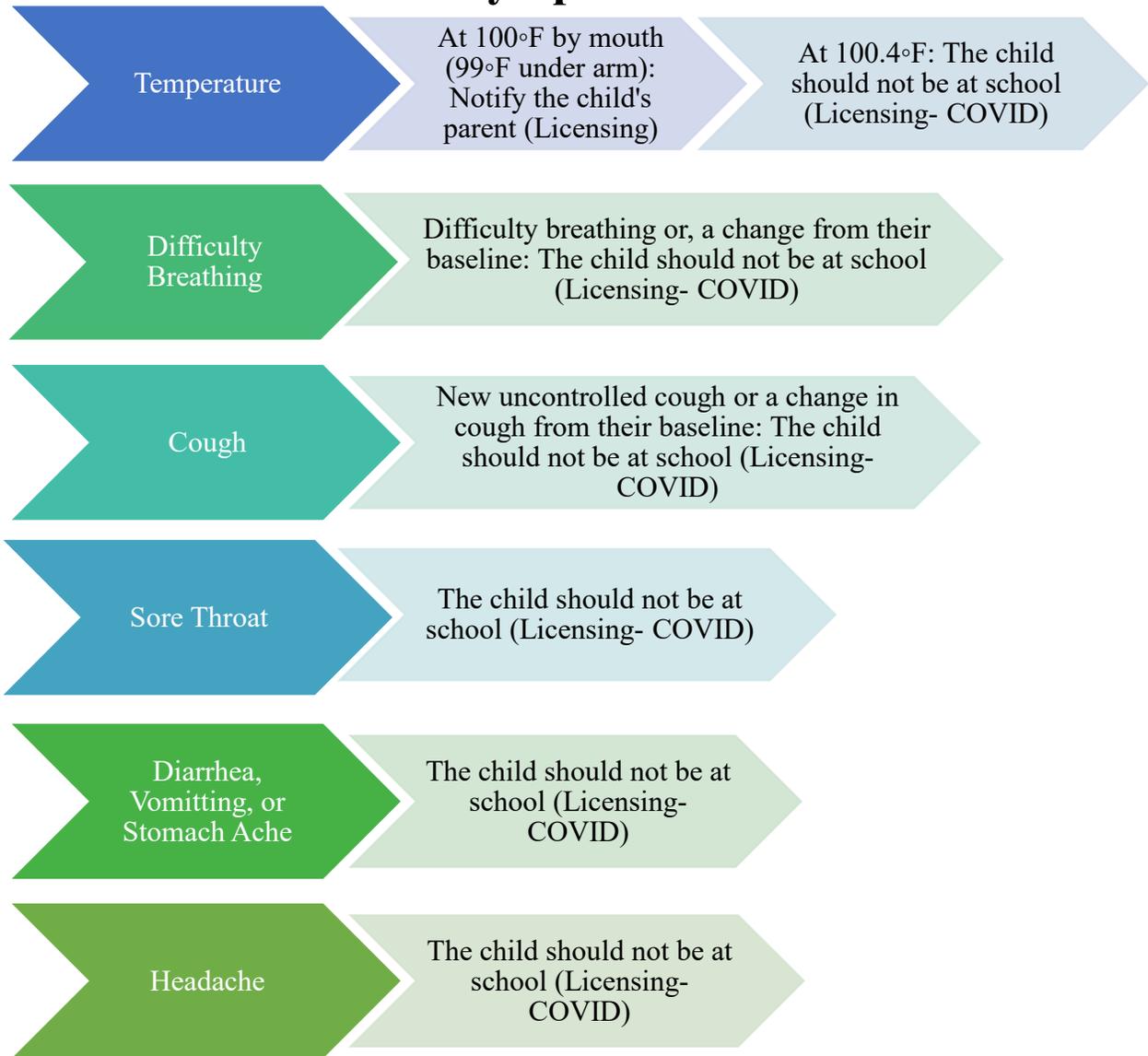
Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



Source: <https://nrckids.org/CFOC/Database/3.1.1.1>

1/11/22 EDH

COVID Symptoms in Children



Children with symptoms may return after being cleared by a doctor or when the symptom is no longer present, unless otherwise noted.

Children should get tested for COVID-19 if they have symptoms or if they are a close contact of someone who has COVID-19 (Licensing- COVID).

Refer to the *Quarantine Guidance Poster* for what to do if a child is, a close contact of someone with COVID, or a confirmed/probable COVID case.

Key:

- **Licensing:** Michigan Child Care Licensing Rules.
- **Licensing- COVID:** Guidelines for Safe Child Care Operations During COVID
- **MCD:** Managing Communicable Diseases in Schools, MDE and MDHHS. The CACS sick child policy comes from this document.

MDHHS Booster Schedule

COVID-19 Vaccination Schedule *



Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month	8 month	9 month	10 month	11 month
Pfizer-BioNTech (ages 6 months – 4 years)	1 st Dose	2 nd Dose ¹ (3–8 weeks after 1 st dose)		3 rd Dose (at least 8 weeks after 2 nd dose)								
Moderna (ages 6 months – 17 years)	1 st Dose	2 nd Dose ¹ (4–8 weeks after 1 st dose)										
Pfizer-BioNTech (ages 5 years and older)	1 st Dose	2 nd Dose ¹ (3–8 weeks after 1 st dose)					Booster Dose ² (at least 5 months after 2 nd dose)					
Moderna (ages 18 years and older)	1 st Dose	2 nd Dose ¹ (4–8 weeks after 1 st dose)					Booster Dose ² (at least 5 months after 2 nd dose)				2 nd Booster Dose ¹ (See footnote)	
Janssen (ages 18 years and older)	1 st Dose		Booster Dose ² (at least 2 months after 1 st dose)				2 nd Booster Dose ³ (See footnote)					

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula "1 month = 4 weeks." Intervals of 4 months or more are converted into calendar months.

* See Guidance for COVID-19 Vaccination Schedule for People Who are Moderately or Severely Immunocompromised.

1 An 8-week interval may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 years and older, and others who need rapid protection due to increased concern about community transmission or risk of severe disease. For more information, view the CDC Interim Clinical Considerations (bit.ly/COVIDclinicalconsiderations).

2 If eligible, people 5 years and older should receive an age appropriate COVID-19 vaccine booster dose, an mRNA (Pfizer or Moderna) COVID-19 vaccine is preferred. For people ages 5–17 years who received Pfizer COVID-19 vaccine as their primary series they should receive an age-appropriate COVID-19 vaccine booster dose. For those 6 months through 17 years who received Moderna COVID-19 vaccine as their primary series they are not recommended to receive a COVID-19 booster dose as a booster dose is not authorized for use in this age group. For people ages 18 years and older, Pfizer-BioNTech and Moderna can be used as a booster dose.

3 People ages 18–49 years who received Janssen COVID-19 vaccine as both their primary dose and first booster dose may receive a second booster dose using an mRNA (Pfizer or Moderna) COVID-19 vaccine at least 4 months after the first booster dose. People ages 50 years and older should receive a second booster dose if it has been at least 4 months after the first booster dose. An mRNA (Pfizer or Moderna) COVID-19 vaccine must be used for the second booster.

