United Community Action Partnership (UCAP) is committed to providing a safe and healthy workplace for all staff and children. To ensure that, we have developed the following COVID-19 Response Plan. All Head Start staff members are required to implement the procedures presented in this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among all staff. Only through this cooperative effort, can we establish and maintain the safety and health of our staff, students, and workplaces.

Head Start employees are responsible for implementing and complying with all aspects of this COVID-19 Plan. UCAP managers and supervisors have our full support in enforcing the provisions of these procedures. It is important to note that during the COVID-19 pandemic, information in this COVID-19 Plan overrides existing policies and procedures that are in place (if discussed in this plan). All other policy statements are still valid and must be followed.

Our staff are our most important assets. We are serious about health and safety, and keeping our staff working at UCAP. Staff involvement is essential in developing and implementing a successful COVID-19 Plan. We have involved our staff in this process through conversations with Supervisors, Managers, Human Resources and the Head Start and Executive Directors. Our Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines, as well as federal OSHA standards and OHS guidance related to COVID-19 and addresses:

- Hygiene and respiratory etiquette;
- Engineering and administrative controls for social distancing;
- Housekeeping – cleaning, disinfecting and decontamination;
- Prompt identification and isolation of sick persons;
- Communications and training that will be provided to all staff; and
- Management and supervision necessary to ensure effective implementation of the plan.
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THE BEST WAY TO PROTECT YOURSELF AND OTHERS AGAINST COVID-19

Staff will be trained on and encouraged to self-monitor for signs and symptoms of COVID-19. The best way to protect yourself from COVID-19 is to:

- Wash your hands frequently with warm soapy water for at least 20 seconds;
- Avoid touching face;
- Stay home when you are sick;
- Cover mouth and nose with a tissue when you cough or sneeze; throw used tissues in the trash immediately.
- If you don’t have a tissue, cough or sneeze into your elbow, not your hands.
- Avoid close contact (social distancing) – stay at least 6 feet from other people, do not gather in groups;
- Cover your mouth and nose with a cloth face mask when around others and social distancing is difficult to maintain; and,
- Clean and disinfect frequently touched objects and surfaces.

PRECAUTIONARY MEASURES

Visitors will be limited to only emergency situations. Although we cannot deny parents coming into the center, we should encourage them to not enter in order to help us protect against the spread of the virus. Parents entering must first be screened and will be limited to the entry area. The child will be brought to the parent. **Some buildings will not allow any visitors and they will be limited to the outdoor arrival location.

All visitors will be required to wear masks and be screened and limited to entry area.

Staff must wear long sleeve smocks during screenings. Food prep staff will wear aprons in the kitchen area. Smocks should be kept near the employee’s workstation at the start of each day. The CDC guidelines recommend the wearing of smocks to allow for spontaneous contacts. A smock keeps an outer layer of clothing in the work setting.

Staff must wear masks when social distancing guidelines are not possible. Masks should be made available at the entrance for staff. Children will not be required to wear masks at the center if under two-years of age.

Children over two will wear cloth masks when feasible, except when outdoors, resting, or eating. Parents that request their child not to wear a mask, must sign a permission form.

Masks and smocks will be left at the center each day to be laundered. Sites with no laundry availability will use disposable masks and smocks. Child masks will be kept in child’s cubby in a small paper bag. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses (see above).

The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

Staff are encouraged to wear their hair up and off their face and neck, especially when feeding, holding, or providing close care to young children. Children will be encouraged to have their hair up as well.

Staff should refrain from bringing personal belongings into the center. If needed, we ask that it is kept to a minimum, out of reach of children and separated from other employee items.

Parents are discouraged from sending personal belongings to the center with their child (i.e. backpacks, blankets, toys, stuffed animals, etc.). Extra clothes (extras from home or soiled clothes
from the center) can be sent in a Ziploc bag, marked with child’s name, and stored inaccessible to children.

**RESPIRATORY ETIQUETTE: COVER YOUR COUGH OR SNEEZE**

Workers and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue (preferred method) when coughing or sneezing and to avoid touching their face, specifically their mouth, nose and eyes, with their hands. They must dispose of tissues in the trash and wash their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and visitors.

**SOCIAL DISTANCING**

Social distancing is being implemented in the workplace through the following engineering and administrative controls:

- When at all possible, staff should try to maintain six feet of distance between workers.
- Staff will be provided with appropriate protective equipment supplies, which include masks, gloves, scrub jackets or disposable gowns, and face shields as appropriate.
- Disinfectant will be provided.
- Visitors will be limited to those providing essential or emergency services and parents/guardians dropping off or picking up their children. Parents follow drop-off/pick-up procedures.
- Staff are prohibited from gathering in groups and confined areas (break rooms, offices, etc.).
- Meetings and events that require close contact will be suspended or take place virtually (e.g. Parent Meetings and Events, Staff Meetings and Trainings).
- Schedule child arrival times and departure times so they are staggered.

**IF CHILDREN ARE OR BECOME SICK**

If children are sick, they should stay home, except to get medical care.

- Separate from other people.
- Monitor symptoms.
- Call ahead before visiting the doctor.
- Wear a cloth covering over nose and mouth.
- Cover coughs and sneezes with sleeve/elbow.
- Clean hands often.
- Avoid sharing personal household items.
- Clean all “high-touch” surfaces every day.
- If it has been confirmed that a staff member has laboratory-confirmed COVID-19, staff must contact HR to discuss next steps.

If a child becomes sick during the day, the child should be kept in a space away from other children and staff while under the watch of one staff person that is 6 feet away, while waiting for parents/guardians to pick the child up. Close off area until it has been cleaned and disinfected properly, preferably waiting 24 hours.

Any child sent home should be encouraged to contact their health care provider for further guidance.

If a child is diagnosed with COVID-19, Site Supervisors must notify HR, Health Manager and HS Director. Staff must follow the Infectious Disease SOPs.
SCREENER PROCEDURES

Prior to center opening, the Site Supervisor in coordination with the Health and Safety Manager will designate a minimum of two trained staff per site who will be the “screeners”.

The screeners will arrive first at the center each day.

The screeners will screen each other, then screen staff, children and approved emergency visitors as they enter the building.

Upon arrival, wash your hands and put on a facemask, eye protection (goggles or face shield that fully covers the front and sides of the face), and a single pair of disposable gloves, and smock (smock will need to be changed after the screenings are completed). Gather needed forms, binder’s/clip boards, pens. Have hand sanitizer or handwashing station, masks and trashcan nearby.

Screener will ask the employee and/or parent the screening questions and observe the child. Screener will document the information on the appropriate screening forms for children. If the screening is a failed screening, meaning that the temperature is 100.4 or above or they answer yes to any of the questions, that person will be asked to return home.

The person’s temperature will be taken using non-contact thermometers.

Gloves do not need to be changed between screenings, unless there is a failed screening or gloves became contaminated during a screening.

Clean thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each screening. You can reuse the same wipe as long as it remains wet.

Prepare for the next person.

Child screening forms will be placed in a locked file and faxed/emailed to the Health and Safety Manager at the end of each week, or on the same day if there was a failed screening. Each staff member will maintain their own screening records if there is a failed screening and will be responsible for contacting Human Resources as applicable. No staff record will be kept for passed screenings.

SCREENING PRIOR TO LOADING THE BUS

Refer to COVID-19 Exclusion Guidance

*Bus use is suspended at this time. These procedures will be in place once bussing resumes.

The following policies and procedures are being implemented prior to loading the bus to assess staff and children’s health status prior to entering the center:

- Bus Monitors will be the screeners for children entering the bus.
- Prior to picking up children at the first pick-up point, Bus Monitors will screen each other, as well as the Bus Driver. All items used to complete the COVID-19 screening process will need to be secured while the bus is in motion. Bus Monitors will wash their hands using hand sanitizer.
- All Bus Drivers and Bus Monitors will be required to wear a face mask and one of the following three options while working in their position:
  - Any long-sleeved, button-down smocks or large button shirts with the appropriate uniform for the position that they are in if applicable,
- All items (smocks/jackets/shirts) will need to be removed, prior to working in another position, with a different group of children, at the center.
- A clean covering should be worn each day. At the end of the day, staff can wear the same covering they used during the AM route if they are working on the same bus/with the same group of children. All coverings need to be laundered after use each day.
Children and families must maintain a social distance of six feet when waiting to be screened.

Child Screenings include:
- A temperature check – temperature should be below 100.4°. Use non-contact thermometers.
- A visual assessment of the child for signs of illness which could include:
  - Flushed cheeks;
  - Rapid breathing or difficulty breathing (without recent physical activity);
  - Fatigue; and/or
  - Extreme Fussiness, confirm child is not experiencing shortness of breath or coughing
- If the temperature is below 100.4° AND the assessment shows no signs of illness, the child can enter the bus.
- If the assessment shows signs of illness OR the temperature is above 100.4°, the child WILL NOT BE ALLOWED to enter the bus and will be returned to the parent/guardian.

If there is a failed screening, that person (employee or child) will not be allowed to enter the bus. If the person who failed the screening is the Bus Driver or the Bus Monitor, you must immediately call the Site Supervisor to inform him/her so that next steps can be determined.

Screeners will remove gloves once they have completed screening everyone that lives in the same household. The screener will use hand sanitizer between screening groups of children who live in separate households. Gloves could become contaminated with regular bus monitoring duties.

All completed screening forms should be given to the Health Staff upon arriving at the center.

Children that ride the bus will wash their hands upon arrival at the center.

**Bus Passenger Attendance List**
- The Bus Driver or Bus Monitor will be required to complete the Bus Passenger Attendance List. In an effort to prevent cross-contamination with writing utensils, instead of parents initialing when they drop-off and pick-up their child, the Bus Driver/Monitor will be completing that step.

**Social Distancing on the Bus**
- You will need to inform parents to stay six feet away from other people not within their household at the pick-up/drop-off points.
- When assigning seats on the bus, the children should be seated by classroom whenever possible. In all situations where it is possible, allow ample spacing (about six feet or two bus seat lengths) between classrooms on the bus.
- When loading children at pick-up points, load the children by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are already seated on the bus.
- When unloading children at the center, unload by classroom, starting with the classroom that is at the front of the bus and work towards the back.
- When loading children onto the bus at the center, load classrooms that are seated at the back of the bus first and work towards the front.
- When unloading children at drop-off points, unload children by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are seated on the bus.

**SCREENING AT THE CENTER**
Refer to COVID-19 Exclusion Guidance (failed screenings)
The following policies and procedures are being implemented at the center to assess staff, children, and visitors’ health status prior to entering the center:

- Site Supervisors will determine staggered arrival times for all other center staff, ensuring that staff arrive and are screened, while maintaining social distancing, before children arrive.
- All staff, children, and emergency visitors will use the same building entrance. Site Supervisors will determine the entrance used (in coordination with lease holder if applicable). Screening must occur at the building entrance. Staff, children, and emergency visitors must maintain a social distance of six feet when waiting to be screened.
- Screeners will be supplied with face shields that will protect them from respiratory droplets that may be produced if the person being screened sneezes, coughs, or talks.
- Screeners must wear gloves and follow the Handwashing SOP and the Cleaning & Sanitation Policy SOPs as applicable.
- If families are dropping off their children at a different time than the established start time, they must call the office before arriving so that screening can take place or they will not be able to enter.

**Child Screenings include:**

- A temperature check – temperature should be below 100.4°. Infra-red non-contact thermometers will be used.
- A visual assessment of the child for signs of illness which could include:
  - Flushed cheeks;
  - Rapid breathing or difficulty breathing (without recent physical activity);
  - Fatigue; and/or
  - Extreme Fussiness, confirm child is not experiencing shortness of breath or coughing
- If the temperature is below 100.4° AND the assessment shows no signs of illness, the child can enter the program space. The child must proceed to wash their hands before having any contact with other children or staff. Younger children may need additional support from staff to use good handwashing techniques. If soap, water and sink are not available in the immediate location, hand sanitizer may be used then followed by immediate handwashing. Hand sanitizer must never be within reach of any children.
- If the assessment shows signs of illness OR the temperature is above 100.4°, the child WILL NOT BE ALLOWED to enter the program space.

**Adult Screenings include:**

- A temperature check – temperature should be below 100.4°. Infrared non-contact thermometers will be used.
- An interview asking the following questions:
  - In the past 10 days, including today, have you had symptoms of acute respiratory illness (e.g., acute cough, shortness of breath, sore throat)?
  - Including today, have you had a fever > 100° F or symptoms of a fever such as chills, muscle aches, and/or weakness?
  - Have you been in close contact (household or intimate) with an individual with undiagnosed fever and/or acute respiratory symptoms (cough, shortness of breath) in the past 14 days?
  - Have you had close contact with an individual diagnosed (lab or clinical) with COVID-19 in the past 14 days?
  - Have you or anyone close to you had a headache, sore throat, or new loss of taste or smell?
- If the temperature is below 100.4° AND the answer to all questions is “No”, the staff/visitor can enter the program space. The staff/visitor must proceed to wash their hands before having any contact with children or other staff.
If the answer to any of the questions are “Yes” OR the temperature is above 100.4°, the staff/visitor WILL NOT BE ALLOWED to enter the program space and will be asked to return home.

- If any symptoms are noted during the screening, the staff, child or visitor is excluded in accordance with the MDH COVID-19 guidelines for 10 days from symptom onset or 3 days with no fever and improvement of other symptoms, whichever is longer.
- Child screeners must be documented on the COVID-19 Temp Logs for children and maintained in a locked file. Staff will maintain their own record if there is a failed screening and report to Human Resources.
- Staff will be screened one time per day prior to entering.

**FAMILY SCREENING AND HOME VISITS**

*Home Visits are suspended at this time. All Home Visits, conferences, FSW visits will be conducted virtually.*

When home visits resume:

Prior to conducting face-to-face home visits, a family screening must take place. The staff member must call the family and ask if anyone in the household is sick. If not, face-to-face contact can occur as long as social distancing is maintained.

No home visits will be conducted in the home. Home Visits for Home Based children will be based on the comfort of the family and staff member. The priority is to connect with the family during their normally scheduled visit time. Home Visitors will assess with each family what will work best for them. Options include Zoom, phone, or face-to-face contact - outside the home (e.g. back yard), or outside in a community space.

Home Visitors must wear masks. Family members and children over two years must wear a mask when social distancing guidelines cannot be met.

Socializations will take place virtually during the pandemic.

All other required home visits and/or conferences for center-based families will be conducted virtually or by phone.

**EMPLOYEES EXHIBITING SIGNS AND SYMPTOMS OF COVID-19**

All center staff will receive the COVID-19 Employee Screening Procedure.

Refer to COVID-19 Exclusion Guidance.

**Supervisors must involve HR for any employee absence from work due to any COVID-19 related situation (i.e. employee experiencing COVID-19 symptoms, member of employee’s household experiencing symptoms, or employee not able to come to work due to no childcare/school for their children.)**

UCAP has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. UCAP provides staff with COVID-19 leave. **See HR for details.**

Accommodations for workers with underlying medical conditions: See HR for details.

If a staff member is diagnosed with COVID-19, the staff member must notify HR and the Health and Safety Manager. Staff must follow the Infectious Disease SOP.
Any staff sent home should be encouraged to contact their health care provider for further guidance.

Staff should not return to work until the criteria to discontinue home isolation have been met, in consultation with your healthcare provider and local public health officials.

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; AND,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- At least 10 days have passed since symptoms first appeared.
- Refer to When to Return to Work after COVID-19

UCAP will follow CDC, MDH, and public health guidance to inform workers if they have been exposed to a person with COVID-19 at their workplace and will issue corresponding appropriate guidance on the required amount of time to be isolated or quarantined.

In addition, all data privacy policies must be followed regarding protecting staff health status and health information:

**HANDWASHING**

Basic infection prevention measures must always be implemented at our workplaces. Staff are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the toilet. All emergency visitors to the facility will be required to wash their hands prior to or immediately upon entering the facility. Centers will have hand-sanitizer dispensers that are kept out of reach of children (that use sanitizers of greater than 60% alcohol) that can be used for hand hygiene, if it is followed by handwashing once the individual can get to a sink). See the Handwashing SOP.

Transportation staff will use hand sanitizer to wash their hands.

**TOOTHBRUSHING**

Until further notice, there will be no toothbrushing at the center by staff and children. Parents should be encouraged to brush their children’s teeth before coming to the center and before they go to bed in the evening.

**NAPS & REST**

During naptimes, cots and/or cribs will be distanced as space allows. Whenever possible, cots and/or cribs will be placed 6 feet apart, on all sides, with children laying head to toe. If classroom space does not allow cots to be placed 6 feet apart on all sides, staff will distance cots as much as possible, with children laying head to toe. Bedding will be separated from another children’s bedding and laundered at the center. If there is no available laundry available in the center, one staff person from a classroom will be designated to launder. Laundry detergent will be supplied following the requisition process.

**FAMILY STYLE EATING**

We will not be implementing family style dinning. Staff will pre-plate each component of the meal using gloved hands. Children will not be able to touch serving utensils. If possible, children should be spaced further apart from each other at tables and all sit on the same side of the tables. Staff will still model positive eating habits.

Disposable dishes will be used when possible. Exceptions: Infants and Toddlers.

Food preparation should not be done by the same staff members that diapers children.
Children should sit with the same group and same adult daily. Place names on children’s chairs.

RECRUITMENT
Prior to conducting face-to-face visits, a family screening must take place. The recruiter must call the family and ask if anyone in the household is sick by conducting the screening interview questions. If not, face-to-face contact can occur if social distancing is maintained, masks are worn, and remain outdoors.

No home visits, including recruitment, will be conducted in the home. The priority is to determine eligibility and verify the information on the Head Start Application. If possible, a phone or virtual interview should take place first, and then a home visit should follow in order to verify and obtain a signature as applicable.

Recruiters will assess with each family what will work best for them. Options include phone, virtual, or face-to-face contact - outside the home (e.g. back yard), or outside in a community space.

Recruiters must wear masks.

For displaying posters, and visiting agencies, practice social distancing at all times.

OUTDOOR PLAY
It is permissible for staff to properly remove their masks when playing outdoors, if staff are able to maintain social distancing (at least 6-feet from others). The masks must be completely taken off following procedures previously indicated) and not slid down the face in order to not cause contamination.

PRESCHOOL (AND INFANT/TODDLER WHERE APPROPRIATE) CLASSROOM GUIDANCE
Enrollment will not be above 10, and staff will keep children distanced as much as possible.

- **Arrival/Departure:** Staff will limit wait time for handwashing and bathrooms. Staff will take small groups of children to bathrooms outside of the classroom and keep children distanced at cubbies, tables, or other areas that are utilized while waiting for all children to arrive and/or depart. There will be no lining-up when possible.
- **Choice Time:** All interest areas will only allow a limited number of children in the area at one time. Interest areas will be labeled with the number of children allowed (preferably no more than two), and children will use nametags to identify the area in which they are choosing to play. Staff will monitor children’s movement between the areas, and between each side of the classroom.
- **Water/Sand Tables and Outdoor Sandboxes** will not be used.
- **Cooking Area** will not be used.
- **Playdough/Kinetic Sand:** If these materials are used, each child will have their own container, labeled with their name, and used only in small group lesson so staff can ensure children are using only their designated materials.
- **Art Materials:** All art materials will be stored in individual containers for each child, labeled with their name, and put away immediately after use.
- **Dramatic Play:** Only washable items will be available. No dress-up clothing.
- **Large Groups and Read Aloud:** Activities previously occurring during large group time will instead occur in small groups or individually during Choice Time and/or a scheduled Small Group Time. Staff will keep children distanced as much as possible during small group activities.
- **Chairs:** Label with children’s names to avoid sharing.
- **Wait Time/Lines**: Staff will limit lines and wait times as much as possible for bathroom use, handwashing, and transitions to/from the playground and bus. Keep children distanced/staggered during transitions to help reduce wait time during meal prep/set up, arrival, and/or departure times.

**CLEANING & DISINFECTING**

Regular cleaning and disinfecting practices must be implemented, including routine cleaning and disinfecting of work surfaces, equipment, buses, playgrounds, and areas in the work environment, including restrooms, break rooms, lunchrooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, light switches, sink handles, countertops and desks, elevator panels, railings, copy machines, etc. See the Cleaning & Sanitation SOPs. Staff who perform cleaning will be trained. Site Supervisors will identify which staff will perform different cleaning functions.

**CLEANING & DISINFECTING INDOOR/OUTDOOR PLAY EQUIPMENT**

Indoor/outdoor play equipment that is touched must be cleaned and disinfected between groups of children. Indoor/outdoor play equipment with high-touch areas that cannot properly be cleaned and disinfected should not be utilized.

- **Cleaning**: When surfaces are dirty, they should be cleaned, using a soap or detergent and water solution, prior to disinfection. Indoor/outdoor play equipment should be sprayed with soapy water and then wiped down. Cleaning with soap and water reduces the number of germs, dirt, and impurities.
- **Disinfecting**: After cleaning, spray indoor/outdoor play equipment with disinfectant solution on high-touch areas. Staff must wear goggles while spraying the equipment. Ensure the indoor/outdoor play equipment is dry before allowing it to be utilized. Disinfecting kills germs on surfaces.

Follow the Cleaning & Sanitation SOP and Manufacturer’s Instructions.

Site Supervisors must create a playground schedule which includes times for cleaning/disinfecting and times that each group of children are able to play on/with the indoor/outdoor play equipment. If other programs, school districts, etc. use the same outdoor play equipment, they should be included in the cleaning/disinfecting and play schedule. Classrooms and staff from different classrooms cannot be mixed or be on the playground at the same time.

**PROCEDURES FOR CLEANING BUSES & CAR SEATS**

*When/as applicable*

The bus must be cleaned and disinfected each day that it is used. Ventilation of the bus while cleaning and disinfecting is essential; open the doors and some windows.

- **Cleaning**: Exposed, high-touch surfaces (bus seats, railing, windows, steering wheel, etc.) on the bus should be sprayed with soapy water and then wiped down. Remove all trash from the bus. Sweep and mop the bus floor.
- **Disinfecting**: After cleaning, spray exposed, high-touch surfaces (bus seats, railing, windows, steering wheel, etc.) on the bus with disinfectant, ensuring a “wet” contact time of at least 2 minutes, following manufacturer’s instructions. Ensure that all areas are dry before ever loading children onto the bus.

Follow the Cleaning & Sanitation SOPs.
Car Seat Specifics:
Exposed surfaces on car seats/STAR seats should be cleaned and disinfected after each day of use.
Follow the car seat seat instruction manual for cleaning them. Generally, the guidance is to:
  • Sponge clean using warm water and mild soap.
  • Towel dry
  • Do not use abrasive cleaners

Certain cleaning methods or chemicals may change the flame retardancy or performance of a car seat/STAR seat. Some manufacturers are now easing recommendations, due to COVID-19, and allowing for additional sanitation methods. Check the car seat/STAR seat manufacturer’s website for the latest guidance. The manufacturer’s name and contact information can be found on the required labels on the car seat/STAR seat.

COMMUNICATIONS AND TRAINING
The COVID-19 Preparedness Plan is communicated to all staff.
Training for all staff will be provided on this COVID-19 Plan and other safety precautions and SOPs already in place. All SOPs and Procedures are in the S-Drive in the COVID-19 or Health and Safety folders. Additional communication and training will be ongoing as the need arises.
The Health and Safety Manager will facilitate and coordinate training. It is expected that the COVID Training will take 3-4 hours.
This COVID-19 Response Plan must be posted in the center on the first day that staff return. The plan will be updated as necessary.
Managers and supervisors will monitor implementation and provide further guidance and training as necessary.

Parent Communication:
The following items should be shared with enrolled families
  • This COVID-19 Preparedness Plan
  • Contact information for Health and Safety Manager

Forms:
  • COVID-19 Child Screening Form
  • Staff screening (maintained by staff member)
  • Bus COVID-19 Child Screening Form (when applicable)
  • Current Health Forms

Information from this plan was developed using information from the Center of Disease Control, the Minnesota Department of Health, local Public Health, Health Services Advisory Committee, and Dr. Timothy Zager, MD Pediatrics, American Board of Pediatrics
Site Specific Additions

Door used for arrival/departure:

Use of restrooms shared with school or other facility:

Playground schedule:

Kitchen schedule:

Other: