

ADRIAN PUBLIC SCHOOLS HEAD START EARLY CHILDHOOD PROGRAMS
Program COVID-19 Response/Re-Opening Plan

Purpose

The Program 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 that will be used 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. In addition to this plan, the program has also created a Distance Learning plan to be followed when in person services are deemed unsafe during the COVID-19 Response period.

Changes to Our Physical Space

We will use the following strategies in our classrooms and facilities to minimize the spread of illness:

- 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).
- Where possible, limiting or eliminating use of common spaces in the facility. When common spaces must be used, we will rotate use of the space and clean between groups.
- Rearranging classroom areas to seat children as far apart as reasonably possible and limiting the number of children sitting together.
- Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
- 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).
- Before reopening we will ensure all water systems and drinking fountains are safe following CDC guidelines.
 - Water fountains will be limited to bottle refill stations only at this time.

Other policies related to our physical space include:

Classroom setups will occur with Social-Distancing in mind. For example furniture may be removed or added to support setting up play areas in a way that would support the maximum amount of space between children.

Children will remain with their consistent class group and will not mix with children from other classrooms in shared spaces at any time throughout the day.

Availability of Toys and Classroom Materials

At this time, we will make the following changes to the toys and materials in our classrooms:

- Toys will be washed and sanitized before being moved from one group of children to another.
- Cloth toys will be used by one individual at a time and laundered before being used by another child.
- We will remove toys and objects which cannot be easily cleaned or sanitized between use.

Other policies related to toys and materials include:

The program recognizes the importance of sensory processing and play for children. With this in mind, the program will allow the use of water and sensory tables with the following safeguards in place:

- Water and Sand will not be mixed between classrooms.
- Sand and Water will be changed out on a regular basis.
 - Water will be changed daily
 - Sand will be changed weekly
- Play items will be cleaned and sanitized between groups.
- Each child will be provided a labeled smock to wear during sand and water play.
- Children will wash hands prior to and after using sand and water tables.

Mealtimes

The program recognizes the importance of Family Style Meals for the development and socialization of young children. However, in alignment with best practices at this time Family Style Meals will not occur in any Head Start or Early Head Start Classroom.

Meals will be pre-portioned by staff and served to children on individual trays which will ensure safety practices can be followed during the serving and setup of meals for children. Each child will receive an individual milk carton and cup of water for each meal to ensure no sharing or mixing occurs of fluids. As meals are prepared staff will wear gloves and face coverings.

Meal setup will keep social distancing in mind and children will sit at tables with as much space as possible between children (ideally six feet apart when possible). All meals will be served in the classroom with no mixing of students or staff during meal times.

Directly before and after meal time, children and staff will wash hands.

Naptime

To reduce the potential for viral spread, we will engage in the following recommended practices:

- Using bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
- Bedding that touches a child's skin will be cleaned weekly or before use by another child.
- Storing each child's bedding in individually labeled bins, cubbies, lockers, or bags.
- Labeling each child's cot/mat.
- Children's cots will be sprayed and sanitized on a daily basis after each use.
- Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, ideally 6 feet apart.
- 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).

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. 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.

To support children's social-emotional development the program will provide each classroom with comfort items that children will be able to select from to have at school. Comfort items will be laundered by the program weekly and available to children throughout the day.

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
- Have experienced new symptoms such as persistent cough, fever, difficulty breathing, chills, change in smell or taste, diarrhea, and/or vomiting, that are unrelated to allergies, asthma, or an otherwise diagnosed condition.

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

- All staff will check their temperature upon arrival to work
- All staff will answer a screening questionnaire upon arrival to screen for exposure and/or related symptoms
 - Questions include:
 - Have you had any of the following symptoms, that are unrelated to allergies, asthma, or an otherwise diagnosed condition?
 - Adults: temperature, cough, fever, difficulty breathing, chills, change in smell or taste, diarrhea, and/or vomiting.
 - Have you or someone in your home been in close contact with a person who tested positive for COVID-19?
 - If yes, this individual and associated family members would not be allowed into the facility for 14 days from the point of contact with the diagnosed individual and should be encouraged to self-quarantine.
- If any individual has a fever of 100.4 or other symptoms, he/she will not be permitted to enter the building or single site classroom.

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

- All children, families, and visitors will have their temperature checked upon arrival prior to entry to the building or single site classroom.
- To the best extent possible temperatures will be taken by a designated staff member with a touch-free thermometer.
 - If a touch thermometer must be used, it will be cleaned and disinfected between use.
- All staff, children, families, and visitors will answer a screening questionnaire upon arrival to screen for exposure and/or related symptoms.
 - Questions include:
 - Have you had any of the following symptoms, that are unrelated to allergies, asthma, or an otherwise diagnosed condition?
 - Children: persistent cough, temperature, difficulty breathing, cold, diarrhea, and/or vomiting.
 - Adults: temperature, cough, shortness of breath, difficulty breathing, change in smell or taste, and/or diarrhea.
 - Have you or someone in your home been in close contact with a person who tested positive for COVID-19?
 - If yes, this individual and associated family members would not be allowed into the facility for 14 days from the point of contact with the diagnosed individual and should be encouraged to self-quarantine.
- If any individual has a fever of 100.4 or other symptoms, he/she will not be permitted to enter the building or single site classroom.

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

Haley Buckmaster
(517) 263-2468, ext. 2515
Drager Early Education Center

Daily Temperature Checks

As fever is the key indicator of COVID-19 in children, we will check each child's temperature upon daily arrival to the program.

Staff will also be asked to take their own temperatures upon arrival to work.

Staff will recheck 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).

When children arrive at the program, temperature checks will occur before children enter the building or as they enter the bus/van.

Each child's temperature will be taken by a program staff member.

The following staff members will be responsible for temperature checks:

Two staff members from each room will be outside 5 minutes prior to the start of class time and will remain outside for up to 15 minutes after class time begins.

Staff members will be designated each day as "screeners" and will wear the PPE described below during the screening process.

To minimize potential spread of illness, staff will:

- wear a face mask and face shield while taking the child's temperature
- wear disposable gloves, which will be changed before the next check if physical contact with the child occurred
- disinfect non-disposable thermometers between uses (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab) if physical contact with any individual other than the screening staff member is made.

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 of 100.4 degrees or above 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).
- Children will be isolated in the following safe location:
 - Drager- The Health and Nutrition Manager's Office Space on Second Floor
 - Single Sites- Designated Classroom area labeled near the restroom.

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location:
 - Drager- The Health and Nutrition Manager's Office Space on Second Floor
 - Single Sites- Wait in office space designated by K-12 district
- The assigned Teacher Assistant or Substitute will work in place of the staff member to maintain child-staff ratios.

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, licensing consultant, the corresponding local school district for that building/single site classroom, and the Office of Head Start.

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: 517 264-5243

Returning to the Program After Experiencing Symptoms and/or a Positive COVID-19 Test

If a staff member or child has a fever or a cough (but no other symptoms), we will follow existing illness policies as outlined in our Parent Handbook.

However, all children and staff must be fever free without fever reducing medication for a minimum of 72 hours before returning to the program.

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 all of the following are true:

- They have been fever-free for at least 72 hours without the use of medicine that reduces fevers
- Other symptoms have improved
- At least 14 days have passed since their symptoms first appeared.

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:

For our single site locations, planned staffing will be for two teachers and a teacher assistant to be in the room. If a staff member becomes ill at a single site, the absence of one staff member would allow for two staff to still remain in the room during this period of absence.

For our multi-site location, each classroom will have a designated Teacher Assistant assigned to their room who would be available to step in if a staff absence occurred. Teacher Assistant assignments will remain consistent from day to day to ensure less mixing of adults and also continuation of care.

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

Maintaining Consistent Groups

During the COVID-19 Response period, we will maintain the following group sizes:

Early Head Start (Infants and Toddlers): 4 students per classroom
Head Start (Preschool): 10 students per classroom

Head Start-LISD Collaborative Classroom: 12 students per classroom

Based on updates of COVID-19 in our local community, the program will determine as needed when it is safe to begin increasing group sizes.

To support these smaller group sizes, we will implement the following policies:

The program will maintain consistent group sizes while also not allowing groups to mix with one another. The program understands that keeping Infants/Toddlers and Preschool children 6 feet apart at all times presents challenges so in order to support social distancing our program will be set up as follows:

- Beginning July for EHS and August for HS, the program will implement and follow the Program COVID-19 Distance Learning Plan. Distance Learning will be provided to all enrolled children and families until it is deemed safe to open for in person services.
- Beginning October 5th, we will implement smaller classroom ratios as listed above and begin in person services. This period will allow us to meet the needs of staff and families as requested in parent and staff surveys.
 - The exception to this start date will be our Porter Classroom as we will work in partnership with LISD to follow all special education dates and deadlines as well.
 - At the point, when it is deemed safe to allow for in person services, the program will begin to slowly increase enrollment offering both service options of In Person (for the originally enrolled students) and Distance Learning (for new enrollments), moving newly enrolled Distance Learning students to the classroom environment as it is deemed safe to do so.
 - The gradual increase of enrollment is in effort to be fully enrolled and in person by the end of the 2020-2021 school year.
- Our program will re-evaluate the classroom structure and group setup throughout the first quarter of the school year. Based on this structure, the program will consider introducing more children to classroom ratios beginning in January.
- It is possible that the program will enroll children in a dual option offering some children in person services while others continue to receive distance learning.
- On a regular basis, program leadership will review classroom size and current state and CDC recommendations and increase classroom sizes as it is deemed safe to do so by the program.

To minimize potential spread of COVID-19, we will engage in the following best practices:

- To the extent possible, classrooms will include the same group of children and providers each day.

- Each group of children will be kept in a separate room.
- 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.
- Canceling or postponing field trips and special events that convene larger groups of children and families.
- 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.

- We will implement staggered drop-off and pick-up times to limit contact among parents.
- Staff will greet children and families curbside or outside the building and walk children in and out of the building for both drop off and pick up.
- Only one adult per family should be present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though we recognize this is not always possible.
- Children should enter the building without car seats.
- We will have a hand hygiene station at the entrance to our building so children and parents can clean their hands.
- All parents and other visitors will be required to wear masks while in the building.
- We ask that parents and other visitors avoid congregating in a single space or a large group.
- We ask that parents and other visitors maintain social distance to the extent possible at all times in the building.

Other policies related to drop-off and pick-up include:

- Sign in/out will take place curbside with children.
- Classrooms will have a designated waiting zone to ensure no mixing of students occurs during drop-off or pick-up.
- Staff will meet families at their vehicle and the child's temperature will be taken prior to them leaving the vehicle and the daily questionnaire will be administered.
- Once it is deemed safe, the parent may support getting the child out of the car and the staff member will take the child's hand and escort them to the classroom.
- Upon entering the classroom children will be instructed to wash hands.
- Classroom teachers will position themselves outside 5 minutes prior to the designated start or end time. Staff and children will wait up to 15 minutes past the designated start or pickup time before leaving the designated classroom waiting area.
- Parents are strongly encouraged to ensure they are arriving only during the scheduled window for their classrooms drop-off/pick-up times or they may experience wait periods.

Transportation

We will use the following CDC and OHS-recommended practices to ensure the safety of children and staff during transportation:

- We will limit non-essential work-related travel and have staff participate in training and technical assistance virtually whenever possible.
- We will take the temperature of all children and staff members prior to entering the vehicle.
 - Children will not be permitted on the bus if they have a fever of 100.4 or greater or report symptoms or exposure to COVID-19.
- We will disinfect commonly touched surfaces in vehicles between transporting passengers (e.g., seats, arm rests, door handles, seat belt buckles, etc.) and/or any other area that appears to be visibly dirty.
- Staff will use disposable gloves while performing cleaning and disinfecting and leave doors and windows open for ventilation.
- Hand Sanitizer will be available and children and staff will use this when entering and exiting the bus.
- Bus transportation will be limited to reduce the mixing of groups and children to the best extent possible.
 - To the extent possible, classroom groups will not be mixed on bus runs to minimize potential exposure between groups.
- Children will be positioned as far apart as possible (preferably six feet apart), with one child per bench and no consecutive rows utilized.
 - If children are coming from the same home, they may sit together.

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 which meet current CDC and Health Department guidelines 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:

- Daily cleaning/disinfecting of high-touch surfaces (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs).
- Normal routine cleaning of outdoor spaces, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
- Regular cleaning of electronics (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
- Use of a schedule for regular cleaning and disinfecting tasks.
- Ensuring staff wear disposable gloves to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
- Cleaning dirty surfaces using detergent or soap and water prior to disinfection.
- Use of CDC-recommended disinfectants
- 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:

- We will clean toys frequently, especially items that have been in a child's mouth.
- 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").
- Toys will be cleaned with either the three step process or in a dishwasher.

Safety Equipment

Face Mask/Coverings for Staff

All individuals who enter a program classroom or multi-site facility and who are medically able to tolerate wearing a face covering must wear a covering over his or her nose and mouth. Face coverings may include a homemade mask, scarf, bandana, handkerchief, or cloth face covering. A face shield alone, does not equate to a face covering.

To the extent feasible, the program will provide non-medical grade face coverings to its employees who are required to perform work within a program building or classroom and who do not wish or are unable to provide their own face covering.

Classroom staff will be required to at a minimum wear a face covering during daily operations. Classroom staff will also be provided to the extent possible, a face shield, that must be worn when disinfecting.

Teacher Assistants who may move between a small number of rooms will be provided a face covering and will be required to wear a face shield when in common areas and/or during food preparation or delivery (see meal times).

Office staff will be required to wear a face covering when in common areas (meeting rooms, hallways, classrooms, bathrooms, common office space, break rooms, etc.). When seated at their desk, staff may remove their face covering as long as they are no closer than six feet to another individual.

All office doors will have an exterior sign posted stating. "Please knock before entering to allow us to protect one another." Office staff will be required to wear a cloth face mask when employees or visitors not assigned to their office space enter.

During all in person program meetings cloth face coverings must be worn at all times and social distancing plans for seating will be in place to the extent possible staff will be positioned six feet apart.

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

Children ages two years and older will be required to wear a face covering when in common areas on busses. Children ages two years and older will be encouraged but not required to wear a face covering when in the classroom setting. If a parent of a child two years of age or older, requests that their child wear a face covering throughout the entire school day, the program will to the extent possible support

this request, with the exception of meal times and/or nap time. No children will wear masks during meal times and/or nap time.

Children younger than two years of age will not be required to wear a face covering at any time. The program will provide face coverings for all program children, however children will be allowed to wear one of their own if parents prefer.

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 :

David Bull

(517) 263-2468 ext. 2528

Drager Early Education Center

The staff responsible for handling questions and outreach for families is :

Codi Benjamin

(517) 263-2468 ext. 2514

Drager Early Education Center

Family Engagement Services

The program will follow the Family Engagement COVID-19 Plan in relation to how family engagement service will be provided during the COVID-19 response period.

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 commit to supporting our children in the following ways:

- Continuing to provide family support and educational services to both children and families.
- Providing all classrooms with social stories related to COVID-19 and safety measures in place.
- Have a trained Mental Health professional on staff to be available to provide support to children, families, or staff in need.

We will make the following resources available for staff and families to support children:

- Conscious Discipline COVID-19 Response Materials
- Talking with Children about COVID-19, from the CDC
- Helping Young Children Through COVID-19, from Zero to Thrive (includes Arabic and Spanish translations)

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 support necessary during this time of reintegration, 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 support and services to ensure the emotional well-being of our staff.

Staff Meetings

Staff meetings are an essential part of re-opening however, the program understands the need to complete training and meetings as safely as possible. With this in mind, the program will limit in person meetings as much as possible, ensuring that all meetings would occur in an environment where social distancing is possible to allow staff to remain at least six feet away from one another and group sizes will not exceed local recommendations related to group sizes at the time of each meeting. During meetings, staff will be positioned to the extent possible six feet apart and will be required to wear a cloth face covering during meeting times.