

COVID-19 SAFETY AND HEALTH

DAILY HEALTH SCREENING

- Health screening for signs of being sick for all staff, adults and children at entry each day.
- At drop-off times with the child's family,
- Staff, adults or children, sick with any illness must stay home.

Ask the parents or guardians the following questions (Working parents must also answer the questions).

- Does your child have any of the following symptoms that are not attributable to another condition now or in the past 3 days (72 hours)?
 - A cough
 - Shortness of breath or difficulty breathing
 - A fever of 100.4°F or higher or a sense of having a fever
 - A sore throat
 - Chills
 - New loss of taste or smell
 - Muscle or body aches
 - Nausea/vomiting/diarrhea
 - Congestion/running nose – not related to seasonal allergies
 - Unusual fatigue
 - Has your child or anyone in your household had any of the above symptoms?
- Has your child or anyone in your household tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms?
- Has your child or anyone in your household been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the last 14 days.
- Has your child been in close contact with anyone with suspected or confirmed COVID-19
- Has your child had any medication to reduce a fever before coming to care?

Do not allow entrance to class for the child or adult if the answer to any of the above questions is “yes.”

If the answer to all of the above questions is “no”, check the child for signs of being sick, such as flushed cheeks, tiredness.

DROP OFF/PICK UP

Persons who have a fever of 100.40 (38.00C) or above or other signs of illness should not be admitted to the facility or outdoor classroom. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival.

Develop a system for dropping off and picking up children that keeps families physically distant from each other and reduces their need to enter the program space. This may include staggering drop off and pick up times for various groups, one-way traffic flows, greeting children at their vehicle, or placing distancing markers on walkways.

Everyone should wash their hands or use hand gel before and after signing in and out. Place hand gel near the sign-in station. Use hand gel with at least 60% alcohol and keep it out of the reach of children. Use gel without fragrance if possible.

1. Upon arrival, parent shall escort child(ren) to classroom entrance area *or* to a working parent who picks up at your vehicle. Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible. Ensure 6 feet of distance between families lining up for pick up / drop off.
2. Designate a parent to be the drop off/pick up volunteer to walk all children to their indoor or outdoor classroom, and at the end of the day, walk all children individually back to their cars or a waiting area where their adult will pick them up.
3. Each adult and child attending class must be signed in on the daily attendance record on paper or online sign in system. If possible, place sign-in stations outside, and provide sanitizing wipes for cleaning pens between each use.
4. Any child or adult that will be in class will have their temperature taken at home or an assigned adult onsite, prior to attending class. Sites will designate whether temperature will be taken at home or onsite.
5. Hand hygiene stations should be set up at the entrance of the facility, indoor or outdoor class area, so that children and adults can clean their hands before they enter.
6. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use.
7. Ideally, the same parent or designated person should drop off and pick up the child every day

DEPARTURE

- Departures must be recorded on the attendance record or online system.
- A parent must wait in their car or designated pick up area for their child to be brought to them and must escort child(ren) out of the pickup area. Social distancing 6 feet from other adults is required.

PHYSICAL DISTANCING

Both DOH and CDC recommend that children and youth be physically distanced by at least three feet or more within groups when indoors as much as possible. Your ability to do this will depend on children's ages and on their developmental and physical abilities. In certain circumstances, children and youth must still maintain six feet of distance:

- When masks can't be worn, such as when eating.
- During activities when increased exhalation occurs, such as singing, shouting, playing instruments or when performing physical activity.
- These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.

Practical tips to maintain physical distancing:

- Limit the number of children in each program space.

- Increase the distance between children during table work to at least three feet while masked and at least six feet during meals while unmasked.
- Plan activities that minimize close physical contact.
- Children should have their own set of items to limit the sharing of supplies or equipment.
- Remove any items that cannot easily be cleaned and disinfected such as stuffed animals and play dough.
- If using sensory materials, use items that can be disinfected or discarded and replaced between sessions.
- Maintain at least six feet of distance and reduce time standing in lines.
- Increase fresh air as much as possible. Use the ventilation system and/or open windows where safe.
- Go outside more.
- Do not bring separate groups together for activities or other interactions.

Grouping and Staff Ratios by Age Group

Age Group	Max # Children in group	Adult: Child Ratio	Max # total people in group
Parent/Infants classes 0-11 months	8	1:2	12 (1 teacher , 5 adults and 6 infants)
Parent / Toddler classes 12-36 months	15	1:2 for 12-18 months 1:3 for 19-35 months	18 (1 teacher, 8 adults and 9 children)
Toddler 12-36 months	15	1:2 for 12-18 months 1:3 for 19-35 months	18 (1 teacher, 4 adults and 13 children)
30 months to 6 years	18	1:5	22(1 teacher, 3 adults and 18 children)
Mixed Age 4.5 to 9 years	30	1:5	32 (1 teacher,4 adults and 25 children)

CLEANING AND DISINFECTING

CLEAN

- Wear disposable gloves for routine cleaning and disinfection.
- Clean surfaces using soap and water, then use disinfectant (Bleach solution).
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.

BLEACH

- Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution.
- Diluted household bleach solutions may be used if appropriate for the surface.
 - Check the label to see if your bleach has a sodium hypochlorite concentration of 5%–6%.
 - Ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- **Mix disinfectant solution at a concentration of 4 teaspoons of 6% bleach per quart of cool water or 5 tablespoons 6% bleach (1/3 cup) per gallon of cool water.**
- Never mix household bleach with ammonia or any other cleanser.
- Leave solution on the surface to air dry for at least 1 minute.

HANDS ON MATERIAL AND EQUIPMENT

- Limit shared materials to those you can easily clean, sanitize and disinfect.
- Clean and sanitize hands-on toys, materials and equipment often and after each use.
- Individual labeled containers or bins can be used for each child or youth. Examples include sensory bins, art supplies, etc.
- Use separate bins of toys for each infant or toddler as they tend to put toys in their mouths.
- Some items cannot be cleaned and sanitized. This includes things like playdough and sensory or water tables, stuffed animals, and dress up clothes. These items should be removed from the program unless they are individually assigned and labeled.
- Rotate toys that are out at any one time, so they can be cleaned and sanitized.
- Books and other paper-based materials are not high risk for spreading the virus.

CLEAN and DISINFECT TOYS

- All toys and equipment must be cleaned and disinfected after each use or before using again.
- Toys cannot be shared between class groups until they have been cleaned and disinfected.
- Toys that cannot be cleaned and sanitized should not be used.
- 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. Clean with water and detergent, rinse, sanitize with bleach or an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning.
- 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.

OUTDOOR AREAS

Outdoor areas, like playgrounds in child care, preschool, 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.

- If you can, have equipment such as balls and jump ropes for each group.
- Always wash hands right after outdoor play time.

HAND WASHING

- All programs, including outdoor programs, should be in areas that have adequate handwashing facilities on site. If a program must operate where there are not sufficient facilities, temporary handwashing stations with running water must be set up.
- When soap and water are not readily available, use an alcohol-based hand gel with at least 60% alcohol and preferably fragrance-free.
- Alcohol-based hand gel is not a substitute for handwashing when hands are dirty, after diapering or toileting, or before eating. Wash hands with soap and water as soon as possible.
- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After playing outdoors
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. 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.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Per child care rules, alcohol-based hand gels are not allowed for children under age 2.
- Assist children with handwashing, who cannot wash hands alone.
 - After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks.

MASKS

Wear fabric face coverings or face shields, such as cloth facemasks, scarves, bandanas or plastic face shields that have protective coverings at bottom of the shield preventing droplets from entering under the mask. The face covering must fit over your nose and mouth. To protect yourself, wear face coverings properly.

- Your mask should always cover your nose and mouth.
- Face shields should have a covering at the bottom of shield to prevent exposure coming up under the mask.
- Always wash your hands with soap and water or use an alcohol-based hand sanitizer before you put on a face covering and after removing it.
- Change your face covering when it gets moist.
- Wash your face covering after each use.

- Masks may be recommended or required for public health protection in certain circumstances, such as outbreaks or areas with high rates of transmission. Follow all local health orders
- In rare circumstances when a cloth face covering cannot be worn, children and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. Face shields should extend below the chin, to the ears, and have no gap at the forehead.
- Younger children must be supervised when wearing a cloth face covering. These children will need help with their masks and getting used to wearing them.
- Children may remove cloth face coverings to eat and drink and when outside.
- If children need a “mask break,” take them outside or to a large, well ventilated room where there is sufficient space to ensure more than 6 feet of physical distance between people.
- Encourage children and families to bring two clean masks each day.

EXCEPTIONS:

Some people do not need to follow this directive, including:

- Babies and toddlers under age 2 should never wear cloth face coverings
- Children while they are sleeping.
- Anyone with a disability that makes it hard for them to wear or remove a face covering.
- Anyone who is deaf and moves their face and mouth to communicate.
- Anyone who has been advised by a medical professional to not wear a face covering because of personal health issues.
- Anyone who has trouble breathing, is unconscious, or unable to remove the face covering without help.

MASKS INDOORS:

All children age 5 years and older, staff, volunteers, and guests must wear cloth face coverings or acceptable alternatives when indoors. Children 2-4 years are encouraged to wear masks when indoors.

MASKS OUTDOORS:

Masks are not required outdoors, regardless of vaccination status. People who are unvaccinated are encouraged to wear a mask in crowded outdoor settings such as events where it’s hard to maintain physical distance.

FIELD TRIPS:

Field trips or any off-site trip should follow all safety and mitigation protocols of the preschool along with requirements of the destination, whichever is more protective

SNACKS and FOOD

- Eliminate family style and buffet meals where food is shared.
- Consider doing one of the following:
 - not serving snacks or food
 - serve prepackaged snacks or
 - have each child bring their own snack
- Space children at least six feet apart while eating.
- Consider having children take their meals outside.

- Clean and sanitize tables before and after each group eats. Use a washable plastic tablecloth for wooden tables.
- Ensure children wash hands prior to and immediately after eating.
- Adults should wash their hands before preparing food and after helping children to eat.

SUSPECTED or CONFIRMED CASE of COVID-19

- Ask staff and caregivers to inform the program right away if the ill person is diagnosed with COVID-19.
- Please report to your college coordinator and local health department, identifying yourself as a preschool program, if:
 - You have a single, mild case
 - You are considering a brief 2-5-day closure or a longer 14-day closure
 - You see a group of children or staff (i.e. a cluster) with suspected or confirmed COVID-19 infections in your preschool, OR
 - Staff, children, or volunteers become severely sick with suspected or confirmed COVID-19 infections or undiagnosed respiratory illness (requiring hospitalization or causing death).
- To prepare for the potential of children or staff attending or working at the preschool facility while infectious with COVID-19, programs should have a response and communication plan in place that includes communication with staff, families, and their local health jurisdiction.
- Staff and parents or guardians of children who test positive for COVID-19 should notify the preschool program immediately upon receipt of test results.
- Preschool programs should report any cases of COVID-19 in the child care to their local health jurisdiction and work with public health authorities on next steps
- If a child or staff member develops symptoms or signs of COVID-19 separate the person and supervise them from a safe distance until the ill person can leave the preschool.
- Staff or children with COVID-19 symptoms should be isolated and tested for COVID-19 regardless of COVID-19 vaccination status.

While waiting to leave preschool, the individual with symptoms should wear a cloth face covering or mask if tolerated. Air out, clean, and disinfect the area after the ill person leaves.

People who are ill and had known exposure to COVID-19:

- Should be encouraged to be tested for COVID-19 and follow DOH guidance for what to do if you have confirmed or suspected COVID-19. This guidance applies regardless of COVID-19 vaccination status. They should isolate or quarantine according to the following recommendations:
- If the person tests positive or is not tested, they should isolate until at least:
 - 10 days since symptoms started or positive test specimen collection date if no symptoms are present
 - 24 hours after fever resolves without use of fever reducing medications, AND Symptoms have improved.
- If the person tests negative, they should:
 - Quarantine at home away from others until 14 days after last exposure,
 - OR Isolate until at least:

- 10 days since symptoms started or positive test specimen collection date if no symptoms are present
- 24 hours after fever resolves without use of fever reducing medications
- Symptoms have improved
- Whichever is longer

A staff member, parent or child, who had confirmed COVID-19 can return to the program when they have recovered and they meet the following criteria.

- 10 days since symptom onset or positive test specimen collection date if no symptoms are present
- 24 hours after fever resolves without use of fever-reducing medications
- Symptoms have improved

If someone is Fully Vaccinated

The Centers for Disease Control and Prevention (CDC) recommendation for fully vaccinated people states that fully vaccinated people with an exposure to someone with COVID-19 are not required to quarantine or get tested for COVID-19 if they meet all the following criteria:

- Are fully vaccinated.
- Have not had symptoms since current COVID-19 exposure.

People are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines
- 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.

Returning to a Program after Travel

Travelers should follow CDC travel guidance.

- Travelers who are not fully vaccinated should get tested with a molecular or antigen test 3-5 days after travel, and stay home and self-quarantine for a full seven days after travel, even if their test is negative. If the traveler is positive, they should isolate and follow DOH guidance on what to do if you have confirmed or suspected COVID-19. If the traveler doesn't get tested, they should stay home and self-quarantine for 10 days after travel.
- Travelers who are fully vaccinated against COVID-19 can travel within the United States and do not need COVID-19 testing or post-travel self-quarantine as long as they continue to take precautions while traveling: wear a mask when using public transportation, avoid crowds, and wash hands frequently.