



Date:

Program Name:

COVID-19 Plan

Child Illness Policy Guidance <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

- Have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child until a parent/guardian arrives to pick them up.
- Follow CDC guidance on how to disinfect your facility if someone is sick or <https://nrckids.org/CFOC/Database/3.3.0.1>
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.
- Provider must immediately contact DHS Child Care Licensing if the provider, staff, child or family member has been instructed to isolate or quarantine due to having contracted or been exposed to COVID-19 for further instruction.

Child Illness Policy (Describe how you will implement your plan based on guidance above):



Child Illness Policy continued:



Drop-off and pick-up procedures Guidance <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#pickup>

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If no sink, 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. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - Have child-care providers greet children outside as they arrive.
 - Designate a specific staff person to bring children to classrooms to limit corridor use
 - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for illness from COVID-19
- The child's caregiver must sign off each day, on an attestation form, that no one in the home, including the child, has fever or cold symptoms.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue or extreme fussiness.
- Examples of CDC screening methods <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

Drop-off and Pick-up Procedures (Describe how you will implement your plan based on guidance above):



Drop-off and Pick-up Procedures continued:



Cleaning and sanitization protocol guidance <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>

- Intensify cleaning and disinfection efforts and develop a cleaning schedule [.https://nrckids.org/CFOC/Database/3.3.0.1](https://nrckids.org/CFOC/Database/3.3.0.1) (**scroll to appendix K for sample cleaning schedule and appendix J for selecting appropriate sanitizer and disinfectant**)
- The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, cots, desks, chairs, cubbies, and playground structures.
- Use the cleaners typically used at your facility. (EPA-registered for disinfecting)
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to childcare providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on disinfection for community settings. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Toys that cannot be cleaned and sanitized should not be used. Machine washable toys should be used by one child only and laundered before use by another child.
- Try to have enough toys so that the toys can be rotated through cleanings. Do not share toys with other groups.
- 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.
- Provisions for shared bathroom spaces
 - Additional cleaning, increase frequency
 - If possible identify specific stalls and sinks for use by each classroom, and increase the frequency of cleaning in these spaces.

Cleaning and sanitization protocol guidance (Describe how you will implement your plan based on the guidance above):



Cleaning and Sanitization Plan continued:



Handwashing guidelines for staff & children in adherence to CDC/DHS Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene>

- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - * Arrival to the facility and after breaks or drinks
 - * Before and after eating or handling food or feeding children
 - * Before and after administering medication or medical ointment
 - * After using the toilet or helping a child use the bathroom
 - * After handling animals or cleaning up animal waste
 - * Before and after preparing food
 - * Before or after diapering
 - * After coming in contact with
 - * After playing outdoors or in sand
 - * 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.
- Assist children with handwashing, including infants who cannot wash hands alone.
 - After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC. <https://www.cdc.gov/handwashing/posters.html>
- CFOC Guidance <https://nrckids.org/CFOC/Database/3.2.2.2> <https://nrckids.org/COFC/Database/3.2.2.3>

Handwashing guidelines for staff and children (Describe how you will implement your plan based on guidance above):



Handwashing Guidelines Plan continued:



Staffing plan with a protocol for monitoring staff absenteeism

- Determine how to cover classrooms in the event of increased staff absences
- Coordinate with other local childcare programs for substitute teachers
- Reach out to substitutes to determine anticipated availability
- Increase social distancing plans by limiting the number of places where staff go in your building- preferably just to their classroom, adult bathroom as needed, and break room. Reduce movement throughout the building. Think about break spaces, kitchens, or other places where staff typically congregate.
- Incorporate measures you can put in place to change your typical systems to make them safer. For example, where staff store their food/lunches, how staff “punch in and out” every day, how staff communicate with others throughout the building about their needs.
- Everyone should be keeping a log of their own contacts each day- where they’ve been and who they’ve been in contact with. This is an important part of slowing the spread of the virus. Please make sure all staff are aware of this practice and are doing this in the event of becoming sick or exposed.
- Sick staff members should not return to work until they have met criteria to discontinue home isolation <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Staffing plan with a protocol for monitoring staff absenteeism (Describe how you will implement your plan based on the guidance above):



Staffing Plan continued:



Plan for gross motor play for stable groups utilizing outdoor space in adherence to social distancing guidelines

- Common spaces in childcare programs should not be used and children should be going to the same classroom day after day with the same children, not congregating in common or shared spaces or moving between classrooms.
- Groups of children may share the outdoor play space rotating time spent there. Staggered times should be implemented to avoid crowding in corridors.
- Equipment and toys in the outdoor play space must be cleaned and disinfected between groups of children.
- Groups of children must not mix with one another during the COVID-19 crisis. All program assemblies, special activities, field trips and program wide group times must not be scheduled during the COVID-19 crisis.
- Facial tissues and hand sanitizer should be available outdoors

Plan for gross motor play for stable groups utilizing outdoor space in adherence to social distancing guidelines (Describe how you will implement your plan based on the guidance above):



Plan for Gross Motor Play continued:



Other information to assist in developing your plan:

- Visitors and volunteers should not be allowed in the program. For those who must visit, keep a visitor log. Visitors must complete screening attestation.
- Children shall not change from one group to another.
- Stable groups must occupy the same space each day. (Adults and Children)
- Groups shall not mix with one another
- Refer to CDC guidance for guidance on children's bedding and guidance for Caring for Infants and Toddlers <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#InfantsToddlers>
- Wear a large button-down, long-sleeve shirt over your clothes and change it when a child's secretion get on it.
 - You should wear your hair in an updo or ponytail so it is out of the reach of children.
 - You should wash not only your hands, but also neck, face, and chest, or wherever children are touching you often.
 - Children should have many changes of clothes so that they may be changed any time their secretions are present on them. Again, clothes should be put in plastic bags and sent home for washing.
 - Place your contaminated clothes in a plastic bag and wash at home
- Shared or family style meals will not be allowed at this time. Lunches and snacks should come from home.
- National Resources and Guidance
 - Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
 - Caring for Our Children, (CFOC) <https://nrckids.org/CFOC>
 - Child Care Aware of America <https://info.childcareaware.org/coronavirus-updates>
- Local Resources and Guidance
 - Rhode Island Department of Health <https://health.ri.gov/diseases/ncov2019/>
 - Rhode Island Department of Human Services <http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php>
 - The Center for Early Learning Professionals www.center-elc.org
- All staff are required to wear masks. Cloth masks/face covers are acceptable.
 - Wear cloth face covers when in public. A cloth face cover is a material that covers the nose and mouth. It can be secured to the head with ties or straps or wrapped around the lower face.
 - A cloth face cover could be sewn by hand or improvised from household items such as scarves or T-shirts.
 - The primary role of a cloth face cover is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes.
 - Cloth face covers are not a substitute for physical distancing, washing your hands, and staying home when ill.
 - Here is a link on how to make a cloth face mask/cover at home: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- Young children need:
 - Reassurance- that they are safe, that their emotions are acknowledged and validated, that you will provide responsive and loving care
 - Routines- as best you can, try to maintain a daily schedule in your program that supports predictability for children and provides some security
 - Regulation- validation that it can be so difficult to regulate sometimes, and lots of opportunities and strategies for practice (exercise, breathing, reading books, calming activities)
 - Ideas for practicing regulating: Belly breathing with Elmo: <https://pbskids.org/video/sesame-street/2365835531>