Capital Area Community Action Agency

Child Development Program Policies & Procedures



Revised August 07, 2020



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Capital Area Community Action Child Development Program Policies

COVID-19 Health & Safety

Practices COVID-19 Overview

What is COVID-19

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Note: There is currently no vaccine to protect against COIVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There is no specific antiviral treatment for COVID-19. People with COVID-19 should seek medical care to help relieve symptoms.

Symptoms of COVID-19

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

Anyone exhibiting the previous signs or symptoms will not be allowed to attend school until they are fever and/or symptom free. If a child is exhibiting signs or symptoms while attending school he/she shall be placed in the isolation area in sight of staff, until they can be picked up from the center.

Daily Health Checks

A daily health check will be conducted on all children and staff by a team member. The children will be monitored for signs of illness. If children appear sick, the teacher will take their temperature and check for symptoms of illness.

NOTE: Centers are not expected to screen students or staff to identify cases of COVID-19. The majority of respiratory illnesses are not COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

Isolation and Caring for Sick Individual

If an individual becomes sick at school they must be separated from others in a designated isolation area by at least six feet until they can be sent home. For additional guidance see COVID-19 Health and Safety Practices- Isolation and Caring for Sick Individual.

Exclusion-Stay at Home

Staff, volunteers when appropriate, or children who become sick must stay home for 72 hours or until they are fever or symptom free. If fever and symptoms last more than 72 hours a note from a doctor must be obtained in order to return to school. Parents of children, and staff are encouraged to seek medical care immediately if they become sick or develop severe symptoms.

Parents should be encouraged to update their emergency contact information, so they can be easily contacted, if they need to pick up their sick child.

Everyday Preventive Measures

- **Drop off/ Pick up**: Staff will greet families outside for arrival and departure and ask the same parent or designated person to drop off / pick up child daily If possible. Older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID 19.
- Environmental Health Action: Routinely clean and disinfect frequently touched objects and surfaces.
- **Face Coverings:** All adults and children over three shall wear a face covering upon entering the facility unless they have a documented reason for not wearing a face covering.
- **Flu Shots**: Health experts recommend getting a flu shot to reduce the chances of getting the regular flu and weakening your immune system further.
- **Respiratory Etiquette**: Cover your coughs and sneezes with a tissue, then throw the tissue/mask in the trash can and immediately wash hands.

- Hand Hygiene: Wash hands often with soap and water for at least 20 seconds, especially:
 Before and after
 - ✓ Diapering
 - ✓ Eating, handling food, or feeding a child
 - ✓ Giving medication or applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, scrapes) may be encountered
 - ✓ Playing in water (including swimming) that is used by more than one person
 - ✓ Preparing food or beverages

After

- ✓ Applying sunscreen and/or insect repellent
- ✓ Arrival to the facility and after breaks
- ✓ Cleaning or handling the garbage
- ✓ Handling animals or cleaning up animal waste
- ✓ Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, mouths, or sores
- ✓ Playing in sand, on wooden play sets, or outdoors
- ✓ Using the toilet or helping a child use a toilet
- **Sanitizers**: If soap and water are not readily available, use an alcohol-based hand sanitizer with 60%-95% alcohol.
- **Social Distancing**: Students will stay in the same group each day, and the same teachers will remain with the group each day. In addition, playground times will be staggered and cots will be placed further apart during naptime.
- **Voluntary Home Isolation**: Stay home when you are sick. Avoid close contact with people who are sick.

RATIONALE

Information provided should help parents, teachers, directors, and administrative staff understand how to help prevent the transmission of COVID-19 within childcare and school communities and facilities. It also aims to help the program to react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.

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 COVID-19. Retrieved 4 March 2020 from http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html

SUPPLEMENTAL SHEETS

DOCUMENT NAME	DOCUMENT USE
Health Alert	In collaboration with the local health department post
	on classroom door and other visible location to notify
	parents of presumed or confirmed reportable
	infectious disease
Short Term Exclusion Letter	To be given to parent/ guardian if a child has to be
	sent home for health concerns
Stop the Spread of Germs	Share with parents and staff
Prevent the spread of COVID-19 if you are sick	Share with parents and staff
What you should know about COVID-19 to protect yourself	Share with parents and staff
and others	



Dear Parent/Guardian,

Your child may have been exposed to:

Coronavirus (Coronavirus Disease 2019 COVID-19)

Please read the following information:

Name	Onset	Symptoms
Coronavirus		Patients with COVID-19 have had
Disease 2019	May Vary	mild to severe respiratory illness with
(COVID-19		symptoms of: Fever, cough, shortness
		of breath. Consult your physician.

Must have Doctor's clearance to return to school/work.

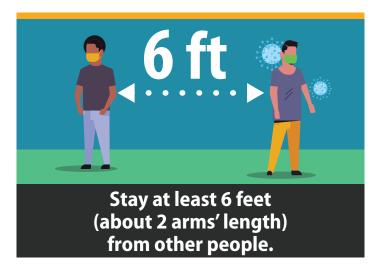
Capital Area Community Action Child Development Program Policies

Short Term Exclusion Letter

Date	
Dear Parent(s)/Guardian(s) of	: e of the following signs/symptoms:
A temperature of 100°F	s of the following signsy symptoms:
Vomiting (two or more times)	
Diarrhea (runny, watery, or bloody stools - more than one al	hnormally loose stool)
Difficult or Rapid Breathing (wheezing)	briormany 1003c stoory
Severe Coughing (causing the child to become red or blue in	the face, who oning sound)
Eye Discharge (thick mucus or pus draining from the eye)	the face, whooping sound)
Exposed, Open Skin Sores (runny sores with pus draining)	
Exposed, Open Skin Soles (fullity soles with pus draining)	
0.1	the development of Abelia
Or has a temperature of 100°F and one or more of the follow	
Stiff or Painful Neck	Cough
Sore Throat (inflamed throat and/or tonsils, pain and difficulty swallowing)	Fatigue
Rash, Unusual Skin Patches or Spots (areas of skin that are	Muscle or body aches
crusty, bright yellow, dry or gummy)	
Unusually Dark Urine (dark brown urine)	Headache
Gray or White Stool (gray or white bowel movement)	New loss of taste or smell
Yellowish Skin or Eyes	Congestion or runny nose
Irritable (persistent crying, confusion, drowsiness)	
Other (Describe in detail):	
Requirements for Re-Admission Our Short Term Exclusion and Re-Admission Policy states, if a illness they will temporarily be excluded from the center until 72 hours have passed with signs/ symptoms no longer pr	il:
Medical authorization is obtained stating the condition is	
If medication is required; 24 hours after start of medication	
Were you aware of these signs/symptoms (Circle)? Yes / No. If yes, has the treatment been administered (Circle)? Yes / No. Describe type and length of treatment	
Parent 's/ Guardian's Signature Comments:	
If you have any questions, please feel free to call 850-222-204 or Early Childhood Development Manager at extension 146.	43 and dial the Health Services Coordinator at extension 234
Teacher's Signature/Date	Center Director's Signature/Date

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

















Prevent the spread of COVID-19 if you are sick

Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

 Stay home. Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.



- Take care of yourself. Get rest and stay hydrated. Take overthe-counter medicines, such as acetaminophen, to help you feel better.
- Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- Avoid public transportation, ride-sharing, or taxis.

Separate yourself from other people and pets in your home.

- As much as possible, stay in a specific room and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
 - See COVID-19 and Animals if you have questions about pets: https://www.cdc.gov/coronavirus/2019-ncov/faq. html#COVID19animals
 - Additional guidance is available for those **living in close quarters.** (https://www.cdc.gov/coronavirus/2019-hj ncov/daily-life-coping/living-in-close-quarters.html) and **shared housing** (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html).

Monitor your symptoms.

 Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.



 Follow care instructions from your healthcare provider and local health department. Your local health authorities will give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- · Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility:Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.

- Call ahead. Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19.

If you are sick, wear a cloth covering over your nose and mouth.





- You don't need to wear the cloth face covering if you are alone.
 If you can't put on a cloth face covering (because of trouble
 breathing for example), cover your coughs and sneezes in some
 other way. Try to stay at least 6 feet away from other people.
 This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.



Cover your coughs and sneezes.

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often.

 Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.



- Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water are the best option, especially if your hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items.

 Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.



 Wash these items thoroughly after using them with soap and water or put them in the dishwasher.

Clean all "high-touch" surfaces everyday.

 Clean and disinfect high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.



 If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- Clean and disinfect areas that may have blood, stool, or body fluids on them.
- Use household cleaners and disinfectants. Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

When you can be around others after you had or likely had COVID-19



When you can be around others (end home isolation) depends on different factors for different situations.

- I think or know I had COVID-19, and I had symptoms
 - You can be with others after
 - 3 days with no fever

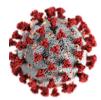
AND

symptoms improved

AND

- 10 days since symptoms first appeared
- Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
- I tested positive for COVID-19 but had no symptoms
 - If you continue to have no symptoms, you can be with others after:
 - 10 days have passed since test
 - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
 - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcoholbased hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



Capital Area Community Action Child Care Program Policies

COVID-19 Health & Safety

Practices Absenteeism Planning &

Monitoring

POLICY

It is important that the program monitors and reviews absenteeism patterns at the centers among both students and staff. Monitoring attendance and absenteeism will allow the program to help protect the health of students and staff by allowing the program to alert the local health department about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to COVID-19) so the program may receive guidance sooner. Additionally, monitoring and reviewing attendance will also allow the program to put plans into action if the level of absenteeism will disrupt the continuity of teaching and learning.

Since confirmed cases of COVID-19 have been found in the counties we serve, the Head Start Emergency Management Team, the Health Services coordinator, and the Florida Department of Health will work together to determine the need to enact or discontinue the Coronavirus Disease 2019 (COVID-19) Absenteeism Planning & Monitoring protocol. As a part of the Absenteeism Planning & Monitoring Protocol center staff will note if they receive three or more parent reports from parents with children in the same class whom are absent on the same day with COVID-19 symptoms.

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- 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

PROCEDURE

- 1) The family advocates will check Child Plus daily for student absence reasons.
- 2) If the advocate notes three or more absences on the same day for COVID-19 related symptoms they will notify the Center Director and the Family Community Engagement Manager of the students' names.
- 3) The Center Director will note the students, staff, and volunteers with COVID-19 symptoms on the Florida Department of Health Respiratory Illness form and keep the form on file for three years.
- 4) The Center Director will then report students, staff, or volunteers with COVID-19 symptoms to the Health Services Coordinator via phone call or email.
- 5) The Health Services Coordinator will notify the Epidemiology and Disease Control Program, Florida Department of Health for guidance.
- 6) The Health Services Coordinator will share the guidance received with the Family Community Engagement Manger.
- 7) The Family Community and Engagement Manager will relay the information to the Emergency Management Team (See Emergency Notification Procedures for Emergency Management Team Members).
- 8) Emergency Management Team will meet to discuss absences and to discuss the next steps.

Note: CFOC4 3.6.1.1: Inclusion/Exclusion/Dismissal of Children recommends, "In collaboration with the local health department, notify parents/guardians of contacts to the child or staff member with presumed or confirmed reportable infectious disease"

RATIONALE

Recording the occurrence of illness in a facility and the response to the illness, as well as reviewing the daily patterns, characterizes and defines the frequency of the illness, suggests whether an outbreak has occurred, may suggest an effective intervention (improved sanitation and handwashing best practices initially), and provides documentation for administrative purposes.

REFERENCES

Child Care: Emergency Preparedness (2018). Retrieved from https://www.myflfamilies.com/service-programs/child-care/emergency-preparedness.shtml

National Resource Center for Health and Safety in Child Care and Early Education. (2020). 3.6.1.1: Inclusion/Exclusion/Dismissal of Children. Retrieved 6 July 2020 from https://nrckids.org/CFOC/Database/3.6.1.1

United States. (2000). Head Start Program performance standards and other regulations. Washington, D.C.: U.S. Dept. of Health and Human Services, Administration for Children and Families, Head Start Bureau.

SUPPLEMENTAL SHEETS

DOCUMENT NAME	DOCUMENT USE
Florida Department of Health Respiratory Illness Form	Use when you exclude a child

RESPIRATORY ILLNESS

School Name:	Reported By:	Telephone:	Report Date:
Total Number of Students in School:	Number of Ill Students Today:	Total Number of Staff:	Number of Staff Ill Today:

		Name	Student (S) or Faculty (F)	DOB	Gender	Grade	Room #	Fever (temp)	Cough	Sore throat	Muscle Aches	Weakness	Vomiting	Diarrhea	Other, specify	Onset date?	Duration of symptoms?	Seen by Healthcare Provider?	Hospitalized?	Flu vax?	Lab test and result	Treatment?
Exa	mple:	John Doe	S	1/10/05	M	7th	223	101.5	✓	✓						4/30/18	4 days	✓		✓	FLU B	✓
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Capital Area Community Action Child Development Program Policies

COVID-19 Health & Safety

Practices Class Size

POLICY

Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. Keeping space between you and others is one of the best ways to avoid being exposed to this virus and slowing its spread locally and across the country and world. In line with social distancing the Capital Area Community Child Development Center will reduce class sizes in line with the best practices recommended in *Caring for Our Children fourth edition CFOC4**.

Center	Address	Reduced Center Size
Franklin County Head Start	222 6 th Street	20
	Apalachicola, FL 32320	
Jefferson County Head Start	950 Mamie Scott Drive	37
	Monticello, FL 32344	
Louise B. Royal Head Start	1124 N. Duval Street	42
	Tallahassee, FL 32301	
Mabry Street Family Enrichment	240 Mabry Street	56
Center	Tallahassee, FL 32304	
South City Head Start	2813 S. Meridian St.	123
	Tallahassee, FL 32301	
Total Funded Enrollment 20-21		278

NOTE: In the July 1, 2020 Office of Head Start (OHS) Collaborating Actively in Meaningful Planning (CAMP) addressed Head Start Program Performance Standard 1302.16(b) Managing Systematic Attendance issues. OHS clarified that, "programs will not be penalized for low attendance or variation during the 2020 – 2021 program year."

PROCEDURE

- 1) Review the DCF Capacity Calculator for square feet and maximum class size.
- 2) To find the recommended capacity from CFOC4 for each classroom divide the square feet listed on the capacity calculator by 54 square feet.
- 3) Add the CFOC4 capacity per classroom to get the max recommended center capacity.

RATIONALE

In abundance of caution and due to the multiple sources of information the Agency will follow the Office of Head Start Guidelines for Health and Safety during the COVID-19 Pandemic with regards to Oral Health and Safety.

NOTE: Caring for Our Children fourth edition is written and updated by U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Office of Child Care, and Health Resources and Services Administration, Maternal and Child Health Bureau, by the National Center on Early Childhood Health and Wellness.

REFERENCES

Centers for Disease Control and Prevention. (ND). Social Distancing. Retrieved 29 June 2020 from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

SUPPLEMENTAL SHEETS

Capital Area Community Action Child Development Program Policies

COVID-19 Health & Safety Practices

Cleaning, Sanitizing, and Disinfecting with Chemicals

ROUTINE CLEANING, SANITIZING, AND DISINFECTING WITH CHEMICALS POLICY

Keeping objects and surfaces in a child care setting as clean and free of pathogens as possible requires a combination of:

- 1) Frequent cleaning; and
- 2) When necessary, an application of a sanitizer or disinfectant.

Facilities should follow a routine schedule of cleaning, sanitizing, and disinfecting as outlined in Caring for Our Children 4th edition (COCF4) Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting. The Center Director is responsible for making a cleaning schedule to include; toys, books, manipulatives, cots, cubbies, and items not listed in COCF4 or on the Cleaning and Classroom Environment Checklist.

The cleaning process at the center will be monitored through the use of cleaning forms and checklist. All Cleaning Checklist Forms will be reviewed and revised to ensure compliance with minimum standards for COVID-19 cleaning and disinfecting. The Center Director's Accountability Log will also be reviewed and revised to include COVID-19 intervention.

All chemicals used in the centers must be approved. Chemicals must be kept in locked cabinets and out of the reach of children at all times (5' or higher).

Hazardous materials must be labeled with "keep out of reach labels" (Examples of hazardous materials are toothpaste, soap, hand sanitizers and cleaning materials etc.)

Cleaning, sanitizing and disinfecting products should not be used in close proximity to children and adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/teachers from inhaling potentially toxic fumes

NOTE: A Safety Data Sheet (SDS) for every chemical product that the facility uses should be checked and available to explain the risk of exposure to products so that appropriate precautions may be taken for anyone who uses or who might be exposed to chemicals in the facility. The cooks are responsible for keeping updated copies of the SDS on site.

Definitions

For the purpose of the Capital Area Community Action Extended Day program the following definitions will be used:

Clean

To remove dirt and debris by scrubbing and washing with a detergent solution and rinsing with water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.

Sanitize

To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations.

Disinfect To destroy or inactivate most germs on any inanimate object, but not bacterial spores.

Germs

Bacteria, viruses, fungi and molds that may cause infectious disease. Bacterial spores are dormant bacteria that have formed a protective shell, enabling them to survive extreme conditions for years. The spores reactivate after entry into a host (such as a person), where conditions are favorable for them to live and reproduce

Mixing bottles for clean-up

Cooks or designated staff will prepare bleach solutions. All classrooms must have five bottles mixed as follows:

Clear	1 quart (32oz) of clear water
Water	
Soapy	½ Teaspoon of dawn+ 1 quart (32oz) of clear water
Water	
Sanitizing	1/4 Teaspoon of bleach + 1 quart (32oz) of clear water
Solution	
Disinfecting	1 Tablespoon of bleach + 1 quart (32oz) of clear water
Solution	
Special	6 Tablespoon of bleach + 1 quart (32oz) of clear water
Clean-Up	

Note: Bleach solutions must be checked with chemical test strips. Only the above solutions should be use for cleaning in the classroom unless approval is given from the Heath Service Coordinator or Family Community Partnership Manager.

ROUTINE CLEANING, SANITIZING, AND DISINFECTING WITH CHEMICALS PROCEDURE

- 1) Clean surfaces first with soap and water.
- 2) Rinse with clean water.
- 3) Sanitize or disinfect. Let surfaces air-dry, or set timer for two minutes and wipe dry.

Note: Special Clean-up mixture must be requested from kitchen when needed. Children should not be present during special clean-up.

Suspected/Confirmed COVID-19 POLICY

Timing and location of cleaning and disinfection of surfaces

• Close off areas used by the ill persons and call in a professional cleaning service. It is recommended to wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.

NOTE: If possible, wait up to 24 hours before beginning cleaning and disinfection.

Cleaning staff clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill
persons, focusing especially on frequently touched surfaces. Frequently touched surfaces include:
doorknobs, light switches, countertops, keyboards, desk, phones, faucets, and toys.

Personal Protective Equipment (PPE) and Hand Hygiene

- Cleaning staff must wear disposable mask, gloves, and gowns for all tasks in the cleaning process, including handling trash.
 - Gloves and gowns must be compatible with the disinfectant products being used.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - o Gloves and gowns must be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves must be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff must immediately report tears or damages in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

NOTE: Cleaning staff and others must clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

SUSPECTED/CONFIRMED COVID-19 PROCEDURE

How to Clean and Disinfect

Hard Surfaces

- 1. Prepare Cleaning Solutions. For recipes see Cleaning, Sanitizing, and Disinfecting with Chemicals.
- 2. If surfaces are dirty, they must be clean using soap and water.
- 3. Rinse with clean water.
- 4. Sanitize or disinfect. Let surfaces air-dry or set timer for two minutes and wipe dry.

NOTE: Bleach will be effective against coronaviruses when properly diluted.

Soft (Porous) Surfaces

Soft (porous) surfaces are surfaces such as carpeted floor, rugs, and drapes, etcetera.

- 1. Remove visible contamination by cleaning with appropriate cleaners indicated for use on these surfaces.
- 2. If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items complete.
- 3. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

NOTE: Dirty laundry that has been in contact with an ill person can be washed with other people's items.

NOTE: Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.

CLEANING AND DISINFECTING OUTDOOR AREAS

- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
 - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) are not recommended.
- Sidewalks and roads should not be disinfected.
 - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

NOTE: Normal routine cleaning is defined as the use of soap and water. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure. Always clean the surface with soap and low-pressure water (ie. using a garden hose, high pressure may damage paint and surfaces).

RATIONALE

Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact.

REFERENCES

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 COVID-19. Retrieved 4 March 2020 from http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html
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 Cleaning and Disinfecting Your Facility. Retrieved 3 August 2020 from http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html
- U.S. Department of Health & Human Services. Centers for Disease Control and Prevention. (2019).
 Guidance for Administrators in Parks and Recreational Facilities. Retrieved 3 August 2020 from https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/park-administrators.html

SUPPLEMENTAL SHEETS

DOCUMENT NAME	DOCUMENT USE
Bleach Safety: How to Use Bleach Properly	Posted where chemicals are prepared or used
Routine Schedule for Cleaning, Sanitizing, and Disinfecting	Share with staff
COVID Cleaning and Classroom Environment Checklist	Cooks, Directors, Janitorial, and Management should use to monitor cleaning and classroom and environment

Bleach Safety:

How to Use Bleach Properly

REDUCE	Keep children away while mixing, sanitizing or
	disinfecting.
EXPOSURE	Use only bleach purchased and provided by the center.
	Wear gloves, protective eyewear and apron.
	Open doors and windows to let in fresh air.
	Do not mix the prepared bottles provided to you.
Proper	Bleach breaks down quickly in water. Make sure you
•	receive fresh solutions each day.
Mixing	Cooks will mix bleach with room-temperature water and test sanitizer's strength with a test strip.
	Cooks will then provide the pre-mixed solution to you in labeled bottles.
	All bottles should be labeled "Clear water," "Soapy
	Water," "Bleach Sanitizer," "Bleach Disinfectant" or
Proper	"Special Clean-up."
Use	4) Clean surfaces first with soap and water.
use	5) Rinse with clean water.
	6) Sanitize or disinfect. Let surfaces air-dry, or set timer for two minutes and wipe dry
	Note: Special Clean-up mixture must be requested from kitchen when needed. Children should not be present during special clean-up.
Safe	Store bleach and solutions out of reach of children
	and away from food.
Practices	All cleaning supplies should be stored at least 5' high or in a locked cabinet.

Reference:

Oregonmetro.gov/Cleangreen. (N.D.) Bleach Safety. Retrieved:

 $https://www.oregonmetro.gov/sites/default/files/2014/04/09/clean_green_daycare_bleach_safety_poster.pdf$



Routine Schedule for Cleaning, Sanitizing, and Disinfecting

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Food Areas						
 Food preparation surfaces 	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
 Tables & highchair trays 	Clean, Sanitize	Clean, Sanitize				
Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
 Food preparation appliances 		Clean	Clean, Sanitize			
Mixed use tables	Clean, Sanitize					Before serving food
 Refrigerator 					Clean	
Child Care Area	S		I			1
 Plastic mouthed toys 		Clean	Clean, Sanitize			
Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
• Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, Disinfect			



• Floors		Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
Machine washable cloth toys			Clean		Launder
Dress-up clothes			Clean		Launder
Play activity centers			Clean		
Drinking Fountains		Clean, Disinfect			
Computer keyboards	Clean, Sanitize				Use sanitizing wipes, do not use spray
Phone receivers		Clean			
Toilet & Diapering Area	s				
Changing tables	Clean, Disinfect				Clean with detergent, rinse, disinfect
Potty chairs	Clean, Disinfect				
Handwashing sinks & faucets		Clean, Disinfect			
Countertops		Clean, Disinfect			
Toilets		Clean, Disinfect			
Diaper pails		Clean, Disinfect			
• Floors		Clean, Disinfect			Damp mop with a floor cleaner/ disinfectant
Classica Asses					
Sleeping Areas		Ι			Class before
Bed sheets & pillow cases			Clean		Clean before use by another child
Cribs, cots, & mats			Clean		Clean before use by another child
Blankets				Clean	



Date:	Staff name(s):
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		Frequency	Туре	Who	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:	1 st Month Date:
star	Check/Clean Classrooms: Checklists must be completed before the start of each day. For items that are not complete, please write comments below in the plan of action.				Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time
Before s	start of day									
a.	Disinfectant solutions are prepared and placed 5' or higher: in classrooms, bathroom, diapering area and on playground	Daily		Cooks						
b.	Staff temperatures are taken*	Morning and Before Lunch		Director*						
c.	Temperature login station is set-up	Drop off/ Pick-up		Director*						
d.	Daily health station is set-up	Daily		Director*						
e.	Center emergency phone operational	Daily		Director*						
f.	Exits are cleared	Daily		Director*						
g.	Sweep walkways and porches	Daily	Sweep	Janitorial						
h.	Hand sanitizer is full at entryway**	Daily		Janitorial						
i.	Bathrooms/sinks stocked toilet paper, with hand soap and paper towels. **	Daily		Janitorial						
į.	Restroom area is clean (check walls, toilet, sink, fixtures, and floors)**	Daily	Disinfect	Janitorial						
k.	Trash cans are clean and covered**	Daily		Janitorial						



Date:	Staff name(s):
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		Frequency	Туре	Who	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:	1 st Month Date:
of each	lean Classrooms: Checklists must be cor day. For items that are not complete, pl n the plan of action.		Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time		
Before s	tart of day continued									
l.	Chairs and tables are wiped down before the start of school	Daily	Clean & Sanitize	Janitorial						
m.	Carpets are vacuumed	Daily	Vacuum	Janitorial						
n.	Trash containers are emptied, cleaned and disposed in appropriate area	Daily	Clean	Janitorial						
0.	Desks, tables, cabinets are dusted and wiped	Daily	Clean & Sanitize	Janitorial						
p.	All tiled floors have been dusted mopped and damp mopped	Daily	Clean/ Disinfect	Janitorial						
q.	Clean Mirrors	Daily	Clean	Janitorial						
r.	Pick-up Trash and Litter	Daily		Janitorial						
S.	Non-emergency medications are locked up and cleaning solutions and inaccessible to children	Daily		Teacher						
t.	Electrical outlets are covered	Daily		Teacher						
U.	Classroom lights are operating	Daily		Teacher						
٧.	Classroom is clean and ready for use	Daily		Teacher						
w.	Drinking water and cups are available for children	Daily		Teacher						
x.	Diapering area is clean and stocked with disinfectant, diapers, wipes	Daily/ Every use	Disinfect	Teacher						
у.	Chairs and tables are wiped down before serving food	Before Meals	Clean & Sanitize	Teacher						



Date:	Staff name(s):
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Check/Clean Classrooms: Checklists must be considered the start of each day. For items that are complete, please write comments below in the action.	not	Initial/ Time						
z. All windows (possible) are opened	Daily	Teacher						
aa. Visual space in classrooms marked for 6 ft separate play areas	Daily	Teacher						
bb. Telephone is operable	Daily	Teacher						
cc. No broken or chipped floor tiles	Daily	Teacher						



Date:	Staff name(s):
Date:	Staff name(s):

	Frequency	Туре	Who	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:	1 st Month Date:
Check/Clean Classrooms: Checklists must be completed before the start of each day. For items that are not complete, please write comments below in the plan of action.				Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time
II. No roof or ceiling leaks in your classroom	Daily		Teacher						
mm. Staff belongings are 5' or higher	Daily		Teacher						
Mid-day									
nn. Restroom area is clean (check sheet)	Mid-day	Disinfect	Floater						
oo. Tables are wiped down	Mid-day	Sanitize	Teacher						
pp. Door knobs, faucets, and handles are wiped down	Mid-day	Disinfect	Teacher						
At end of day									
qq. iPads and check in area*	Daily	Disinfect	Director*						
rr. Remove and sanitize unclean blocks, books, and toys	Daily	Sanitize	Teacher						



COVID-19 Cleaning and Classroom Environment Checklist

Date:	Staff name(s):
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		Frequency	Туре	Who	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:
Check/Clean Classrooms: Checklists must be completed before the start of each day. For items that are not complete, please write comments below in the plan of action.			Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time	Initial/ Time
ss. Door knobs, faucets, and handles*	Daily	Disinfect	Teacher						
tt. Diaper changing areas wiped down	Daily	Disinfect	Janitorial						
uu. Sleeping cots *	Daily*	Sanitize	Teacher						
vv. Water Pitcher	Weekly	Clean & Sanitize	Cooks						
Weekly/Monthly									
ww.All air vents are cleaned and filters	Quarterly	Clean	Contractual Provider						
xx. Check smoke and carbon monoxide detectors	Monthly		Director*						
yy. Cobwebs are removed	Weekly	Clean	Janitorial						
zz. Cabinets, lights, fixtures, and shelves are cleaned	Monthly	Clean	Janitorial						
aaa. Window sills and surfaces are dusted	Weekly	Clean	Janitorial						
bbb. All kick plates are checked and cleaned	Weekly	Clean	Janitorial						
ccc. All door jams are cleaned	Monthly	Clean	Janitorial						
ddd. Window blinds are lightly dusted	Monthly	Clean	Janitorial						
eee. First Aid kits are checked and supplies are refilled	Monthly		Teacher						

Director*- The director or appointed designee may perform this task. In the event a person is appointed, the person should initial with their initials.



Date:	Staff name(s):

Plan of Action

Comments or action taken on above review items:

Item	Date Recorded	Comments:
		Document all corrective actions taken for "No" notations above.

Capital Area Community Action Child Care Program Policies

COVID-19 Health & Safety

Practices Cots

POLICY

Each child in care must be provided safe and sanitary bedding to be used when napping. Nap bedding includes sleep bedding, cots, playpens, play yards or floor mats. Air and foam mattresses are prohibited. Bedding must be appropriate for the child's size.

Bedding and linens, when not in use, must be stored in a sanitary manner which prevents the spread of germs or lice from other linens. All bedding and linens must be thoroughly cleaned and sanitized at least once a week, and before use by another child. Linens used by more than one child must be washed in between usage.

Traditionally, a minimum of 18 inches must be maintained around individual napping and sleeping spaces. In order to reduce the spread of COVID-19 a minimum of one cot's length must be maintained around individual napping and sleeping spaces. A maximum of two sides of a napping or sleeping space may be against a solid barrier, such as the wall. Napping and sleeping spaces must not be under furniture or against furniture that creates a hazard. Napping and sleeping areas must not be in exit areas. All exits must remain clear in accordance with fire safety requirements.

NOTE: Cribs, playpens, play yards, other napping and sleeping bedding being used by a child must be placed a minimum of 18 inches away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard.

PROCEDURE

- 1) Teachers will label cots.
- 2) Teacher will designate a space for each student's cot.
- 3) Students will sleep or rest in designated space.

RATIONALE

Students often nap or sleep on mats or cots and the mats or cots are taken out of storage during nap time, and then placed back in storage. Providing bedding for each child and storing each set in individually labeled bins, cubbies, or bags in a manner that separates the personal articles of one individual from those of another are appropriate hygienic practices.

REFERENCES

DCF Child Care Facility Handbook. (2019). *Napping/Sleeping Requirements*. Retrieved 8 August 2020 from https://www.myflfamilies.com/service-programs/child-care/docs/FacilityHandbook.pdf?d=2020-8-4

DCF Child Care Facility Handbook. (2019). Napping/Sleep Space. Retrieved 8 August 2020 from https://www.myflfamilies.com/service-programs/child-care/docs/FacilityHandbook.pdf?d=2020-8-4

SUPPLEMENTAL SHEETS

Capital Area Community Action Child Development Program Policies

COVID-19 Health & Safety

Practices Diapering / Toileting

POLICY

Toilet learning/training should be based on the child's developmental level rather than chronological age. To help children achieve bowel and bladder control, caregivers/teachers should enable children to take an active role in using the toilet when they are physically able to do so and when parents/guardians support their children's learning to use the toilet.

The facility should defer toilet learning/training until the child demonstrates:

- a. An understanding of the concept of cause and effect;
- b. An ability to communicate, including sign language;
- c. The physical ability to remain dry for up to two hours;
- d. An ability to sit on the toilet, to feel/understand the sense of elimination;
- e. A demonstrated interest in autonomous behavior.

The following COVID-19 Health & Safety Practices Diapering / Toileting procedures should be posted in the changing area/toileting area and followed to protect the health and safety of children and staff. COVID-19 Health & Safety Practices Diapering / Toileting procedures will temporarily replace normal Diapering/ Toileting procedures.

NOTE: The diapering area must be as close to a water source as possible (separate from the food preparation area); preferably in the bathroom. If needed use a mat designated for pull-up/diapering to clean a child. Sanitize mat thoroughly, after each use.

Note: Sometimes children need to increase their fluid intake to help a medical condition and this can lead to increased urination. Other conditions can lead to loose stools. Children should be given unrestricted access to toileting facilities, especially in these situations. Children who are recovering from gastrointestinal illness might temporarily lose continence, especially if they are recently toilet trained, and may need to revert to diapers or training pants for a short period of time. Children who are experiencing stress (e.g., a new infant in the family) may regress and also return to using diapers for a period of time.

DIAPERING PROCEDURE

- Before bringing the child to the diaper/pull-up changing area, bring supplies to the diaper/ pull-up changing area, and perform hand hygiene.
 Supplies include:
 - Gloves
 - Wipes
 - Diapers/ Pull-ups
 - Mat/ Changing surface (if not already present)
 - Extra Clothes
 - Cleaning Supplies
 - Plastic Bags

- 2) Carry/bring the child to the changing table/surface/area, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child. Talk to the child throughout the process, in a reassuring, positive tone.
- 3) Staff must wash their hands with soap and the child's hands with soap <u>before and after</u> each change and check.
- 4) Put on gloves during toileting/diaper changing.
- 5) Clean the child's diaper/ pull-up area.
- 6) Remove the soiled diaper/ pull-up and clothing without contaminating any surface not already in contact with stool or urine.
- 7) Use clean moist wipes to clean the child's skin surface (buttock, pubic area etc.).
- 8) Put on a clean diaper/ pull-up and dress the child.
 - If clothing was soiled, securely tie the plastic bag used to store the clothing and send home. Do not attempt to rinse out or otherwise clean clothing that is soiled with feces or other bodily waste.
- 9) Wash the child's hands
- 10) Perform hand hygiene. Staff must wash their hands with soap and the child's hands <u>before and after</u> each change and check.
- 11) Return the child to a supervised area.
 - If clothing was soiled, the parent should be called and notified that the clothing will be placed in the child's bag unless otherwise directed to throw away.
- 12) Clean and disinfect the diaper/ pull-up-changing surface. Dispose of the disposable paper liner if used on the diaper/ pull-up changing surface in a plastic-lined, hands-free, covered can.
- 13) Perform hand hygiene.
- 14) **Record the diaper/ pull-up change** on the diaper/ pull-up change log sheet. Document anything unusual in the child's pull-up/diaper (discharge, blood, loose or hard stool) on a Health Observation form and notify the parent/guardian.

NOTE: Caregivers/teachers should never leave a child unattended on a table or countertop. A safety strap or harness should not be used on the diaper/ pull-up changing table/surface.

NOTE: <u>IF</u> a staff member assists with toileting or comes in contact with bodily fluids such as urine or feces <u>THEN</u> the staff member should not serve the food that day.

TOILETING PROCEDURE

- 1) Before bringing the children to the restroom, bring any supplies you may need. Supplies include:
 - Gloves
 - Wipes
 - Diapers/ Pull-ups
 - Mat/ Changing surface (if not already present)

- Extra Clothes
- Cleaning Supplies
- Plastic Bags

- 2) Bring children to restroom.
- 3) Both staff and children should wash their hands with soap <u>before and after</u> using the restroom. Staff will also need to wash hands in between children if they assist with toileting or hand washing. Staff should also put on gloves during toileting/diaper changing.
- 4) Allow the child or children to use the toilet.
- 5) Have the child wash their hands. If you assist a child remove gloves and wash your hands.
- 6) Wash your hands before leaving the restroom.
- 7) Return the child to a supervised area.

NOTE: <u>IF</u> a staff member assists with toileting or comes in contact with bodily fluids such as urine or feces <u>THEN</u> the staff member should not serve the food that day.

RATIONALE

The procedure for diaper changing is designed to reduce the contamination of surfaces that will later come in contact with uncontaminated surfaces such as hands, furnishings, and floors (4). Posting the multistep procedure may help caregivers/teachers maintain the routine.

REFERENCES

Caring for our Children. (2020). Diapering and Changing Soiled Clothing. Retrieved 13 July from https://nrckids.org/CFOC/Database/3.2.1.4

Caring for our Children. (2020). Toilet Learning/Training. Retrieved 13 July from https://nrckids.org/CFOC/Database/3.2.1.4

SUPPLEMENTAL SHEETS

DOCUMENT NAME	DOCUMENT USE
Diaper/ Pull-up Changing Log Sheet	Kept by teacher and taken when diapering/ toileting
Diaper/ Pull-up Changing Log Cover	Placed over Diaper/ Pull-up Changing Log Sheet to
	protect children's privacy

Diaper/ Pull-up Changing Log Sheet

Date	Time	Child's Name	Contents	Staff 1 INT	Staff 2 INT	Additional Comments/Concerns	Time parent called	Staff 1 INT
11/3/16	4:00p	Chris Example	Feces	VT	KR	None	4:00p	VT

DIAPER/ PULL-UP CHANGING LOG COVER



Capital Area Community Action Child Development Program Policies

COVID-19 Health & Safety Practices

Distance Learning in the Event of Shut Down

POLICY

Continuity of care is a term used to describe programming and policies that ensure children and families are consistently engaged in high-quality early learning experiences through stable relationships with caregivers who are sensitive and responsive to a young child's signals and needs. In order to facilitate the continuity of care for Capital Area Community Action Child Development Program students in the event of a shut-down or if the need for home based educational activities arise for students whom are unable to be served in the centers the program will facilitate distance learning. Distance learning will include:

- 1. Weekly Teaching Strategies lesson will be recorded and placed on social media or appropriate online platform.
- 2. Teachers will be recorded providing lessons and book readings from the Teaching Strategies book list associated with the Creative Curriculum studies.
- 3. Parents will receive training via distance technology on how to work with their child or children at home using the material in the packets, accessing the weekly recorded lessons and book readings
- 4. Teachers will talk to children and parents three times a week. It is vital to speak to the child as well as the parent and ask questions (e.g. "Did you enjoy the story about the green elephant?" "Talk to me about ...").
- 5. Children and families will receive regular learning packets with math, art, writing, and literacy study guides and materials.
- 6. Professional Development of staff will continue with coursework, webinars, DCF Training, and selected readings in the field of Early Childhood Development as assigned by Education Coordinators and Early Childhood Development Manager.
- 7. Staff will properly document all curriculum issue, developments, and any assessments, in a timely manner.
- 8. Additional training for center directors to assess effort of staff to follow items 1 through 7. Directors would need to monitor progress, counsel staff, and follow proper procedures in the event of non-compliance.

NOTE: The program will make every effort to make materials available to families regardless of internet or technology accessibility.

RATIONALE Students will get to see their teacher and engaged in high-quality early learning experiences through stable relationships REFERENCES SUPPLEMENTAL SHEETS

Capital Area Community Action Child Development Program Policies

COVID-19 Health & Safety

Practices Drop Off / Pick Up

POLICY

In order to reduce staff and student exposure to COVID-19 the program is attempting to reduce the number of individuals who enter and exit the facility. In order to facilitate this process the program is asking parents to drop off and pick up only from designated locations at the centers. The center will assure that a staff member or adult parent/guardian is observing the process of dropping off and picking up children. The adult who is supervising the child should be required to stay with each child until the responsibility for that child has been accepted by the individual designated in advance to care for that child. Once accepted staff will document accurate attendance and time record of all children picked up and dropped off.

Drop OFF PROCEDURE

Capital Area Community Action Agency requires each child to be transported to school daily by a parent or another person designated by the parent.

- 1) The child must be escorted to the designated location for each child to sign into school.
- 2) Parents should be asked COVID-19 screening questions.
- 3) Hand hygiene should be performed before taking students temperature.
- 4) The child's temperature must be taken. If the child's temperature is at or above 100.4, the parent will not be allowed to sign the child into school.
- 5) Hand hygiene should be performed after taking students temperature.
- 6) If the child does not have a fever or other symptoms that require exclusion, the child will be signed in by the designated staff person.
- 7) Children should clean their hands at the hand hygiene station before entering the center.
- 8) A staff person will then escort the child to his or her classroom.
- 9) Non-contact thermometers should be cleaned with alcohol wipes or isopropyl alcohol on a cotton swab between each student. You can reuse the same wipe as long as it remains wet.
- 10) When the child arrives at their classroom they should place all essential items from home in their designated cubby and wash their hands with soap and water or sanitize.

All children must be dropped off within one hour of school start.

NOTE: Only children with preauthorized excuses will be accepted after 8:30 a.m.

PICK UP PROCEDURE

Capital Area Community Action Agency requires each child to be picked up from school daily by a parent or another person designated by the parent.

- 1) The child must be picked up from the designated location determined by staff.
- 2) A staff member will notify the child's teacher.
- 3) A staff member will escort the child out for parent pick-up.
- 4) A staff member will sign out the child out.

All children must be picked up within the last hour of the program day. All children must be picked up at the end of their program day. If a child needs to be picked-up more than an hour before the end of the program day the parent or guardian should notify the family advocate or center director. There is no grace period for children to be picked up after the end of their program day.

NOTE: Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

NOTE: If the parent is called to pick the child up due to any type of illness, or symptoms of an illness, the child must be picked up within 30 minutes of the call. Staff will inform the parent where to pick the child up from.

RATIONALE

The risk of severe illness may be different for everyone, anyone can get and spread COVID-19, since people can spread the virus before they know they are sick.

REFERENCES

Caring for Our Children. (2020). Transportation Safety. Retrieved 13 July 2020 from https://nrckids.org/CFOC/Database/6.5.2.1

Center for Disease Control and Prevention. (2020). Guidance for Child Care Programs that Remain Open. Retrieved 13 July 2020 from https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare.html#ScreenChildren

SUPPLEMENTAL SHEETS

DOCUMENT NAME	DOCUMENT USE
COVID-19 Screening Tool	Use at drop off to screen families

COVID-19 Screening Tool

Questions	Yes	No
Have you or your child been in contact with anyone who has returned from domestic or international travel via plane or been on a cruise within the last 14 days?		
Have you or your child had close contact (within 6 feet of an infected person for at least 15 minutes) with someone who has OR is under investigation for COVID-19?		
Have you or your child been ask by the Florida department of Health to quarantine?		
Are you, your child, or anyone in your household sick and experiencing any new signs or symptoms of a respiratory infection such as: Fever? Cough? Shortness of Breath?		

References:

Hillsborough County Florida. (2020). COVID -19 Screening Tool. Retrieved 15 July 2020 from https://www.hillsboroughcounty.org/library/hillsborough/media-center/documents/economic-development/covid/sample-covid-19-screening-form.pdf

Drop Off Temporal Screening of Children

POLICY

Persons who have a fever of 100 or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Parents should screen children at home, if possible. In the event the parent or guardian determines the child is ill and will not be in attendance, the parent or guardian should call the center.

PROCEDURE

- 1. Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- 2. Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- 3. Conduct temperature screening (follow steps below)
 - a. Perform hand hygiene
 - b. Use a hand sanitizer with at least 60% alcohol.
- 4. Put on disposable gloves.
- 5. Check the child's temperature, reaching around the partition or through the window.
- 6. Make sure your face stays behind the barrier at all times during the screening.
- 7. If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check, but you should clean the thermometer.
- 8. Non-contact thermometers can be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

NOTE: If you ae not using a non-contact thermometer and performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.

RATIONALE

The risk of severe illness may be different for everyone; anyone can get and spread COVID-19, since people can spread the virus before they know they are sick.

REFERENCES

Center for Disease Control and Prevention. (2020). Guidance for Child Care Programs that Remain Open. Retrieved 13 July 2020 from https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare.html#ScreenChildren

SUPPLEMENTAL SHEETS