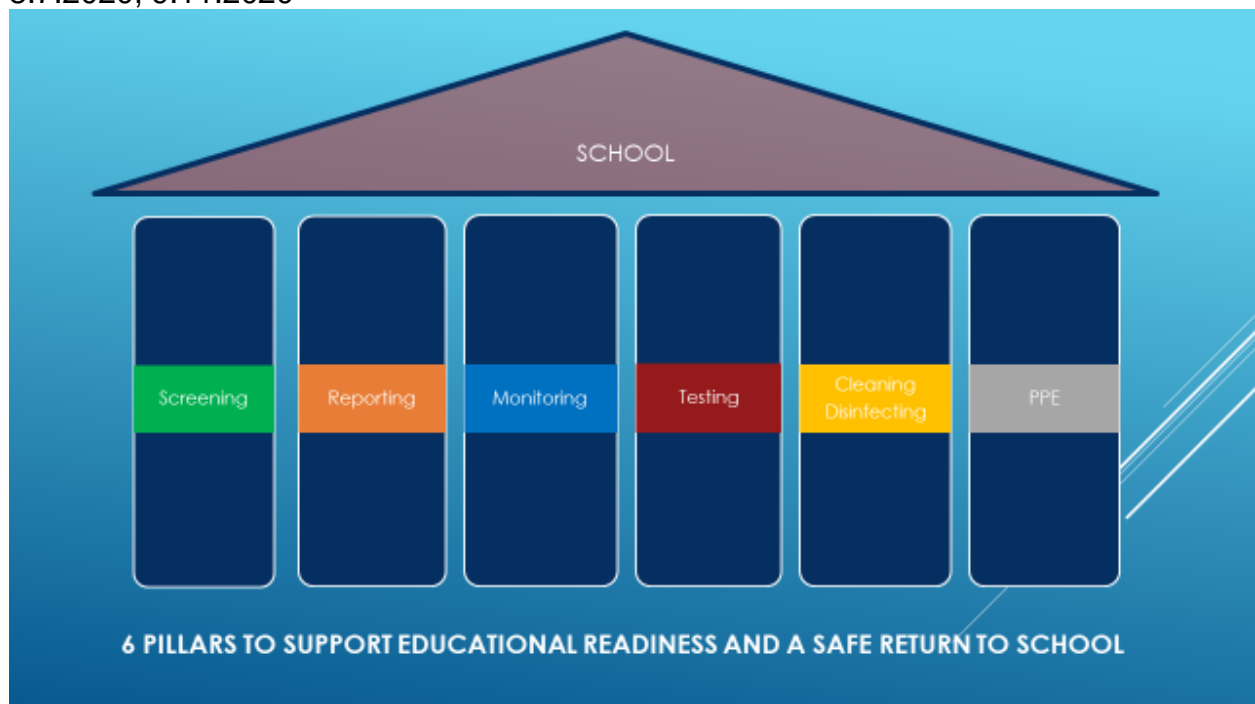


## Center-Based “Re-Entry” Plan:

8.7.2020, 9.11.2020



At TIU#11-Juniata County Early Childhood Services (JCECS), it is our goal to provide a safe and healthy environment for all staff and children. Our re-entry plan for the 2020-2021 program year is built on 6 pillars of health and safety that include recommendations by PA Department of Health, the Centers for Disease Control for the COVID-19 pandemic, and from guidance provided by the Office of Head Start, PDE, and OCDEL.

The 6 pillars that support a safe educational environment for our students and staff include:

- Screening
- Reporting
- Monitoring
- Testing
- Cleaning/Disinfecting
- Personal Protective Equipment (PPE).

JCECS has included procedures in each of these 6 pillars to ensure our program is taking the necessary steps to reduce and prevent the spread of the COVID-19 virus.

### **SCREENING (Pillar #1)**

#### **1. Entry into Building:**

- All staff must stop at the “Screening Station” following health procedures, answer COVID-19 health related questions, and take their temperature. This information will be logged daily. Every staff person will attend a Zoom meeting with Kelly regarding procedures before starting back to work.

#### **2. Persons permitted in buildings (following our health and safety entry protocols for visitors):**

- Regular program staff
- IU therapists

- TSS/BSC support staff (as deemed safe by that program and our program director)
- IU support staff (such as IT/Supervisors/Mail delivery person, etc.)
- Contractors (such as PSU Healthy Kids Club staff-as deemed safe by that program and our program director)
- Deliver persons (mail, UPS, Fed-Ex, etc.)
- No parents/family members/volunteers or any other visitors unless scheduled by appointment time and approved by management staff.

## **REPORTING (Pillar #2)**

### **3. Positive cases of COVID-19:**

- Supervisor/Director will work in conjunction with the TIU11 Human Resource Office for guidance. If there is a positive case, the parent/guardian must notify their child's teacher. The Teacher will send an email to the Health Manager, Supervisor, Senior Manager, and Director. The Director will notify HR to determine if we are to notify the Local Department of Health for further guidance.
- Supervisor/Director will notify the TIU11 Human Resource Department for guidance as needed when the agency is made aware of a positive case or confirmed exposure. If the agency is made aware of a positive case or confirmed exposure, the supervisor of the classroom will talk with the Senior Manager, Director, and Human Resources to determine if quarantine is required.
- If staff have had close contact with any person who has been tested without results, or received a positive test result, or been diagnosed with COVID-19 within the past 14 days, they will contact their direct supervisor. Supervisor will seek clarification for next steps from the respective IU staff.
- Staff who have tested positive for COVID-19 cannot return to work for at least 14 days starting with the onset of symptoms **AND** at least 3 days free of fever without the use of fever reducing medication **AND** improvement in respiratory symptoms (ex-cough, shortness of breath). **\*\*NOTE:** A COVID-19 positive individual does not need a repeat COVID-19 test or a doctor's note.
- Classroom will be closed for 14 days.
- Staff will work remotely from home for the quarantine period (except staff who have tested positive-sick days will be taken). Remote work can be unexpected; plans and assignments for staff should be made in advance in order to be ready for any closure period.
- After a 24-hour waiting period, the classroom and bus will be cleaned and disinfected by a program staff person.
- Remote learning will be ready, available, and begin on day 1 of the classroom closure. Teacher, AT/TA, and PA will participate in virtual zooms with children. Daily lessons will be no longer than 30 minutes.
- IF the teacher is sick and cannot work remotely to facilitate virtual learning content, it is preferred that the assistant teacher would step into that role. If that is not possible, a 2-week lesson plan of "non-virtual" daily activities, along with needed materials should be sent home with each child on the last day of class or be delivered to the families' door steps by program staff. Families should be alerted by phone that materials have been dropped off at their home. No person-to-person contact should be made when dropping off materials. Parents will still need to notify the teacher upon completion of "non-virtual" learning activities that have been completed during the period of classroom closure.

## **MONITORING (Pillar #3)**

### **4. Entry into Classroom:**

- Parents will be asked COVID-19 health related questions and the child's temperature will be taken prior to the child getting on the bus or entering the buildings/classrooms. Bus rider (in PPE) will ask the parents the health questions and take the child's temperature while the child is still in the car. The teacher (in PPE) will ask the parents the health questions and take the child's temperature while the child is still in the car and then walk the child to the classroom, if they are able to stay. \*\*Children arriving from the bus will not need their temperature taken again upon arrival at the classroom.
- Upon entering the classroom, staff and children wash hands with soap and water for at least 20 seconds.
- Cubby assignment of every other space according to attendance groups, with no personal items touching.
- NO toys or backpacks from home permitted in the building except for comfort items for rest time (as needed and discussed with the teacher).
- NO show and tell days scheduled in the classroom, however this would be an appropriate Zoom activity.
- Spare clothing stored in plastic baggies in the child's cubby.
- Rest time pillows/blankets will be provided by the program. Rest time items will be:
  - Washed at least weekly (**and** if a child gets sick) by program staff.
  - Stored separately (with no rest time items touching).
- Children's temperatures will be taken and recorded at dismissal as well as at arrival.

5. **Physical Distancing:**

- Set up classroom with fewer, but more spacious learning centers, as needed to promote 6 ft. physical distancing.
- Set up centers with fewer toys/materials, so that there are fewer toys as vehicles to spread the virus.
- Dramatic play: limit play food to things that wouldn't be put in or near their mouths, utensils, cups, dress up clothes, etc.
- Small groups of work/play whenever possible \*no more than 5 per small group assignment.
- Create the same small group assignments with same staff for planned instructional activities and play times, as much as possible.
- Large group circle times will only occur when a 6 ft. physical distance can be ensured. Typical large group circle activities can be done in smaller groups of children at the same time "small group" activities are being done in another part of the classroom, then the groups will switch activities. Circle time activities may also be done concurrently with staff leading the groups in different areas of the classroom.
- Use multiple playgrounds, if possible, for small groups of children.
- If only one playground space is available, cordon off the playground into 2 sections with caution tape, placing one staff in each section, whenever possible.
- Permit only 2-3 children maximum at a time in each learning center area.
- Do not "herd" children to move them from area to area or wash hands.
- Use provided paw print circles (measured 6 ft. apart) by hand washing sinks and doors where lining up usually occurs, rotating small groups of 5 vs. entire group in the area to wash or go out together. Use walking rope to encourage physical distancing while moving to/from the playground and to/from the bus. Walking ropes are color-coded so the children always hold the same handle on the rope. Ropes can be washed in the case of a positive case of COVID-19.
- Assign and mark spaces for children at circle rug for group and music/movement activities using child-sized hula hoops, trying to maintain 6 ft. between children.
- Staff may hug and hold children as they are comfortable but must wash hands afterwards (if not practical, hand-sanitizer can be used until hands can be thoroughly washed).

- Bus seats assigned and marked with no children sitting directly next to each other, skipping rows from one another (Transportation manager will give more specifics at staff orientations).
- Release no more than 5 children at a time from bus to center upon arrival and from center to bus during departure, keeping in small group assignments as much as possible and using the walking rope to encourage a 6 ft. distance between children.
- Entry for children will be scheduled at different times, as necessary. Late entries and early/late pick-ups, the parent should call the classroom iPhone to let staff know they are in the parking lot. If a child is being dropped off, a staff person will go out to the car and proceed with the same health and safety check/temperature check to admit the child. If a child is leaving for the day, the staff person will take the child to the parent's car. The parent should secure the child in an appropriate car seat.

**6. Classroom Set-Up:**

- Open windows as much as possible.
- Create a "waiting area" for sick children awaiting parent pick-up (Do Not use Feelings Corner for this).
- Place Paw print circles on the floor at sink and door areas where children typically line up.
- Provide individual containers of playdough and slime per child labeled (lid and container) with the child's name.
- Provide individual containers for sand/water play, with water being emptied and disinfected after child's use and individual sand containers labeled (lid and container) with the child's name.
- Provide individual, labeled pencil boxes with pencils, markers, scissors, glue bottles for each child.
- No lending library.
- No shared sand/water table indoors and no sandbox outdoors.
- Children must wash hands between playing in learning centers with soap and water (if not practical, hand-sanitizer can be used until thorough hand washing can be completed). \*Hand sanitizer must be kept out of the reach of the children.
- No tooth brushing until further notice.
- Walking ropes with handles measured at 6 ft. intervals will be used to move groups of children to/from the playground and buses. Assign a handle per child.

**7. Education:**

- Program options for both HS and PKC include:
  - Classroom-Based Hybrid (CBH) model (2 class days with 2 -3 days remote learning activities according to regular classroom days/hours. Remote learning activities can be either virtual or non-virtual)
  - Classroom Distance Learning (CDL) model (all learning completed remotely-at home)
- A 2-hour weekly team (Teacher and AT) planning time is required each week.
- A Zoom Meeting will be planned for once a day on Mondays, Tuesdays, Thursdays, and Fridays in order for the other attendance group's children along with the CDL children to be a part of the classroom. \*This can count as one of their virtual activities completed that week.
- A virtual learning activity will be planned for all children on Wednesday for regular 5 day/week classrooms.

**8. Meal times:**

- Wash hands before and after meals using soap and water for at least 20 seconds.
- Stagger children at the tables assigning seating of (at least) every other chair, not directly across from another child, with the teacher seated at the middle of the table for easy access to and supervision of children. Seating should maintain the 6 ft. space as much as possible.
- No Family-Style meals:

- Food and drink is plated and poured by the cook who will stay in the classroom in order to serve seconds to the children and staff.
- Food and drink will remain on the carts NOT the tables where children/staff are eating.
- Use paper products.
- No breakfast, lunch, or snack child helpers.
- No group monthly nutrition activities in which children are hands-on: adding ingredients, mixing, etc., in order to make a shared/group food cooking/tasting activity. All nutrition activities must be done individually with no sharing of food or utensils.

**9. Attendance:**

- Attendance groups will be assigned with no more than 9 children per group.
- No less than 2 staff will work with a group of children each day.
- Create attendance groups according to bus runs:
  - All classrooms:
    - Monday and Tuesday Attendance Group A
    - Thursday and Friday Attendance Group B
    - No classroom days on Wednesdays (Classrooms that are typically in attendance 5 days/week will hold a virtual activity on Wednesdays using an approved platform and all children will be invited to participate.)

**TESTING (Pillar #4)**

**10. Adults:**

- For staff's re-entry into the work environment, staff will have to respond to the following questions before entering their work site.
  - a. Are you experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Cough	Fever (measured or subjective)
Shortness of breath	Chills
Difficulty breathing	Rigors
New olfactory disorder (loss of smell)	Myalgia (body aches)
New taste disorder	Headache
	Sore throat
	Nausea or vomiting
	Diarrhea
	Fatigue
	Congestion or runny nose

**Stay home if you:**

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

**DO NOT** enter the building if your responses are yes to the above highlighted questions.

- b. Have you had close contact with any person who has been tested without result or received a positive test result or been diagnosed with COVID-19 within the past 14 days?

Yes                      No

- c. Have you been advised by a medical professional to self-quarantine within the last 14 days?

Yes                      No

- d. You are required to check your temperature prior to or immediately upon entry of any site using the program provided “No Touch” thermometer.

- a. **Prompt**-If you answered “**no**” to all of the above questions and your scanned temperature is **below 100.4**, you may stay on-site. You are required to:

1. Use Hand Sanitizer to clean your hands
2. Log your temperature
3. Use available alcohol wipes to clean the thermometer
4. Dispose of wipes
5. Use hand sanitizer before proceeding with entry into the facility.
6. Go to Entry Procedure below

- f. If you answered “**yes**” to any of the above questions (Q1-Q3), you are to:

1. Use hand sanitizer to clean your hands.
2. Log your temperature
3. Use available alcohol wipes to clean the thermometer
4. Dispose of wipes
5. Use hand sanitizer before leaving the facility then **IMMEDIATELY** leave and do not proceed to enter the facility.
6. Call your immediate supervisor to notify them of your situation.

- g. If your temperature is 100.4 F or higher, monitor your symptoms throughout the day, recheck your temperature and record it every hour, and/or contact your healthcare provider. Please remember to inform your supervisor of the outcome.

**11. Child-fever of 100.4 or higher:**

- Move the child to the “waiting room” area set up in the classroom.
- Staff put on additional PPE (smock-if available, face mask, and gloves).
- Put a mask on the child, if they can tolerate it (remove if they fall asleep).
- Call parent for **immediate** pick up.
- Staff supervise the child until the parent picks up (be nearby so you can see and hear the child, but try to maintain the 6 ft. physical distance).
- When the parent picks up the child:
  - Give parent health advisory/sick policy flyer regarding next steps provided by Health Managers.
  - Ensure the parent knows that the child will need a doctor’s note before returning to classroom or riding the bus.
- **After** the child has left the building:
  - Discard the child's mask, if disposable and left behind.
  - Staff bag up smock and mask (launder asap), disinfect face shield/mask, and discard gloves.
  - Staff wash hands with soap and water for 20 seconds and put a new mask on.
  - Log the child’s illness with symptoms noted with date/time parent was called and time the child left the center.
  - Clean and disinfect the classroom “waiting room.”

## **Cleaning and Disinfecting:**

### **12. Cleaning and Disinfecting Classroom:**

- Gloves must be worn when cleaning and disinfecting.
- Classroom staff will use checklists provided by Health Managers for daily cleaning and disinfecting while COVID-19 related protocols are in practice.
- Place mouthed toys in Yuck Bucket with lid and at the end of the day (see bucket for amount of bleach needed):
  - Clean toys with soapy water, followed by fresh water rinse.
  - Disinfect with bleach water, followed by a fresh water rinse.
  - Allow toys to air dry overnight.
- Bathroom toilet handles and seats and sink faucets disinfected after each use.
- Hand washing sinks:
  - Let water run between groups of children, if possible.
  - Try to keep children from turning water off after washing their hands. Staff turn water off after washing their hands and using a paper towel.
  - Sink faucets disinfected after each use.
- Each time children go to the playground:
  - Staff person assists in getting children to the playground, as needed.
  - Staff person cleans and disinfects the classroom, following a cleaning checklist provided by Health Managers.
  - Cleaning times should be thorough but brief in order for all staff to maximize the time spent with children.
  - Teachers should NOT engage in cleaning throughout the day when the children are present
- Playground equipment surfaces with hand-contact sprayed with soapy water after leaving the playground (made fresh each day and in large garden sprayers).
  - Climber and equipment handrails (**no steps**), trikes, gate latches, etc.
- In case of inclement weather, in place of playground time:
  - Children will move to circle area to participate in gross motor activities for 30 minutes:
- Staff person will help get children to the circle area, as needed and then clean/disinfect the classroom following the checklist provided by Health Managers.

- Cleaning and disinfecting will also occur during rest time.
- Alcohol wipes for light switches and electronic equipment will be provided following the checklist provided by Health Managers.
- Shared toys should be cleaned and disinfected between uses, whenever possible.
- Bus seats will be cleaned and disinfected by the bus team between attendance groups according to the schedule provided.
- Cots and rest items will be cleaned weekly:
  - Pillows and blankets will be labeled with each child's name and laundered by classroom staff at least weekly and if/when a child goes home sick.
  - Classroom pillows and blankets cannot be shared between children without being laundered between use.

## **PERSONAL PROTECTIVE EQUIPMENT [PPE] (Pillar #6)**

### **1. Personal Protective Equipment (PPE):**

- Staff wear masks while in any work space with more than one person present unless outdoors and more than 6 ft. from another person.
- Staff wear smocks (if available), as desired, unless taking arrival temperatures and/or interacting with a sick child-then smocks must be worn, if provided. \*If holding a sick child and no smock is available, place a towel under the child's head and turn away from your face.
- Staff wear face shields over masks, as desired, unless taking arrival temperatures and/or interacting with a sick child, then a face shield *must* be worn over a mask.
- Staff wear gloves when caring for a sick child.
- Children will be provided a disposable mask and be encouraged to wear it even when a physical distance of 6 ft. is followed. Non-disposable masks from home must be laundered between uses by the parent.
- Parent refusals regarding child masks should be directed to classroom supervisor or enrollment.
- No child will wear a mask during meals, vigorous physical activity or during rest time.
- Staff will NOT promote a negative classroom and will not "battle" children over wearing masks. Staff should document unsuccessful attempts at encouraging children to keep their masks in place.

### **ADDITIONAL NOTE:**

1. More specific plans with additional precautions for staff and children at higher risk will be made individually, in consultation with Health Managers.