

# Capital Area Community Services Child Care COVID Response & Preparedness Plan Updated 1/12/21

## Introduction

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### *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 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, 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 will 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.

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

## Changes to Our Physical Spaces

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

1. Where possible, dividing large group spaces to allow more children to safely use the space (e.g., using child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children).
2. We will close all drinking fountains.
3. 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).
4. Where possible, limiting or eliminating 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.
5. Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
6. Rearranging classroom areas to seat children as far apart as reasonably possible **and** limiting the number of children sitting together.

7. Stagger times for outdoor play or gym time. If used, space must be cleaned between group use.
8. Post visible signage or visible markers to indicate proper social distancing, handwashing, and cloth face mask wearing.

### **Limit Visitors**

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- We will restrict the individuals in our facilities as much as possible.
- We will limit non-essential staff, visitors, volunteers, and activities including groups of children or adults.
- Staff will not go into other classrooms to “visit” and will stay within their own offices or classrooms unless absolutely necessary.
- Licensing Consultants, Protective Services Workers, and repair or contracted workers are considered essential. Upon arrival, they need to sign in on the Employee/Visitor Health Screening Daily Form, take their temperature and wash hands/use hand sanitizer.

### **Availability of Toys and Classroom Materials**

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At this time, we will make the following changes to the toys and materials in our classrooms:

1. We will remove toys and objects which cannot be easily cleaned or sanitized between use.
2. Cloth toys will be used by one individual at a time and laundered before being used by another child.
3. We will temporarily suspend use of water and sensory tables.
4. Toys will be washed and sanitized before being moved from one group of children to another.
5. Children’s books, and other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

### **Mealtimes**

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To limit opportunities for exposure during mealtimes, we will engage in the following recommended practices:

1. We will space seating as far apart as possible (ideally 6 feet apart if possible) by limiting the number of children sitting together and rearranging seating.
2. We will modify our family-style meal service and have staff plate each child's meal so that multiple children are not using the same serving utensils.
3. Staff and children will wash hands before and immediately after children have eaten.

## Naptime

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To reduce potential for viral spread, we will engage in the following recommended practices:

1. Using bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
2. Bedding that touches a child's skin will be cleaned weekly or before use by another child.
3. Labeling each child's cot/mat.
4. Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, ideally 6 feet apart.
5. When possible, children will be placed head-to-toe (i.e., one child with their head at the top of the mat, the next child over with their head at the bottom of the mat).

## Items Brought From Home

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items from home as much as possible. However, we recognize that placing limits on children's comfort items may increase stress for children and staff as they may be especially needed during this time of transition. We ask that families and staff follow these guidelines with regard to children's comfort items:

1. To avoid these items coming into contact with many children, efforts will be made for these items to be placed in a cubby or bin and be used at naptime or as needed.
2. If possible, comfort items should remain at the child care facility to avoid cross-contamination.
3. Items should be washed weekly (at our facility or the child's home) and daily if the comfort item is a soft material (e.g., blanket, stuffed animal, clothing).

## Daily Temperature Checks

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As fever is the key indicator of COVID-19 in children, we will check each child's temperature upon daily arrival to the program. Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).

When children arrive to the program, temperature checks will occur

- before children enter the building.
- as they enter the bus.

Each site will designate staff to complete the daily temperature checks.

To minimize potential spread of illness, staff will:

1. wear a face mask while taking the child's temperature. You may also wear a face shield for extra protection.

2. wash their hands (using soap and water for 20 seconds or using a hand sanitizer with at least 60% alcohol) between checks.
3. disinfect non-disposable thermometers between uses (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab).

## Screening Children & Families for COVID-19 Symptoms and Exposure

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Before arriving to the program, staff and families are required to report if they, or the child answer yes to the questions on the COVID-19 Health Screening Form.

Upon arrival at the center, parents will call the designated phone number to announce their arrival at the center. Staff will ask the following questions:

- Has your child been in close contact with an individual diagnosed with COVID-19?
- Has your child felt unwell in the past 24 hours?
- Did you answer yes to any of the questions on the Daily Health Screening form?

If the answer is yes to any of the above questions, the child cannot stay and cannot return until the answer to all questions is no. If the answer is no, the parent and child will wait in their vehicle for a staff person to arrive car side. Staff will take the child's temperature and then take child to their classroom. Classroom staff will have child immediately wash their hands and will complete the AM Daily Health Check. If a child is in attendance a full-day, a second visual check will take place in the afternoon. Staff will wash hands or use hand sanitizer after each child check-in. All screenings and daily health checks will be kept on file for one year.

We will be strictly enforcing our sick policy.

## Responding to Symptoms and Confirmed Cases of COVID-19

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### Responding to COVID-19 Symptoms On-Site

If a child has a temperature above 100.4 degrees and/or symptoms such as persistent cough, difficulty breathing, chills, diarrhea, or vomiting, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops symptoms during care hours:

- Parents will be contacted for prompt pick-up.
- The child will be isolated from other children and as many staff as possible (the child will not be left alone). Each site must designate a room for isolation.
- The child and designated staff will wait in the isolation room until picked-up.

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If no other caregiver is immediately available to be with children, the staff member will put on a cloth face covering (if not already on) and limit close interactions with children until they can be relieved by another staff member.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the isolation location.

## **If a Child Tests Negative for COVID-19 or No Testing Was Done**

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### **No Testing Was Done**

- If a child visits a healthcare provider and another cause is identified for the symptoms, the individual may return to care once symptoms improve and they have been fever free for at least 24 hours without the use of medicine that reduces fevers.
- If a test is not done, the individual should stay home until:
  - Has been fever-free for at least 24 hours without the use of medicine that reduces fevers AND
  - Other symptoms have improved AND
  - At least 10 days have passed since symptoms first appeared.

### **Tests Negative**

- If a child was not exposed to COVID-19, a child may return to care based on a provider's illness policy.
- If a child was exposed to COVID-19 within the past 14 days, they should stay home for 14 days after their last exposure and follow all instruction from the local health department.

### **If a Child Tests Positive for COVID-19**

Providers must cooperate with the local public health department to determine when a child may return to care after testing positive for COVID-19. In general, individuals must stay home until they:

- Have been fever-free for at least 24 hours without the use of medicine that reduces fevers AND
- Other symptoms have improved AND
- At least 10 days have passed since symptoms appeared or the individual tested positive.

Most children can return to care based on improved symptoms and the passage of time. There's no need to get a negative test or a doctor's note to clear the child to return to care.

The previous two sections were taken directly from LARA's Guidelines for Safe Child Care Operations During COVID-19 updated 11/19/20.

## Reporting Exposure

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If a child or staff member, family member, or visitor to our program tests positive for the virus, it must be reported to the Health Manager, Education Manager, and Human Resources Manager immediately. The Health Manager 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 of the local health department 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.

## Maintaining Consistent Groups/Social Distancing

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During this time, we will limit group sizes, the number of staff members caring for a child and the number of spaces a child is in during the day as much as possible.

Group size guidelines vary based on which phase of the Mi Safe Start plan your community is in.

Phase	Group Size Guidelines
Phases 1-3	It is highly recommended that group sizes be kept to 10 or fewer children.
Phases 4	Providers may operate at their licensed capacity and should continue to keep children and staff in consistent groups.
Phase 5	Providers may operate at their licensed capacity and should continue to keep children and staff in consistent groups.

The above table was taken directly from LARA’s Guidelines for Safe Child Care Operations During COVID-19 updated 11/19/20.

- Our group sizes will be kept at 10 children plus teaching staff. As much as possible, classrooms will include the same group of children and caregivers.
  - In a center, consistent adults should remain with groups of similar aged children. It is particularly important that infants less than 6 months are separated from older children because they cannot be vaccinated against influenza.
  - Contact with external adults and between groups of children should be limited. For example, playground time should be rotated between groups and specialist teachers should be limited.

To minimize potential spread of COVID-19, we will engage in the following best practices:

1. To the extent possible, classrooms will include the same group of children and providers each day.
2. Each group of children will be kept in a separate room.
3. We will adjust staffing patterns to have children dropped off and picked up outside of the

- building and brought to their classroom by staff.
4. We will limit the mixing of children across groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.
  5. If the gym, common room, playgroup room, etc. is used, it can only be used by one group at a time and all materials used by the children must be sanitized after use.
  6. Canceling field trips and special events that convene larger groups of children and families.
  7. Limiting non-essential **staff, visitors, and activities** including groups of children or adults. Licensing Consultants, Protective Services Workers, repair workers and contractors are considered essential.
  8. No volunteers or interns will be allowed.
  9. Any in-person staff meetings will be limited to 10 people and social distancing requirements will be followed as much as possible.
  10. Staff will practice social distancing on a consistent basis. They will wear masks at all times, if a 6 foot distance can not be maintained in the classroom. **Masks must be worn, and social distancing practiced** in all common areas including hallways, breakrooms (unless eating/drinking), offices, etc. If a staff member has a medical issue in which they can not wear a mask, they must inform their immediate supervisor.

### Drop-Off and Pick-Up Procedures

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We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.

1. Only one adult per family should be present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though we recognize this is not always possible.
2. We will implement staggered drop-off and pick-up times to limit contact among parents.
3. Staff will greet children and families curbside or outside the building and walk children in and out of the building.
4. Children should enter the building without car seats.
5. We will provide hand sanitizer or wipes at the sign-in station for staff to clean pens/keypads and thermometers between each use.
6. If it is absolutely necessary for a parent to come into the building (this should be a rare occasion), it will be required for them to wear masks while in the building.
7. We ask that parents avoid congregating in a single space or a large group for your own safety.

We will temporarily be changing our sign-in/-out policies as follows:

- Staff will record arrival and departure times and will confirm attendance times weekly with parents via email.

## Transportation

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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. If travel is necessary (e.g., picking up/dropping off children), vehicles/bus will be modified to allow for social distancing when possible.
3. We will take the temperature of all children and staff members as they enter the vehicle/bus.
4. Cloth face coverings are required, if medically feasible by all children older than 2 years and staff in the vehicle/bus.
5. Use hand sanitizer before entering the vehicle/bus. Hand sanitizer must be supplied in the vehicle/bus
6. 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

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We will reinforce 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

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### 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

### 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 an EPA-registered disinfectant, rinse again, and air-dry.
4. We will clean toys in a dishwasher or use the 3-step cleaning procedure.

## Safety Equipment

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### Face Mask/Coverings for Staff

- Staff must wear a mask when they cannot maintain a 6-foot distance from other staff or children, unless they are eating/drinking, communicating with someone who is deaf, deafblind, or hard of hearing, or they have a medical condition described in LARA's Guidelines for Safe Child Care Operations During COVID-19. Masks do not have to be worn when outdoors if able to consistently maintain 6-feet of distance from others.

## Use of Gloves

- Staff will wear gloves in a manner consistent with existing licensing rules (for example, gloves should be worn when handling contaminants, changing diapers, cleaning or when serving food). Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not recommended for broader use and do not replace handwashing.

## Face Masks/Coverings for Children

### When and Where to Wear a Cloth Face Mask in Your Facility

Environment	Staff	Children Ages 2-3	Children Ages 4	Children Ages 5 and up	Parents and visitors
Classrooms, homes, cabins, or similar indoor settings	Required	Should be encouraged*	Should be encouraged*	Required	Required
Indoor hallways and common areas	Required	Should be encouraged*	Required	Required	Required
School bus or transportation	Required	Required	Required	Required	Required
Outside with social distancing	Not required	Not required	Not required	Not required	Not required

\* Although cloth face masks are not required in these settings, they should be encouraged if tolerated.

The above table was taken directly from LARA's Guidelines for Safe Child Care Operations During COVID-19 updated 11/19/20.

## Partnering and Communicating with Families & Staff

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### 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 and MIOSHA Rules. This includes 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. Required training includes steps employees must take to notify employers of signs and symptoms of COVID-19 and a suspected or confirmed diagnosis, and measures the employer and employees are taking to limit the spread of the virus (including PPE).

## ***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. As essential workers in the COVID-19 pandemic, 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, a free 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>.