



POWERED BY:

Opportunities
for Williamson & Burnet Counties

IMPLEMENTATION PLAN FOR COVID-19 PANDEMIC REOPENING

2020-2021

Health and Safety Practices for Center Based and Virtual Learning

All policies, procedures and best practices are aligned with guidance from the Centers for Disease Control (CDC), Texas Department of Health and Human Services Child Care Licensing, Caring for Our Children, Office of Head Start (OHS), and Local Health Authorities

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Introduction

The virus that causes COVID-19 can infect people of all ages. While the risk of serious illness is greatest in those 65 years of age or older, persons in every age group can get COVID-19. Some people will contract a mild form of the virus while others may have a more severe case.

While severe cases in children have been low, with rare exceptions, a child with a mild or asymptomatic case of COVID-19 can spread the infection to others who may be more vulnerable.

We recognize that education and childcare are essential and we must find reasonably safe ways to provide these services to our children and families. We also recognize that measures that have been recommended for slowing the spread of the virus such as cloth face coverings, respiratory etiquette, and social distancing are simply not possible for infants and young children to practice in schools and childcare centers. These factors have been taken into consideration in developing the infection control measures and protocols which will be put in place.

Therefore, every staff member who is responsible for providing care and education for infants and young children must be aware of these facts and willing to comply with the infection control measures in this guide.

Staff Training

All Head Start staff must complete **Special Considerations for Infection Control During COVID-19** training on the Texas A&M Agrilife Extension website before children returning to the center. The links to the training are:

<https://agrilifelearn.tamu.edu/product?catalog=COFS-256> (English)

<https://agrilifelearn.tamu.edu/product?catalog=COFS-264> (Spanish)

Additional training will be provided to staff before reopening centers including training on OWBC Head Start's COVID-19 Implementation Plan, Staff Policies and Procedures for reporting COVID-19 related illness, Handwashing, and Cleaning and Sanitizing procedures.

Equipment and Supplies

Each day before opening, staff should ensure adequate safety and sanitation equipment is available to ensure consistent and safe operation. The following supplies will be ready and available upon opening the center:

- (2) cloth masks for staff which will be kept at the center and laundered each day
- Smock for staff to cover clothing
- Disposable gloves
- Non-contact thermometer for conducting health screenings
- TBQ Disinfectant Spray
- Bleach (unscented)
- TBQ bucket and wipes disinfecting system
- Hand Sanitizer for children's arrival
- Soap for handwashing

- Buckets to store soiled or mouthed toys in each classroom
- Tissues
- Additional PPE for staff conducting health screenings or visitors (disposable face masks, face shields)
- Laundry supplies or bags to put items in that need to be laundered
- Ziploc bags to store children's clean clothing
- Bags for children and staff's soiled clothing
- Timers near sinks to promote handwashing for at least 20 seconds
- Markers for social distancing such as cones, stickers, tape, etc.

Classroom Set-Up and Arrangement

Classrooms will be arranged to provide enough space for children and teachers to distance themselves as much as possible. This arrangement will include a variety of small, clearly defined learning areas (naturally limiting the number of children likely to gather in one area).

Children's Areas

- Each child has their own individually labeled cubby or space to store extra clothing separate from other children's belongings. Clothing and bedding will be stored in Ziploc bags with the child's name labeled on the bag.
- Cribs will be arranged as far apart as feasible but away from cords, drapes, blinds, etc.
- A plan for placing nap mats is identified to ensure mats are spaced far enough apart and children sleep head-to-toe to maintain 6 feet distance.
- Water and sensory tables that are used by more than one child at a time will be emptied and cleaned and covered so children may use them as a play surface
- Circle time will be limited to smaller groups and children spaced 6 feet apart.
- Tape or visual markers will be placed on floors to show social distancing for lining up or group activities.
- Whenever possible, chairs will be removed from tables so that a maximum of (3) children are at a table for mealtime and table activities. (Head Start only)

Classroom Materials

- All items that cannot be easily cleaned and disinfected will be removed from the classroom (stuffed animals, pillows, soft toys, dress-up clothes).
- Additional learning materials are added to the classroom as needed to ensure children have access to a variety of materials that support different kinds of learning. Materials will be divided into several containers so that multiple children can have access at the same time.
- Individual containers for sensory play (water, sand) will be used by one child at a time but must be cleaned and disinfected between uses. Children must wash their hands before and after sensory play.
- Classroom materials may not be shared between classrooms with other groups of children unless they are washed and sanitized before being moved from one group to the other.
- Each child needs to have their own container of supplies (such as markers, crayons, scissors, playdoh) labeled with their name.

Classroom Postings

The following postings are required by Child Care Licensing in response to COVID-19:

- Handwashing posters** with visual images must be placed by handwashing sinks used by children and adults. Posters must be developmentally appropriate and in multiple languages (English and Spanish)
- Step by Step Cleaning and Disinfecting** posters must be placed in classrooms near where cleaning supplies are kept.
- Safe and Healthy Diapering to Reduce the Spread of Germs** must be placed by all diaper changing stations and in restrooms where children who are potty training may be changed.

Staff Arrival and Screening

Staff members who are in the high-risk group (65 years of age or older or has a chronic health condition) are encouraged to consult with their health care provider to assess their risk and to determine if they can work in the child care facility or should work from home if their essential work functions can be completed, and with the approval of their supervisor

The following individuals **must** be screened every day before entering the facility:

- Operations staff (Director, Family Advocate, Teaching Staff, Substitutes, Cooks, Coordinators)
- Persons with legal authority to enter, including law enforcement officers, Licensing staff, and CPS staff
- Professionals providing services to children (therapists, nurses, ECI staff, other medical professionals)
- Parents of children who are enrolled and present who have a legitimate reason to enter the facility.

Staff or individuals who have any of the following symptoms of possible COVID-19 must be sent home immediately:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle Pain
- Headache
- Sore throat
- Loss of Taste or Smell
- Diarrhea
- Temperature of 100.0 or greater
- Known close contact with a person who is confirmed to have COVID-19*

* Close contact = Less than 6 feet distance for a period of 15 minutes or longer

Staff and other individuals are to be screened **BEFORE** entering the facility.

Staff and other individuals screening will include:

- Daily temperature check by the same designated person each day
- COVID exposure screening questions:
 - Have you been close to anyone who has had these symptoms in the last 14 days?
 - Have you been close to someone who has been tested for COVID-19 in the last 14 days?
 - Have you been close to someone who has had a positive COVID-19 test in the last 14 days?

Personal Protective Equipment (PPE)

PPE for Staff and on-site personnel or visitors

Masks

All staff or anyone on-site at the center must wear a cloth face covering at all times. Staff may wear their own personal cloth mask or purchase their own disposable mask. Additional cloth masks will be provided for staff in case the mask becomes soiled and needs to be changed. Staff must wash their cloth mask daily or wear a clean face covering each day. Cloth masks may be washed at the center or taken home to be washed. Disposable masks need to be discarded if they become soiled and must be changed each day. If a staff or visitor does not have a cloth mask, a disposable mask will be provided.

If staff are unable to wear a mask due to a medical condition, a note from the staff's physician must be submitted to the staff's supervisor and Head Start Director.

In an emergency situation, masks should be removed if someone is having trouble breathing or is otherwise unable to remove the mask without assistance. If anyone becomes unconscious or incapacitated while wearing a mask, the mask should be removed while EMS is called.

Gloves

Disposable, non-latex gloves must be worn for the following activities:

- Conducting health screenings
- Cleaning/sanitizing
- Diapering a child
- Assisting a child in the restroom
- Preparing or serving food
- Doing laundry
- Handling body fluids (including wiping noses)

Staff must wash their hands for at least 20 seconds before putting on gloves and immediately after removing gloves.

Smocks or Clothing Covers

Staff will wear a smock or a large long sleeve button-down shirt over their clothing to protect their clothing from a child's body fluids. Smocks or over shirts will be removed if they become soiled with a child's body fluid. Staff will be provided two smocks to wear while working at the center. In centers that have laundry facilities, smocks will remain at the center and be laundered at the end of each day or as they become soiled. In centers where there is no laundry facilities, staff will take their smock home to be washed but must return them the next day.

Staff will bring a change of clothing in case their clothing becomes soiled with a child's body fluid. An extra set of clothing may be left at the center but will be taken home in a sealed bag to be laundered if it becomes soiled.

PPE for Children

Children are not required to wear a mask while at the center. Due to the developmental level of the children we serve, expecting a child to wear a mask while in care is not feasible.

If a child's parent wishes their child to wear a mask, the parent must provide at least 2 cloth masks labeled with the child's name which are to be left at the center. In centers where there are laundry facilities, children's masks are to be washed at the end of the day by staff. In centers where there are no laundry facilities, the masks must be sent home with the child to be laundered but must be laundered before the child wears them again. Staff will need to verify that the mask has been laundered when the child arrives the next day. We cannot guarantee that the child will leave their mask on throughout the day, but teachers will make an effort to remind the child to leave their mask on if the parent has requested they do so. **Children's masks must be removed for outside time/gross motor activity, naptime, and mealtimes.**

Face coverings must never be placed on children under the age of 2. Cloth face coverings will not be worn by children with asthma or other respiratory conditions, children who cannot safely wear a mask due to a disability, or for medical, developmental, or behavioral reasons.

Extra Clothing

Children are required to bring at least 2 extra changes of clothing. Extra clothing will be kept in a Ziploc bag in the child's cubby or personal space and labeled with the child's name.

If a child's clothing becomes soiled with bodily fluid, they must be changed immediately. The soiled clothing will be placed in a sealed bag and sent home to be laundered.

Staff and children will wash their hands before and after changing clothing.

Child Drop Off and Pick Up

Drop off and pick up of children will be completed outside of the center. Parents must not enter the center unless they have a legitimate reason. If the parent has a legitimate reason they must be screened as outlined in the Staff Arrival and Screening section of this document.

Location

Each site will determine a location for drop off and pick up that is feasible for their site. There are a few options for drop off and pick up locations. In all options, parents are not permitted to enter the classroom.

Option 1 – Parents drop off and pick up curbside. The center must determine a safe curbside area for staff to screen and receive children from their cars. The parent will remain in the vehicle while children seated in the vehicle are screened by staff. If it is determined the child passes the screening, the parent will take the child out of the vehicle and release the child to the designated staff person. The parent must wear a mask while taking the child out of the vehicle and social distancing should be practiced when possible.

Option 2 – Parents drop off and pick up on the playground or central outdoor area. Parents must wear a mask and should not enter the designated area. Staff will screen and receive children at the designated area and take them to their classroom. Social distancing measures will be in place (stickers,

tape, cones, markers) as a visual to remind parents to stay 6 feet apart while waiting to drop off their child.

Option 3 – Parents may drop off and pick up their children at the office door or on the porch. Staff will screen children and check them in, and the parent will take the child to their classroom door. Parents must wear a mask and may not enter the classroom. Social distancing measures will be in place (tape, cones, markers) to remind parents to stay 6 feet apart while waiting to drop their child off at the door and while passing each other on the way to the classroom.

COVID-19 Health Screening for Children

Screening procedure

When the child arrives each day, staff will complete the COVID-19 health screening which includes:

- Temperature Check with non-contact thermometer
- Ask the parent if the child has had any of the following symptoms:
 - fever of 100.0 or higher
 - cough
 - shortness of breath
 - fatigue
 - sore throat
 - chills
 - loss of taste or smell
- Ask the parent if the child was given any medication (such as Tylenol, Motrin, or any other fever-reducing medication) in the last 24 hours
- Ask parent if anyone in the household has had these symptoms
- Ask parent if anyone in the household has been tested for COVID-19 in the last 14 days
- Ask parent if anyone in the household has had a positive COVID-19 test in the last 14 days
- Do a visual check of the child for signs of illness which could include flushed cheeks, rapid breathing, difficulty breathing, fatigue, or extreme fussiness

The results of the screening will be documented on the Daily COVID-19 Health Screening Form. If the child's temperature is above 100.0, the parent answers "yes" to any of the above questions, or the child shows visible symptoms of illness as listed on the screening form, the child will not attend the center.

Refer to the section "Exclusion for COVID-19" of this document for guidance on when the child may return.

Staffing/Escorts

The same staff member(s) who is not in the high-risk group should be assigned to receive children and complete the COVID-19 Health Screening for Children each day. In larger centers, multiple staff will be assigned as screeners. Staff **must** wear a cloth mask, face shield, smock, and disposable gloves. (Staff will wash their hands before putting on PPE for arrival). Gloves must be removed and discarded between accepting children. Hand sanitizer will be used to clean hands between changing gloves.

A designated escort should be assigned to take children from the screening/arrival area to their classrooms. And from the classrooms to the pickup area. The escort **must** wear a cloth face mask and smock at all times. If the escort needs to touch the child (the child is crying or needs to be carried to

their classroom), the escort will wash their hands for 20 seconds or use hand sanitizer after handling the child.

If the drop off/pick up method entails the parent taking the child to the classroom door, the parent will walk their child to the door and release them to their teacher without entering the classroom. The parent must wear a mask during drop off and pick up. The child should immediately wash their hands upon entering the classroom.

Sign In/Sign Out

Staff will record the name of the parent/person dropping off and picking up the child on the daily COVID-19 Health Screening Form. Staff will initial the form indicating they received the child. Once the child has been screened, the designated escort will take the child to their classroom. The escort will sign the child in the classroom on the Classroom Supervision Monitoring Tool and record the time they were brought to the classroom. If the parent drops the child off at the classroom door, the teacher who receives the child from the parent will initial the Classroom Supervision Monitoring Tool to indicate the child has arrived at the classroom.

Once the child has been picked up, the escort or staff assisting with pick up will write the time the child was picked up on the Classroom Supervision Monitoring Tool and initial that the child was picked up by an authorized person.

Staggered Scheduling

Drop-off and pick-up times will be staggered to the greatest extent possible. Centers will determine the best schedule for staggered drop-off and pick up according to their individual needs. The Head Start Director and Assistant Program Director will be made aware of the staggered schedule. Staggering the drop-off and pick up schedule will help reduce crowding of families and expedite the health screening process.

Examples of Staggered Scheduling:

1. Drop off/pick-up times by classroom
2. Drop off/pick-up times by program (ex. EHS and HS)
3. Classes/programs who drop off first will be the first to pick up

Social Distancing

During drop-off and pick-up, remind parents to keep 6 feet of distance between each other and staff members. Cones, tape, signs, or other markers are recommended and will be used to help remind families to social distance while waiting to drop off and pick up their children. Remind families that staff will not be shaking hands, hugging, or engaging in physical contact.

Hand washing/sanitizing station

A hand sanitizing station must be available at or near the drop-off/pick up area. Children, staff, and visitors must wash their hands **immediately** upon entering the classroom. The escort will take the child directly to the sink to wash their hands upon entering the classroom. If a sink with soap and water is not available, hand sanitizer with at least 60% alcohol content may be used. Keep hand sanitizer out of children's reach and supervise use. If a child's hands are visibly dirty, do not use hand sanitizer. Take the child to a handwashing sink and thoroughly wash their hands before entering the classroom.

Infants

Infants may be dropped off and picked up in their car seats. Car seats should be stored out of reach of children. Staff will change gloves and sanitize hands after handling a car seat. The teacher must wash the infant's hands as soon as the infant is dropped off in the classroom by the escort.

Late Drop Off/Early Pick Up

If a parent misses their designated drop off/pick up time, or wishes to pick up their child early, the parent must call the center from the parking lot to inform the staff they wish to drop off or pick up their child. The parent will wait in their vehicle for a staff member to come screen and receive the child. Parents will be encouraged to call the center before late drop-off or early pick-up to make staff aware that they will be arriving outside the designated time. The Center Director will post a sign in a prominent location at the drop off site with the center's phone number and instructions for late drop off/early pick up.

Group Sizes and Ratios

Opportunities Head Start will be operating at a reduced class size until it is determined that the threat of COVID-19 is reduced and increasing class size is possible. Centers that are collaborated with ISD's may have different ratios for Head Start due to LEA guidelines.

Head Start: Maximum of 12 children per classroom with 2 teachers

Early Head Start: Maximum of 8 children per classroom with 2 teachers

Classes must include the same group of children and staff each day. Children may not be moved to other classrooms. Staff may move to other classrooms to maintain adequate staffing if needed, but this will be limited as much as possible. Siblings will be placed in classrooms together whenever possible (determined by the age of the children).

For centers with an ISD teacher, the ISD teacher must teach in the classroom where the children spend their day. Children may not be moved to another classroom for ISD instructional time.

Hub Groups

Early Head Start classrooms with more than 5 children should be divided, if square footage allows, into two "hub" groups. Each teacher will have a primary group of up to 4 children and will stay with that group of children throughout the day, including mealtime, naptime, and outside time. Hub groups will not be mixed from day to day.

The classroom will be set up into two "mini" classrooms with separate play areas for each group. Duplicate centers will be included in each group. The classroom will be divided using shelves, cubbies, or visual cues to prevent children from crossing into the other "hub".

Head Start classrooms with a maximum of 12 children will be considered a "hub". Children will be free to choose their own play space, but no more than 2 children should be allowed in a play center at a time. Visual cues such as carpet squares, hula hoops, tape, etc. should be used to help children remember to limit each center to two children.

Playgrounds

To avoid mixing of groups, only one classroom will be permitted on the playground at a time. Playground times will be staggered so that each classroom has adequate outdoor time. If possible, extended outdoor time can be planned to allow for children to get fresh air.

Playgrounds must be routinely cleaned (trash picked up, soiled or dirty surfaces wiped down with TBQ or Clorox wipes, high touch surfaces such as trike handles and toys wiped down), after each use by one of the teachers before going in, but do not require disinfecting.

Therapists and Authorized Visitors

Therapists, CPS workers, or other authorized visitors who need to visit with a child in an area outside the classroom will take the child to a designated area to work with the child in their official capacity and to assure privacy. The visitor must be screened before entering the center. The visitor will wait in the office or designated area for a staff member to bring the child. Visitors are not allowed in the classrooms. When the visitor has completed working with the child, a staff member will return the child to their classroom. Sign In/Sign Out and Face to Name procedures will be followed according to the Active Supervision policy.

Virtual Learning

A virtual learning option will be available for families who do not wish to participate in center-based learning, or for children who are isolating due to COVID-19 exposure. Refer to the Virtual Learning Policy for specific details on virtual learning options.

Caring for Infants and Toddlers

Diapering/Toileting

Before changing a child's diaper, staff must wash their hand **and the child's hands**. Staff must wear gloves while changing diapers and assisting with toileting. Follow all diapering and toileting procedures in the OWBC Implementation Plan.

Feeding and Holding Infants and Toddlers

It is important to comfort crying, sad, or anxious infants and toddlers and they often need to be held. When holding or feeding children, staff must wear a smock or oversized button-down shirt over their clothing to protect their clothing from body fluids. Smocks and shirts may be washed in the washing machine at the center and should be left at the center to be washed at the end of the day. Teachers will change clothes if their clothes become soiled with children's body fluids.

A burp cloth or towel must be placed between the teacher and the infant during feeding, rocking, or holding an infant to prevent spit up or bodily fluids from coming into contact with the teacher's clothing.

Infants and toddlers' clothes will be changed immediately if they become soiled with bodily fluids. Contaminated clothing will be placed in a plastic bag and sent home to be washed.

Infant and toddler workers will wash their hands, neck, or other areas that come into contact with a child's bodily fluids.

Infant teachers must wash their hands before and after handling infant bottles. Infant bottles must be kept out of children's reach when they are not in immediate use. Bottles and bottle supplies (nipples, caps, etc.) will be cleaned and sanitized after use according to OWBC Implementation plan for cleaning and sanitizing.

Home and Center Visits

Home and Center visits are required and must be completed in a safe manner. When possible, home or center visits will be made virtually or in person with social distancing protocols in place (parent and teacher will wear masks and maintain 6 feet distance). Alternate locations for parent visits will be considered such as holding visits outdoors.

Center visits may not take place in the classroom. If a parent must visit the center to have a center visit, a designated area must be identified, and the area cleaned and disinfected after the visit.

Home and Center visits must be documented and entered in Child Plus according to the OWBC Implementation Plan "Home and Center Visits"

Meals

Meals will be served to children in individually wrapped containers. Meals will not be served family-style at this time.

Kitchen staff will not enter the classrooms. Meals will be delivered outside the door and the teacher will receive the meals from the kitchen staff outside the classroom. The kitchen staff will signal the teacher to let the teacher know the food has been delivered and will be brought into the classroom immediately to avoid contamination by temperature variance.

Staff will wear gloves and a mask at all times while serving food.

Children will be spread out as much as possible during mealtimes. Whenever possible, a limit of 3 children per table in Head Start will be followed. In Early Head Start, 4 children may sit at a table. Tables will be spread at least 6 feet apart, when possible. If the classroom does not have enough tables to accommodate the number of children, staggered seating (every other chair) will be used. The same group of children will sit together at the tables each day.

Toothbrushing

Toothbrushing is temporarily restricted at the center. Families will be provided a toothbrushing kit and oral health activity chart each month to complete and return as part of their "homework". Families are encouraged to brush their child's teeth before arriving at school.

Healthy Hand Hygiene

Proper handwashing practices must be taught and reinforced with young children and visual procedures (posters) posted next to every sink and changing table. Children will be taught to wash with soap and water and scrub their hands for 20 seconds. This will be a daily planned activity. Songs and rhymes will be used to reinforce teaching children the proper way to wash their hands.

All staff, visitors, and children must wash their hands at the following times:

- Before entering the classroom or center
- Before and after putting on a face mask
- Before putting on gloves and immediately after removing them
- Before and after giving or taking medication
- Before and after bandaging or treating a wound or receiving such treatment
- Before and after playing in water
- Before and after food preparation, handling, consumption, or any food-related activity
- Before and after diapering and using the toilet, or assisting with toilet use
- After handling bodily fluids (mucus, blood, vomit, saliva, urine) *gloves should always be worn
- After sneezing, wiping, or blowing nose
- After cleaning or handling garbage
- After playing in sand/sensory tables or tubs
- When returning from outside

Staff will assist children with handwashing, including infants, and those who need extra help with proper handwashing techniques. Staff will also wash their hands after assisting children with handwashing.

Staff should avoid touching eyes, nose, and mouth and teach children the importance of this healthy practice through positive means (songs, stories, conversations about how to stay healthy).

Hand Sanitizer

Hand sanitizer may be used if handwashing sinks are not available but can not be a substitute for handwashing. If hands are visibly dirty, hand sanitizer can not be used. Hand sanitizer must contain 60% alcohol. According to minimum standards, hand sanitizer may not be used on children under 24 months.

Hand sanitizers should be provided in high traffic areas such as the office, break room, and entrance to the facility. **Hand sanitizers must be kept out of reach of children. The use of hand sanitizer with children should be supervised at all times.**

Cleaning and Disinfecting

In addition to the regular cleaning and disinfecting schedule (see Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting from Caring For Our Children and OWBC Head Start Implementation Plan Cleaning and Disinfecting procedure), an intensified schedule of cleaning and disinfecting will be implemented to ensure surfaces are regularly cleaned and disinfected.

Frequently touched surfaces

Surfaces that are frequently touched such as toys, doorknobs, light switches, sink handles, nap mats, cubbies, tables, chairs, desks, keyboards, etc. are to be cleaned daily or between use. Disinfectant wipes may be used to clean surfaces that cannot be sprayed.

Bathrooms

All bathrooms, including staff bathrooms, will be cleaned and disinfected regularly throughout the day at a **minimum of three times per day.**

Toys

Objects that have been placed in a child's mouth or have become soiled with bodily fluids are to be removed from use immediately and placed in a plastic bin that contains soapy water labeled "soiled toys". They must be thoroughly cleaned and disinfected or cleaned in the dishwasher before being placed back in use.

Children's books and other paper materials do not have to be cleaned or disinfected if they are used by the same group daily. They will be regularly rotated when used by the same group of children. If they are to be used by a different group of children, they must be removed from use for 36 hours before use.

Machine washable cloth toys (including dress-up clothing) will not be used.

Bedding

Children's bedding must be kept separate and stored in individually labeled Ziploc bags. Nap mats must be labeled for each child and must be cleaned and disinfected daily.

Cleaning Products

An EPA registered disinfectant must be used (TB-QUAT, Bleach). Bleach must be properly diluted according to the manufacturer's instructions and discarded at the end of the day. Bleach solutions must be made fresh *daily*.

To make a bleach solution, mix:

- 5 tablespoons (1/3 cup) bleach per gallon of room temperature water -OR-
- 4 teaspoons bleach per quart of room temperature water

Disinfecting wipes (use TB-QUAT or manufactured wipes such as Clorox wipes) are another option to clean and disinfect frequently touched surfaces.

Cleaning products must be stored out of reach of children and can not be used near the children. Ensure there is adequate ventilation when using cleaning products to prevent children and staff from inhaling fumes.

Air Circulation

Fresh air must be circulated through the classroom daily. The A/C should be set so that air circulates throughout the day. If weather permits, teachers should open their windows for the first 30 minutes and the last 30 minutes of the day. (Ensure safety measures are in place while children are present including screens intact and window stops to keep windows from opening wide enough for a child to climb through). A work order should be submitted for torn screens or windows that do not open safely.

Vehicles

Company vehicles should be cleaned and disinfected between use by each staff member. The staff who is driving the vehicle will wipe down surfaces such as steering wheel, door handles, locks, A/C and radio controls, or any other surfaces that were touched while driving. If possible, windows should be left down or cracked for up to 1 hour to allow fresh air to circulate inside the vehicle after use.

Exclusion for Illness

Communication with Parents

Communication between staff and parents is essential to reducing the spread of COVID-19 at the center. Parents must understand the importance of keeping children home when they are sick. Staff will provide education and training to parents through a variety of platforms (Learning Genie, text messages, emails, phone calls, fliers, letters, and direct communication). As the pandemic continues to evolve, health education, COVID-19 updates from CDC or local authorities, updates to OWBC protocols and policies, potential exposure, center closings and other matters will be provided by the Health Coordinator or Head Start Director as it becomes available to keep parents and staff educated and informed.

Parents and guardians are expected to notify the center if their child(ren) becomes sick with COVID-19 symptoms, tests positive for COVID-19, or have been exposed to someone with COVID-19 symptoms someone with a confirmed or suspected case.

Family Advocates, Center Directors, and teachers will remind parents to keep emergency contact information up to date at all times so that families can be reached in case of emergency. Emergency cards and family contact information in Child Plus must be updated as parents share updates or changes to information.

Recognizing the symptoms of COVID-19 and MIS-C

Coronavirus Disease 2019 (COVID-19)

Coronavirus Disease 2019 is a respiratory illness that can spread from person to person. There are many types of human coronaviruses, including some that cause mild upper respiratory tract illness. COVID-19 is a new form of the virus that has not been previously seen in humans, thus the increased risk of infection and spreading of the virus.

People with COVID-19 have a wide range of symptoms. Symptoms may appear 2-14 days after exposure. People with COVID-19 may exhibit the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Multisystem Inflammatory Syndrome in Children (MIS-C)

Multisystem Inflammatory Syndrome in Children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. There

is no known cause for MIS-C, however, many children with MIS-C have had the virus that causes COVID-19 or have been around someone with COVID-19. MIS-C can be serious but most children who were diagnosed with this condition have gotten better with medical care.

Symptoms of MIS-C include:

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck Pain
- Rash
- Bloodshot eyes
- Fatigue

Children with symptoms of MIS-C must be excluded from the center according to the exclusion criteria for COVID-19 as listed in this document and should seek emergency care if they show any emergency warning signs including:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain

Exclusion for COVID-19 or MIS-C

Children, staff, and visitors who exhibit any of the symptoms listed above must be excluded from attending the center. Children, staff, and visitors must be screened before entry and not allowed to enter if they exhibit any of the above symptoms. Children, staff, and visitors who develop symptoms while in attendance at the center must be isolated from others and sent home immediately.

Isolation Rooms

Each site must identify and prepare an isolation room or isolation space for children or staff who develop symptoms of COVID-19 while in care at the center. The isolation room must be separate from other children and staff and the child must be supervised at all times while in isolation.

The isolation room should be staffed by the same staff person as much as possible. Staff must wear PPE including a disposable mask, gloves, face shield, and smock or clothing cover while supervising the child.

Parents must pick up the child as soon as possible. If the parent is unable to pick up the child within a 30-minute time frame, the emergency contact(s) will be called to pick up the child.

When the child is picked up, all PPE must be placed in a plastic bag and disposed of immediately. If the child's body fluids came into contact with the staff member's clothing, the staff will change clothes and place the soiled clothing in a sealed bag until it can be washed.

The isolation room must be thoroughly cleaned and disinfected. If possible, wait 8 hours before cleaning and disinfecting to allow respiratory droplets to settle. If the isolation area is in an area that cannot be sealed off (with a door), clean and disinfect the area as soon as the child is picked up.

If the child displays life-threatening symptoms as noted above while in isolation, staff will call 911 immediately.

Exclusion with COVID-19 or MISC-C Symptoms

Children, staff, or visitors who have symptoms of COVID-19 or MIS-C will not return to the center **until all three of the following criteria are met:**

- 72 hours (3 days) have passed *since recovery* (there have been no symptoms or fever without the use of fever reducing medications); AND
- There has been improvement in respiratory symptoms (cough; shortness of breath); AND
- At least 10 days have passed *since symptoms first appeared*

A doctor’s note will be required to release the individual back to work or attendance at the center.

If an individual has symptoms of COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19 and must complete the same 3 step criteria listed above before returning to the facility.

Exclusion for positive COVID-19 test result

If a child or staff member has a positive test result for COVID-19, the following steps should be taken:

- Contact the Head Start Director, Assistant Director or Health Coordinator immediately to report the positive case
- The Health Coordinator will contact the local health authority to report the presence of COVID-19 at your facility. Your local health authority will advise you on re-opening procedures.

Bell County (Bartlett)	Burnet County	Williamson County
Bell County Public Health District Amanda Robison-Chadwell, MPH (254) 709-5213 bellcountyhealth.org	Public Health Region 07 Sharon Melville, MD, MPH (254) 778-6744 https://www.dshs.texas.gov/region7/epidemiology.shtm	Williamson County and Cities Public Health District Derrick Neal, M.P.A. (512) 864-8345 wcchd.org

- Inform parents in writing and within 48 hours of becoming aware that a child or employee has contracted the illness.
- Contact Child Care Licensing by contacting your licensing inspector or emailing MSC@hhsc.state.tx.us
- Close off all 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 your facility, additional cleaning and disinfecting are not necessary.
- Continue routine cleaning and disinfecting

If a child or staff member tests positive for COVID-19 and was present at the facility in the previous 24 hours prior to the positive test result, the classroom where the child or staff attends will be closed for -24 hours and cleaned and disinfected before reopening.*

If there are two or more confirmed COVID-19 cases at the center, the center may be closed for 24 hours and cleaned and disinfected according to the CDC guidance “Cleaning and Disinfecting Your Facility” before re-opening.*

**The local health authority may provide additional guidance or guidance that is different as listed above regarding closure of a classroom or center. In this case, follow the guidelines provided by the local health authority.*

Exclusion for contact with a person who is positive for COVID-19

If a child or staff member has had close contact* with a person who has tested positive for COVID-19 they will not be allowed to return to the center until the end of the 14 day self-quarantine period from the last day of exposure.

**close contact is defined as less than 6 feet distance for a period of 15 minutes or longer*

Exclusion for other illnesses (non-COVID-19 related)

If a child or staff exhibits symptoms of illness and is determined to be negative for COVID-19 by a health professional but has another illness (ear infection, strep throat, upper respiratory infection), they must be excluded from the center until they are fever and symptom-free, according to OWBC Implementation Plan “Exclusion for Illness”.

A doctor’s note will be required for illnesses that are non-COVID-19 related to return to the center.

Other Communicable Diseases should be reported according to the Texas Department of State Health Services “Communicable Disease Chart and Notes for Schools and Childcare Centers”

Exclusion for Chronic Health Conditions

Children with underlying medical conditions or disabilities that put them in a higher risk group for severe illness from COVID-19 may still receive services and support in a way that is safe and reduces the risk of contracting the virus.

The Health Coordinator will consult with parents of children at high risk to determine which program option would be best. In some cases, documentation from the child’s physician will be required to allow the child to attend the childcare setting.

Children with Asthma

Since asthma symptoms are similar to COVID-19, children who are experiencing asthma symptoms (coughing, shortness of breath) will be excluded; those who develop asthma system while in care will be sent home.

Experts suggest using inhalers for asthma symptoms instead of nebulizers when possible during the COVID-19 crisis. Nebulizers create a mist and if someone with COVID-19 uses a nebulizer, the mist could carry the virus to others. Children who require a nebulizer treatment should stay at home to receive their treatment during the COVID-19 precaution period. Families are encouraged to talk to their child's medical provider about switching to an inhaler with a spacer before returning to care.

Staff Expectations

Staff preservice trainings are scheduled at specific intervals and staff will not receive pay for the days they cannot be in the classroom if they have not completed the mandatory training components.

Staff will be expected to follow guidelines in the COVID-19 implementation plan, including:

- clean and disinfecting classroom areas and other areas multiple times per day as assigned
- wear cloth or disposable masks while present at the center
- follow social distancing guidelines with other staff and parents at all times while present at the center
- direct questions and concerns regarding COVID-19 and/or absenteeism due to COVID-19 to their immediate supervisor, Head Start Program Director, or Human Resources Director

Staff will continue to meet the expectations of OWBC Head Start job descriptions and policies and procedures, including:

- completing assessments, lesson plans, and observations
- be prepared to take home all materials due to an individual need at a specified site
- provide face-to-face or virtual learning and facilitate learning throughout the day
- communicate with parents verbally, virtually, or in written form, at a minimum once per week, to provide next steps or necessary intervention, assistance or guidance
- provide support and encouragement to the children
- meet attendance expectations and be on time as stated in Head Start and OWBC Policies
- attend all mandatory face to face trainings and video trainings as required
- review their job description for discussion with leadership regarding expectations, active supervision, and transition