



# COVID-19 Preparedness Plan

## 1. Frequent Handwashing

To prevent the spread of COVID in our facilities we continue to implement our normal hand washing policy as described from our Program policies:

**Hand Washing:** Frequent and thorough handwashing is required by all staff, volunteers, and children to reduce the risk of transmission of infectious diseases. Staff and children will be taught hand-washing procedures and staff will monitor and assist young children and children who are unable to perform thorough hand washing on their own. Hand washing will occur upon arrival for the day; after diapering or using the toilet; after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit); before and after meals and snacks, before and after preparing/serving food; after playing in water that is shared by two or more people; after handling any materials such as sand, dirt, or touching surfaces that might be contaminated by contact with animals; when moving between classrooms; before and after administering medication; after assisting a child with toileting; and after handling garbage or cleaning.

Proper hand-washing procedures followed by adults and children include using liquid soap and running water; rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g. by using a paper towel to turn off water). Gloves are required for staff and volunteers when handling blood or bodily fluids that might contain blood. Hands must still be washed after removing gloves. Wearing gloves is not a substitute for hand washing in any required hand-washing situation listed above. Hand washing sinks will only be used for washing hands and not for bathing children or for removing smeared fecal material.

Additionally, we are asking that families wash hands before leaving their home and all children and staff wash hands upon arrival and frequently throughout the day per the above policy.

## 2. Cleaning and disinfecting

To prevent the spread of COVID in our facilities, we implement thorough cleaning, sanitizing, and disinfecting procedures throughout the day and each facility undergoes a thorough cleaning process each night. Our regular cleaning processes follow the NAEYC cleaning standards and frequency:

[https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/accreditation/early-learning/clean\\_table.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/accreditation/early-learning/clean_table.pdf)

In response to COVID we have implemented the following additional measures

- completing additional and methodical cleaning and disinfection procedures of surfaces, bathrooms, and learning materials per health authority guidelines.
- wiping down surfaces during the day and as needed.
- reducing the number of toys in use and cleaning them daily as well as after a toy has been mouthed.
- removing soft toys/stuffed animals.
- preparing individual sets of crayons, markers, and surfaces that will be assigned to each child whenever possible.

Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
  - Companies do not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- **Vacuum the space if needed.** Use vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
  - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been **appropriately disinfected**, it **can be opened for use**.
  - **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

### 3. Arrival and Departure

To prevent the spread of COVID in our facilities, we have implemented the following additional measures related to arrival and departure time.

- Drop off and pick up will be done at the main door to reduce traffic in the building. No individuals will be invited or allowed to enter the building other than staff, children, or required authorities.
- All children and staff will be required to measure their temperature upon entering the building. Any child or staff with a temperature over 100 degrees Fahrenheit will be asked to return home and will be provided with additional guidance from the Minnesota Department of Health for COVID-19 Exclusion Plans for sick children, staff, and volunteers. (Teachers will take temperatures of all children and staff two other times during day.)
- Any staff person or family that has traveled outside of the state will be asked to remain out of care for 14 days. If travel is in car with immediate family to adjacent states, this exclusion will be reviewed case by case.

To prevent the spread of COVID in our facilities, we are conducting daily health checks of children and staff and following the MDH exclusion guidelines.

<http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>

If a child becomes sick with COVID like symptoms at our facility they will be isolated in the main office until a parent or authorized individual can come to pick them up. If a staff becomes sick at our facility, we send them home. If a child, staff member, or volunteer is diagnosed with COVID-19 or if you have questions about a child, staff member, or volunteer who is exhibiting symptoms, we will reach out to MDH at [health.schools.covid19@state.mn.us](mailto:health.schools.covid19@state.mn.us) and follow their direction.

We also use a nurse health consultant at MCCCHC if we have any health-related questions.

Every parent at our facility is in direct contact with us via Brightwheel, our parent communication ap, that allows us to send messages and receive responses back quickly. We also maintain current phone numbers within the ap and in paper files. In the event there is a positive case of COVID within our center, we will disseminate information via the communication ap to all parents, to include details about exclusion, potential exposure, cleaning, and next steps per the guidance of MDH.

#### **4. Social distancing throughout the day**

To prevent the spread of COVID in our facilities, we have implemented the following measures to encourage social distancing within and outside of our facility:

We are implementing a new approach to cohort our classrooms. This means we will make our best effort to limit specific staff and children to one defined small group/classroom with consistent membership. The goal is to limit, to the extent possible, any staff or child who could potentially be infected and expose multiple groups. The following are additional details about how cohorts should ideally work:

- We will hire additional staff that will only provide coverage in their specific designated rooms.
- Administrative staff must wear masks if entering classrooms.
- We will make every effort to eliminate mixing children in classrooms outside of their designated groups in the mornings and afternoons.
- In classrooms with more than 10 children, we will separate activities into 2 smaller groups.
- Staff who do not share the same cohort must socially distance in common spaces and during breaks. We will provide separate, distanced lunch tables.
- Children will eat lunches and visit the playground separately within their cohorts.
- If it becomes necessary to use non-cohort staff for coverage, or mix children from more than one classroom, we will maintain written records. If staff coverage is for 1 hour or less, staff will be required to wear a mask.

Other social distancing measures include:

- We place children's cots at least 6 feet apart during nap time whenever possible and placing sleeping babies in cribs 6 feet apart whenever possible.
- We are minimizing close touch (hugs) and asking the children to also keep their hands to themselves if possible.
- We ask our families and staff to adhere to safe practices recommended by authorities outside of the center.

#### **5. Source control and cloth face coverings**

##### **MASK POLICY (UPDATED 7/24/20)**

- Masks must be worn at drop off and pick up by staff, parents, or other adults who are authorized individuals.
- Staff must always wear masks when in common areas within the Center. Masks will remain optional for designated teaching staff within their classroom, on the playground, and of course are not required while eating. Short-term float staff (1 hour or less) will wear a mask.
- School-age children will not be required to wear a mask, and will be optional per family guidance should the child be able to wear it properly.
- Administrative staff must always wear a mask when entering classrooms.
- The kitchen and teaching staff must wear a mask and gloves when preparing, handling, and serving food.

## **6. Workplace ventilation**

To prevent the spread of COVID in our facilities, our centers utilize our fresh air ventilation system, which are being used properly and maintained regularly, including changing filters each quarter. Vents are set so air is not blowing across individuals. During the warm months we can spend a lot of time outside on the playground – 2 times per day.

## **7. Playground use**

To prevent the spread of COVID in our facilities, we are staggering playground use so that big groups are not playing together. We have a large, private, attached, fully enclosed playground that is dedicated for our facility's use only, and is large enough to provide ample spacing of children. Children wash hands when returning to the classroom from outside.

## **8. Meals and snacks**

To prevent the spread of COVID in our facilities, children eat individually served plates within small groups in the cafeteria. All tables and chairs are cleaned and sanitized between groups. Group tables are distanced from one another.

## **9. Field trips and events**

To prevent the spread of COVID in our facilities, we have postponed all family events and we do not organize field trips. Outside presenters have also been suspended.

## **10. Communications and training**

- The plan must be available to the Commissioner and offered to families. Be sure to communicate to families, using plain language, the expectations for parents and children in implementing this plan (e.g. outdoor pick-up/drop-off protocols).
- The plan must be posted in a prominent place and readily accessible to all your employees, adult caregivers, substitutes, and volunteers who need to review it. Provide training to ensure everyone is following your plan. Keep these individuals updated on any changes to the plan.
- Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at [osha.compliance@state.mn.us](mailto:osha.compliance@state.mn.us), 651-284-5050 or 877-470-6742.

This plan is displayed in the main lobby at both of our centers and was distributed to all families via Brightwheel and is available on our website under resources. Our staff has been trained on these measures and this document is posted within each classroom.

## COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19:

- **More common:** fever greater than or equal to 100.4°F, new onset and/or worsening cough, difficulty breathing, new loss of taste or smell.
- **Less common:** sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, new onset of nasal congestion or runny nose.

