



COVID-19 Pandemic Health & Safety Plan and Procedures

November 13, 2020

Lancaster Early Education Center will reopen during the COVID-19 pandemic when it is safe to do so. This plan will outline the measures we will take to mitigate the risk of COVID-19 to children, families and staff. Consider this document an addendum to our Parent Handbook.

SOURCES OF GUIDANCE

As we plan our reopening, we depend on the expertise of the following authorities:

- Pennsylvania Office for Child Development and Early Learning (OCDEL)
- Pennsylvania Department of Education (DED)
- Pennsylvania Department of Human Services (DHS)
- Pennsylvania Department of Health (DOH)
- Centers for Disease Control (CDC)
- Lancaster Early Education Center (LEEC)

EXPECT MORE CHANGES

It is important to note that we expect changes in the procedures that follow. At all times, we are committed to the practices that best support the health and safety of children, staff and families. Please specifically note the following:

- Any guidance in this document may be overridden by directives from any of the aforementioned authorities listed above.
- If Lancaster County reverts back to the Red or Yellow Phase of COVID-19, child care centers will likely be required to close again.
- Travel restrictions to the states listed on the Pennsylvania Department of Health website [<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>] recommend travelers self-quarantine, monitoring for health symptoms, for 14 days before leaving home. Children who have been to any of these locations must be quarantined at home for 14 days before returning to care at LEEC.
- All families and staff will have to sign an acknowledgment and disclosure form that addresses their responsibilities during the COVID-19 pandemic at LEEC.
- Non-Essential visitors will not be permitted on the premise.
- All families must be enrolled in Tuition Express. Cash, checks & money orders are no longer accepted.
- Parents must provide a face mask for their child.

FACE MASKS

USE OF FACE COVERINGS FOR ADULTS

Child care staff must wear face mask indoors; they must also wear a face mask outside where staff are unable to maintain the 6-foot social distance, unless a medical reason prevents the staff from wearing a face mask. This includes anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the face covering without assistance. Visitors will not be permitted in the program until further notice.

Parents and anyone entering our facility must also wear a face covering at all times.

*Face masks must cover the nose and mouth.

**Face shields are not acceptable.

USE OF FACE COVERINGS (MASKS OR FACE SHEILDS) FOR OLDER CHILDREN

Children 2 years old and older are required to wear a face covering as described in the Order of the Secretary of the Pennsylvania Department of Health Order for Universal Face Coverings, unless you fit one of the exceptions included in Section 3 of the Order. If a child is outdoors and able to consistently maintain a social distance of at least 6 feet from individuals who are not a part of their household, they do not need to wear a mask. If a parent, guardian, or responsible person has been unable to place a face covering safely on the child's face, they should not do so. If a child 2 years old or older is unable to remove a face covering without assistance, the child is not required to wear one. The Department of Health recognizes that getting younger children to be comfortable wearing face coverings and to keep them on may create some difficulties. Under these circumstances, parents, guardians, licensed child care providers in community-based and school settings or responsible persons may consider prioritizing the wearing of face coverings to times when it is difficult for the child to maintain a social distance of at least 6 feet from others who are not a part of their household (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper face covering size and fit and providing children with frequent reminders and education on the importance and proper wearing of cloth face coverings may help address these issues.

*Face masks must cover the nose and mouth.

**Parents must provide a face mask for their child. Remember to label your child's face mask.

FACILITIES CLEANING, SANITIZING, DISINFECTING AND VENTILATION

CLEANING, SANITIZING, DISINFECTING & VENTILATION FOR LEARNING SPACES, SURFACES AND ANY OTHER AREA USED BY CHILDREN (i.e., restrooms, drinking fountains, hallways, and transportation)

- Toys that cannot be cleaned and sanitized will not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions will be set aside until they are cleaned by hand by a person wearing gloves. Items will be

cleaned with water and detergent, rinsed thoroughly, sanitized with an EPA-registered disinfectant, rinsed thoroughly again, and air-dried.

- Machine washable cloth toys will be used by one individual at a time or will not be used at all. These toys will be laundered before being used by another child.
- Toys will not be shared with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Toys that need to be cleaned will be set aside, placed in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Dish pan and water will be kept out of reach from children. Washing with soapy water is the ideal method for cleaning. Toys will be rotated through cleanings.
- Surfaces will be routinely cleaned, sanitized, and disinfected as well as objects that are frequently touched, especially toys and games. This also includes doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.
- All cleaning products will be used according to the directions on the label. When surfaces are dirty, they will be cleaned using a detergent or soap and water prior to disinfection.
- Cleaning materials are always kept secure and out of reach of children.
- Cleaning products will not be used near children, and staff will ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

OTHER CLEANING, SANITIZING, DISINFECTING & VENTILATION PRACTICES

- HVAC Air Scrubbers have been installed throughout the entire facility.
- All families must be enrolled in Tuition Express. Cash, checks and money orders are no longer accepted. This will provide a contactless payment transaction.

SOCIAL DISTANCING AND OTHER SAFETY PROTOCOLS

Child care space occupancy that allows for 6 feet of separation among children in care and staff throughout the day, to the maximum extent feasible or promotes social distancing through grouping:

Staff will evaluate and modify their classroom settings to try to allow for 6 feet of separation when possible.

Restricting the use of common areas, and consider serving meals in alternate settings such as where the child care is being provided:

Common areas will only be used when necessary & group size will be limited. Children will eat in their assigned classrooms.

Hygiene practices for children and staff including the manner and frequency of hand-washing and other best practices:

All staff, volunteers, and children should follow the procedure for hand hygiene at the following times:

a. On arrival for the day, after breaks, or when moving from one child care group to another

b. Before and after

- Preparing food or beverages
- Eating, handling food, or feeding a child
- Giving medication or applying a medical ointment or cream in which a break in the skin (eg, sores, cuts, scrapes) may be encountered
- Playing in water (including swimming) that is used by more than one person

c. After

- Diapering*
- Using the toilet or helping a child use a toilet
- Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, mouths, or sores
- Handling animals or cleaning up animal waste
- Playing in sand, on wooden play sets, or outdoors
- Cleaning or handling the garbage
- Applying sunscreen and/or insect repellent

Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs:

Signs have been posted throughout the facility and are displayed on the reception TV's.

Handling outdoor play consistent with the CDC Considerations:

Outdoor play times will be staggered.

Limiting the sharing of materials among children in care:

Toys will not be shared with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.

Staggering the use of communal spaces and hallways:

The use of communal spaces and halls will be staggered.

Limiting the number of individuals in facility rooms and other facility spaces, and interactions between groups of children:

Staff will closely monitor child:teacher ratios to ensure classes are not unnecessarily combined.

Other social distancing and safety practices:

Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, individuals with serious underlying medical conditions should not pick up children.

Drop off & pick up times will be staggered as much as possible.

MONITORING CHILDREN AND STAFF HEALTH

Monitoring children and staff for symptoms and history of exposure:

Staff, children & families will be screened at the designated drop off area. Only staff & children will be permitted beyond the drop off area. Persons who have a fever of 100.4 degrees Fahrenheit or above, or other signs of illness will not be admitted to the facility. Parents should be on the alert for signs of illness in their children and keep them home when they are sick. Additional screenings will occur throughout the day as needed. Persons will not be permitted in the facility who have tested positive for or are showing COVID-19 symptoms or have recently had potential exposure with a person with COVID-19. Parents / Children / Drop Off & Pick Up Persons will not be permitted in the facility if they have been exposed. A doctor's note will be required for safe re-entry into our facility.

Isolating or quarantining children, staff, or visitors if they become sick or demonstrate a history of exposure:

Persons will not be permitted in the facility who have tested positive for or are showing COVID-19 symptoms or have recently had potential exposure with a person with COVID-19. If, by chance, someone becomes sick while inside the facility, they will be required to stay in the designated area (away from others). If a child becomes sick while in care, parents are required to pick up their child within 30 minutes.

Returning isolated or quarantined staff, children, or visitors to the facility:

Exposure is defined as being within 6 feet of the individual who tests positive for COVID-19 for a period of 15 minutes or more. It also means coming into direct contact with droplets from a COVID-19 positive individual. Persons who test positive are considered infectious 48 hours before the onset of symptoms. Persons testing positive but do not have symptoms are considered infectious 2 days after exposure (if known) or starting 2 days before test date (if exposure is unknown). If anyone entering the facility is exposed to an individual who tests positive for COVID-19:

Parents / Children / Drop Off & Pick Up Persons will not be permitted in the facility if they have been exposed. A doctor's note will be required for safe re-entry into our facility.

- We shall inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health as per 55 Pa. Code §3270.136(b), §3280.136(b), and §3290.136(b).
- We will report when a staff person, child, or household member tests positive for COVID-19 case to the DHS and DOH.

Notifying staff and families of suspected or confirmed cases of COVID-19:

We will use Kid Reports & email to inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health as per 55 Pa. Code §3270.136(b), §3280.136(b), and §3290.136(b).

Reporting to DOH and Certification:

DOH will be notified by calling 1-877-724-3258

DHS will be notified by calling 1-800-222-2117 and the following information will be provided: The name of the facility, address including the county, the number of cases, and we will identify if the positive case is a staff person, child or family member.

Other monitoring and screening practices:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: • 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. Staff will monitor children for these symptoms on a regular basis throughout the day & will notify the pandemic coordinator immediately if a symptom presents.

Notifying staff and families of facility closures:

The facility will close for a period of 48 hours following the confirmed positive COVID-19 case of child or staff member in attendance so that the facility can be cleaned and disinfected properly. This will be communicated to all staff and families through Kid Reports & email.

OTHER CONSIDERATIONS FOR CHILDREN AND STAFF

Protecting children and staff at higher risk for severe illness:

LEEC will encourage staff and children who are at higher risk to consult with their healthcare providers prior to returning to work/care within the center. While protocols including those listed below will be implemented, the individual/guardian of the individual should discuss their individual concerns with their healthcare provider prior to returning to the facility.

Protocols include:

- Staff and children over age 2 required to wear masks
- Social distancing
- Screening upon entering the facility
- Limited individuals permitted in the facility
- Frequent Handwashing
- Disinfecting of toys, materials, etc.
- Communication of confirmed COVID-19 cases to these individuals so they may follow up with their healthcare providers

Unique safety protocols for children with complex needs or other vulnerable individuals:

LEEC will encourage staff and children who are at higher risk to consult with their healthcare providers prior to returning to work/care within the center. While protocols including those listed below will be implemented, the individual/guardian of the individual should discuss their individual concerns with their healthcare provider prior to returning to the facility.

Protocols include:

- Staff and children over age 2 required to wear masks

- Social distancing
- Screening upon entering the facility
- Limited individuals permitted in the facility
- Frequent Handwashing
- Disinfecting of toys, materials, etc.
- Communication of confirmed COVID-19 cases to these individuals so they may follow up with their healthcare providers

Strategic deployment of staff:

Staff will be assigned to classroom(s) of children and staff/ child as well as staff/staff interactions outside those assigned locations will be limited. Staffing will be adjusted with floating teachers to cover absences with individuals who are assigned to particular age groups of children to limit exposure. A staff person or member of administration will be available to remain in isolation with a child who has symptoms of COVID-19 until they can be released to an authorized pick up person.

QUESTIONS? EMAIL: MADELINE@LEEC.ORG

All questions and/or concerns should be emailed to the Director at the email above. To reduce the risk of exposure, phone calls can be scheduled, however, administrative offices will not be open for parents to come in.