

# Child Care COVID Response & Preparedness Plan

## Program Information

Child care program name:

**Pere Marquette Early Childhood Center**

## Introduction

### Our Commitment to Health & Safety

Pere Marquette Early Childhood Center 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.

### Changes to Our Physical Spaces

**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. 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.
3. Rearranging classroom areas to seat children as far apart as reasonably possible and limiting the number of children sitting together.
4. Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
5. 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).
6. We will ensure all water systems and drinking fountains are safe following CDC guidelines.

## Availability of Toys and Classroom Materials

**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. Toys will be washed and sanitized at the end of the day.

**Other policies related to toys and materials include:**

Any sensory activities will be provided on an individual basis.

## Mealtimes

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

1. 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.
2. We will space seating as far apart as possible by limiting the number of children sitting together and rearranging seating.
3. Staff and children will wash hands before and immediately after children have eaten.

**Other policies related to mealtimes include:**

We will continue to serve meals in the classroom.

## Naptime

**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. Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, following LARA and CDC guidelines.
3. 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).
4. Labeling each child's cot/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.

**Other policies related to naptime/items from home include:**

We will store each child's bedding individually. We request that items not be brought from home. Some exceptions may apply.

**Screening Families & Staff for COVID-19 Symptoms and Exposure**

**Upon arrival to the program, staff and families are required to report if they or anyone in their household:**

**have received positive COVID-19 results; been in close contact with someone who has COVID-19; and/or have experienced symptoms such as persistent cough, fever, difficulty breathing, chills, change in smell or taste, diarrhea, and/or vomiting.**

**The procedures we will use to screen staff for symptoms and exposure include:**

PMECC and ancillary staff will complete an online survey before entering the building until further notice.

**The procedures we will use to screen children/families for symptoms and exposure include:**

Entrance to the facility will be kept to a minimum. Individuals/students will be screened upon or before entrance. via the COVID 19 Workplace Screening protocol or the ticket system.

**If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact:**

For GSRP and LAS Preschool: Contact Sarah Cooper 231-845-3850

**Daily Temperature Checks**

**Temperature Checks**

As fever is the key indicator of COVID-19 in children, each child's temperature should be checked daily before (LAS and GSRP) or at arrival (Head Start) to the program. Staff will also be asked to take their own temperatures upon arrival to work. 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).

**Before entering the program, temperature checks will occur:**

**LAS and GSRP: At home before drop off**

**Each child's temperature will be taken by:** Parents

**The following staff members will be responsible for temperature checks:**

Designated staff members

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

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

If a child or staff member 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).
- The child will wait with the following designated staff member(s):: office or designated staff
- The child and designated staff will wait in the following safe, isolated location:: office or isolated classroom space

#### 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.

## Reporting Exposure

### Reporting Exposure

If a child, staff member, family member, or visitor to our program shows COVID-19 symptoms or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine whether to close individual classrooms or our facility, the duration of the closure, 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.

**Our local health department can be contacted at: 231-845-7381**

## Returning to the Program After Experiencing Symptoms and/or a Positive COVID Test

### If a staff member or child has a fever OR a cough (but no other symptoms):

Children and staff must be fever free for 24 hours before returning to school without use of meds. **If a staff member or child exhibits multiple symptoms of COVID-19, possible exposure is expected, OR an individual tests positive for COVID-19, the individual must stay home until:**

They have been fever-free for at least 72 hours without the use of medicine that reduces fevers AND

Other symptoms have improved AND At least 10 days have passed since their symptoms first appeared or as directed by a health care provider.

**As per [Executive Order 2020-36](#), if staff or their close contacts have possible or confirmed cases of COVID-19, staff will be allowed to remain home without penalty of discharge, discipline, or other retaliation.**

**To accommodate for the potential need to quarantine staff or allow for longer absences from work than normal, we will implement the following staffing plan to ensure we can meet staff to child ratios:**

Administrator approved substitutes

**Because child care staff members are part of Michigan's essential workforce, they are eligible to be tested for COVID-19.**

Staff can visit [this resource](#) to locate a nearby test site.

**Other policies related to returning to care and work include:**

The Health Department will be contacted regarding any policy questions.

### **Maintaining Consistent Groups**

**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. 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, based on covid cases in the community.
3. Canceling or postponing field trips and special events that convene larger groups of children and families
4. Limiting non-essential visitors, volunteers, and activities including groups of children or adults.

### **Drop-Off and Pick-Up Procedures**

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

1. Staff will greet children and families curbside or outside the building and walk children in and out of the building.
2. We will have a hand hygiene station at the entrance to our building so children and parents can clean their

hands.

3. We will ask parents and other visitors to wear masks while in the building, to follow LASD masking guidelines.
4. We ask that parents avoid congregating in a single space or a large group.

## 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.

#### **Other policies related to transportation include:**

Dial A Ride policies will be provided to families..

## Hand Washing

### **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 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. Staff and children should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
- 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).
2. Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g.,

- grab bars, railings).
3. Use of a **schedule** for regular cleaning and disinfecting tasks.
  4. Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection.
  5. Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
  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.

### **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 clean toys with soapy water, rinse them, sanitize them with an EPA-registered disinfectant, rinse again, and air-dry.
3. 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").

## **Safety Equipment**

### **Face Mask/Coverings for Staff Our plan for staff around face masks/coverings is as follows:**

#### **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 hand washing..

### **Face Masks/Coverings for Children Our plan regarding children wearing cloth face coverings during care is:**

Children riding Dial a Ride or school busses will be required to wear face coverings.

## **Partnering and Communicating with Families & Staff**

**Communicating with Staff and Families: We will actively communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.**

The staff responsible for handling questions and outreach for **staff** is : Administrators

The staff responsible for handling questions and outreach for **families** is : Administrators and 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 policies and procedures as outlined in this 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.

### **We will make the following resources 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

### **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.

## **Contact Information**

**Email address** scooper@lasd.net