



COVID-19 Preparedness Plan for Head Start Centers

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.
- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic

PRECAUTIONARY MEASURES

Visitors:

Visitors will be limited to only emergency situations, Early Childhood Special Education (ECSE) services, and mental health consultants. 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. A facemask is required in all Head Start business and public indoor spaces.

Reading Corps members, Foster Grandparents, and Parents completing CDA experience hours will be considered on an individual basis and must follow all staff requirements included in this plan.

Smocks:

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.

Masks:

All staff and children two-years and over regardless of vaccination status will be required to wear masks indoors and on public transportation. This includes both Head Start and transit busses; this is a federal requirement.

Staff not fully vaccinated must wear masks, unless working alone in an enclosed office/room or separated area. Staff are required to wear a mask when working outdoors in situations where social distancing cannot be maintained. It is strongly recommended that staff wear a face covering and face shield together whenever possible during the school day. Staff working in public school buildings must follow the face covering policy as applicable to the school district. Masks should be made available at the entrance for staff, parents, and visitors. *Refer to page 4 for fully vaccinated staff.

Parents/adults not fully vaccinated are required to wear a facemask at child drop-off/pick-up times where close person to person interaction is likely to occur with children that are not their own children and social distancing is difficult to maintain. Masks are required by anyone not fully vaccinated when other children are present since children cannot be vaccinated.

Masks with one-way valves or vents which allow air to be exhaled through a hole cannot be used. *Neck gators* are not recommended.

Children under two should never wear a face covering due to the risk of suffocation. A child between the ages of two and five who can reliably wear a face covering or face shield in compliance with CDC guidance on How to Wear Cloth Face Coverings should do so.

Children over two will wear cloth masks when feasible, except when outdoors, resting, or eating. If children over two-years of age can reliably wear, remove, and handle masks following guidelines throughout the day they should wear masks, especially when social distancing measures are difficult to maintain. *There may be special needs exemptions based on an individual basis with supporting documentation and parent consent.

COVID-19 Vaccinations: vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. The program and OHS highly recommends staff vaccination. See vaccination plan.

*Children are not yet able to be vaccinated; thus, children still wear masks in both classrooms and public spaces.

Laundering and Storage of Masks and Smocks:

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, unless wishing to launder themselves. 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 in a clean sealable paper bag or breathable container.

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

Personal Belongings:

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. 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. Backpacks can be sent if the classroom can ensure backpacks do not touch any other child's belongings, such as using every other cubby or enclosed lockers.

Classroom and Office Windows:

Depending on facility's HVAC system and if safe to do so, open windows to improve air circulation.

Staff and Children Cannot Mix:

Staff and children in multi-classroom sites cannot mingle in common areas, such as hallways, restrooms, offices, playgrounds, or breakroom areas.

All staff that are not fully vaccinated, including substitutes and temps should refrain from working in more than one classroom during a single day.

*Exceptions may apply with low enrollment and staffing shortage. Refer to specific site plan addendum and precautions. Exceptions must be approved by supervisor and Head Start director.

Vaccinations and Exemptions:

All Head Start personnel are highly encouraged to receive COVID-19 vaccination and will be required to as mandated by the Office of Head Start by January 2022.

Head Start Programs must ensure all staff and consultants follow appropriate practices to keep children safe during all activities. To comply, all Head Start staff are COVID-19 vaccinated by January 2022.

A booster vaccine is recommended after 6-months of COVID-19 vaccine.

Fully vaccinated staff may (vaccination card must be on file):

- Vaccination record must be on file with HR.
- Refrain from mask wearing in private spaces, except when on public transportation (HS busses and Transit busses). Masks must be worn in classrooms and public spaces.
- Refrain from quarantine and weekly COVID-19 testing. Vaccination record must be on file with HR.
- Complete testing if experiencing COVID-19 symptoms
- Complete testing 3-5 days following a known exposure.
- Continue to take precautions in public places.

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 (social distancing) between workers. Staff should maintain social distancing when talking to one another.
- When 6-foot distancing is not possible, a 3-foot distance should be practiced.
- When county level data is between 0-10 cases per 10,000 schools will not need to meet any minimum of social distance between students.
- Staff will be provided with appropriate protective equipment (and disinfectant) supplies, which include masks, gloves, scrub jackets or disposable gowns, and face shields as appropriate.
- 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.
- Except in an emergency, only staff members assigned to a classroom are allowed in the room.
- Visual cues and barriers will be added where necessary to direct traffic flow and maintain social distancing during drop-off/pick-up times.
- Staff are prohibited from gathering in groups and confined areas (break rooms, offices, etc.).
- Meetings and events that require close contact (less than 6 ft. apart) 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.
- Unvaccinated staff in multi-classroom sites cannot mingle in common areas, such as hallways, restrooms, offices, or breakroom areas.

- See p. 4 for exemptions for fully vaccinated staff.

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.
- When possible, open windows to increase ventilation. Most facilities have built-in ventilation systems.
- Vacuum the space if needed once people are gone.
- Once area has been appropriately cleaned and disinfected, it can be opened for use.
- 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. Clean and disinfect all areas used by ill person.

Any child sent home should contact their health care provider for further guidance. Refer to Minnesota Department (MDH) of Health *Decision Tree*.

If a child is diagnosed with COVID-19 (positive test result), Site Supervisors must notify HS Director and Health Manager. Staff must follow the Infectious Disease SOPs.

For people who received a COVID-19 diagnosis (children, staff, household members):

Positive COVID-19 test result: Stay at home in isolation for 10 days from the time symptoms started and until no fever for at least 24 hours without medication and improvement of other symptoms. Siblings and household members also stay at home for at least 14 days, following MDH Decision Tree for close contacts. Follow CDC guidance for isolation and quarantine. **Report to HS Director.**

Negative test result but with symptoms: Return to work 24 hours after symptoms have improved. Siblings and household members do not need to stay home or quarantine. See MDH Decision Tree.

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. When possible, complete the screenings outdoors.

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/mailed to the Health and Safety Manager 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 the Head Start Director as applicable. No staff record will be kept for passed screenings.

SCREENING PRIOR TO LOADING THE BUS

Refer to COVID-19 Exclusion Guidance

*These procedures will be in place once bussing resumes (to be determined site by site).

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, Bus Monitors, and children two-years and older will be required to wear a face mask. Masks must be removed from sleeping children. Disposable face masks will be made available for children without masks.
- Children and families must maintain a social distance of three feet. Unvaccinated Parents/adults must wear a mask when waiting for child to be screened if within 6-feet of other children. Masks will be made available.
- 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 (all questions answered “no”), the child can enter the bus.
 - If the assessment shows signs of illness (any questions answered “yes”) 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.

- Gloves do not need to be changed between screenings unless there is a failed screening or gloves became contaminated during a screening.
- All completed screening forms should be given to the Center Staff for filing 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 maintain social distancing, 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 three 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. Siblings must sit next to each other. In all situations where it is possible, allow ample spacing (about six feet or two bus seat lengths) between classrooms on the bus.
 - There may be no more than two students per row (except for siblings), seated next to the window in every other row.
 - 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 one at a time and by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are seated on the bus.
 - If safe to do so, open enough bus windows for air flow during transportation.

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, either outdoors or indoors. Staff, children, and emergency visitors must maintain a social distance of six feet when waiting to be screened.
- Hand hygiene must be performed prior to entrance to the facility.
- Screeners will be supplied with eye protection (face shields or goggles) that will protect them from respiratory droplets that may be produced if the person being screened sneezes, coughs, or talks. Face shields are optional.
- 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/classroom 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
 - Screening questions pertaining to positive COVID-19 testing and close contact exposures
 - If the temperature is below 100.4° AND the assessment shows no signs of illness (all screening questions answered “no”), 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 (any screening questions answered “yes”) OR the temperature is above 100.4°, the child WILL NOT BE ALLOWED to enter the program space.
 - Children that have symptoms consistent with COVID-19 must be sent home, unless there is an alternate diagnosis, and not enter classroom. Any siblings or household members must also be sent home. Refer to exclusion criteria from MDH to determine when they may return.
 - A shortened quarantine period for **Children** may be considered if ALL the following are true:
 - The child has NOT had symptoms of COVID-19 during the quarantine period.
 - The child does NOT live with someone who has COVID-19.
 - The child had a defined exposure, meaning a known exposure with a **beginning and an end**. Examples could be someone who was exposed: ▪ At school or a sporting activity. ▪ At a social gathering or event, like a party or funeral. ▪ If and only if all the above conditions are true, quarantine may be shortened to:
 - Ten (10) days without testing; or
 - Seven (7) days with a PCR-negative test (not an antigen test or antibody/blood test) if the test occurred on day five after exposure or later.
 - Children returning from quarantine within 90 days of positive test will not need to quarantine following a known exposure unless experiencing symptoms. Testing should occur if symptoms appear or 5 days after a known exposure.
 - A child’s parent/guardian will be asked to provide a child’s negative COVID-19 test results from a professionally administered test to determine a shortened quarantine.
- 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:
 - New or Worsening Cough?
 - Difficulty breathing?
 - Two or more of the less common symptoms?
 - Sore throat
 - Nausea
 - Vomiting

- Diarrhea
- Chills
- Muscle fatigue
- New onset of severe headache
- New onset of nasal congestion or runny nose
- New loss of smell or taste?
- In the past 14 days, have you had close contact (household or intimate) with an individual with undiagnosed fever and/or acute respiratory symptoms?
- In the past 14 days, have you had close contact with an individual diagnosed or is being treated for COVID-19?
- 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, unless there is an alternate diagnosis and negative test, and will be asked to return home. Employees will then contact their health care provider, and the Head Start Director. Inform supervisor of absence and follow substitute procedures.
- See exceptions on the MDH Decision Tree for fully vaccinated staff.
- If any symptoms are noted during the screening, the staff, child (and enrolled household members) or visitor, if not seeking evaluation and/or COVID-19 test from health care provider, is excluded in accordance with the MDH COVID-19 guidelines for 10 days from symptom onset and until no fever for at least 24 hours without medication and improvement of other symptoms, whichever is longer. Siblings and household members stay home for at least 14 days, following MDH Decision Tree and CDC guidance on isolation and quarantine.
- A shortened quarantine period may be considered for **STAFF** if ALL the following are true:
 - The person has NOT had symptoms of COVID-19 during the quarantine period.
 - The person does NOT live with someone who has COVID-19.
 - The person does NOT live or work in a high-risk setting, including a long-term care or assisted living facility, correctional facility, shelter, or other congregate living facility.
 - The person does NOT work in a health care facility.
 - The person had a defined exposure, meaning a known exposure with a beginning and an end. Examples could be someone who was exposed:
 - At school or a sporting activity.
 - During a shift at work or while on break.
 - At a social gathering or event, like a party or funeral.
 Note: For someone who is under quarantine after traveling outside of Minnesota for reasons other than crossing the border for work, study, medical care, or personal safety and security, the “exposure” period ends upon arrival back home. If and only if all the above conditions are true, quarantine may be shortened to:
 - Ten (10) days without testing; or
 - Seven (7) days with a PCR-negative test (not an antigen test or antibody/blood test) if the test occurred on day five after exposure or later.
- Fully vaccinated staff or staff returning from quarantine within 90 days of positive test will not need to quarantine following a known exposure unless experiencing symptoms. Testing should occur if symptoms appear or 3-5 days after a known exposure.
- Under some circumstances determined by UCAP Head Start Health Manager or Director, a child’s parent/guardian may be asked to provide a child’s COVID-19 test results to determine classroom close contacts and classroom operations.
- Child screenings 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.

Classrooms may remain open/reopen for those meeting the following circumstances and timeline:

- Day 1: Stay open for all children/staff that are fully vaccinated and/or have had COVID-19 in the last 90 days
- Day 8: Children return (must complete 7 full days of quarantine) with a negative approved COVID-19 test on day 5-7 after close contact
- Day 11: Children without symptoms that did not test return

FAMILY SCREENING AND HOME VISITS

All Home Visits and FSW visits will be conducted in-person using social distancing, outdoors or virtually. Parent Teacher conferences will be conducted remotely, outdoors with social distancing and masking, or indoors (if staff is fully vaccinated) in secure location where no other exposure could occur.

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 if social distancing is maintained, and masks are worn. Proper hand hygiene must be performed prior to and after wearing masks.

Home Visits for Home Based children and FSW visits will be based on the comfort of the family and staff member. Home Visitor/FSW must have received COVID-19 vaccination(s) prior to in-home home visits. 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 – in or outside the home (e.g. back yard), or outside in a community space.

Home Visitors, FSWs, and educators must wear masks regardless of vaccination status. Children under two should never wear a face covering due to the risk of suffocation. A child between the ages of two and five who can reliably wear a face covering or face shield in compliance with CDC guidance should do so. Family members and children over five years (following previously stated guidelines) must wear a mask throughout an in-home home visit unless family members are fully vaccinated. Masks should be provided to family members if needed. Move the home visit to outdoors or remote if family refuses face covering protocols.

Socializations can take place on-site. Masks must be worn by all individuals (age 2 and older). If it is a shared spaced, follow cleaning procedures after the socialization is completed. Screen both parents and children prior to the socialization.

CENTER BASED PARENT TEACHER CONFERENCES

- A Staff/family screening is completed prior to the conference
- Hand Hygiene upon entrance to the facility
- Just one fully vaccinated staff person meets with the family
- Staff and Family must wear masks
- Social distancing of 6 feet
- Staggered arrivals and departures and designated entrances, especially with multi sites
- Maintain copy of schedule if contact tracing should need to occur
- If parent prefers Zoom/Remote conference rather than in-person, they can be offered that option.

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.

If a **staff member is diagnosed with COVID-19**, the staff member must notify the Head Start Director. Staff must follow the Infectious Disease SOP.

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

COVID-19 Testing:

The state of MN has provided all Head Start personnel with Saliva testing kits. Staff not fully vaccinated (or no record on file with HR) or experiencing symptoms will be tested weekly based on the availability and delivery of test kits from the State of Minnesota. Follow testing kit instructions and training. Staff not receiving documented COVID-19 vaccination(s) must continue with saliva testing until further notice. Staff refusing COVID-19 vaccinations will also be required to participate in further training on COVID-19 vaccinations.

Staff should not return to work until the criteria to discontinue home isolation or quarantine have been met, in consultation with your healthcare provider and local public health officials. The appropriate path of the MDH COVID-19 Decision Tree must be followed.

- At least 10 days have passed since symptoms (date of testing if asymptomatic) first appeared AND
- 24 hours with no fever (without the use of fever-reducing medications); AND,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- Refer to When to Return to Work after COVID-19
- If COVID-19 test is completed and results are negative, staff are able to return to work 24 hours after symptoms improve.

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 restroom. 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

Program staff who brush infants' and children's teeth or help children brush must be fully vaccinated against COVID-19 and should wear a properly fitted mask covering their nose and mouth for additional protection. Brushing teeth takes place after lunch.

Toothbrushing will occur at classroom tables, with children seated using table dividers. Before and after brushing, clean and disinfect tables. Rinse tables after disinfection.

Toothbrushes should not touch surfaces. Toothbrushes are disposed following toothbrushing.

Infants (Ages About 6 Months to Age 15 months)

- Make sure that each infant has their own infant-sized, soft-bristled toothbrush. Label the toothbrush with the infant's name.
- Replace each infant's disposable toothbrush following usage.
- Wear a new pair of gloves for brushing each infant's teeth.
- Brush infants' teeth with a smear (grain of rice size) of fluoride toothpaste as soon as the first tooth comes into the mouth.
- When dispensing toothpaste from a tube, put toothpaste for each infant on the rim of a disposable cup or on a clean piece of wax paper, and scoop the toothpaste from there onto the infant's toothbrush. (This prevents the toothbrush from touching the mouth of the tube.)
- Dispose toothbrushes in covered garbage after use.

Toddlers (Ages 16 months - 2)

- Make sure that each child has their own child-sized, soft-bristled toothbrush. Label the toothbrush with the child's name.
- Replace each child's toothbrush every 3–4 months, when the bristles become worn or frayed, or after an illness.
- Wear a new pair of gloves for brushing each child's teeth.
- When dispensing toothpaste from a tube, put a smear (grain of rice size) of fluoride toothpaste for each child on the rim of a disposable cup, and scoop the toothpaste from there onto the child's toothbrush. (This prevents the toothbrush from touching the mouth of the tube.)
- Help children brush their teeth.
- After brushing, have children dribble or spit the remaining toothpaste into a disposable cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the disposable cup. Throw away the cups and napkins.
- Do not allow children to play with toothbrushes.
 - Dispose toothbrushes in covered garbage after use.

Preschoolers (Ages 3–5)

- Make sure that each child has their own child-sized, soft-bristled toothbrush. Label the toothbrush with the child's name.
- Replace each child's toothbrush every 3–4 months, when the bristles become worn or frayed, or after an illness.
- Wear a new pair of gloves for brushing each child's teeth.

- When dispensing toothpaste from a tube, put a pea-size amount of fluoride toothpaste for each child on the rim of a disposable cup. Have each child scoop the toothpaste from there onto their toothbrush. (This prevents the toothbrush from touching the mouth of the tube.)
- Help children brush their teeth.
- After brushing, have children spit the remaining toothpaste into a disposable cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the disposable cup. Throw away the cups and napkins.
- Do not allow children to play with toothbrushes.
- Dispose toothbrushes in covered garbage after use.

NAPS & REST

During naptimes, cots and/or cribs will be distanced as space allows. Cots and/or cribs will be placed 3 feet apart, on all sides, with children laying head to toe. If classroom space does not allow cots to be placed 3 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 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

Children and staff not fully vaccinated will be seated at tables using table partitions if a minimum of a 3-foot distance cannot be maintained. Fully vaccinated staff will not need to use a table partition. Masks will be worn until as close to the point of meal service as possible (children 2-years and older and adults). Staff will pre-plate each component of the meal using gloved hands. Staff must sit with children at tables.

Due to the smaller number of children present in infant and toddler rooms, table partitions are not used. Infants follow regular feeding procedures.

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

When feasible, 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. Follow guidance in home visit section.

No home visits, including recruitment, will be conducted in the home unless staff member has received COVID-19 vaccination(s). 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 – inside or 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 3-feet from others). See exemptions for fully vaccinated staff. The masks must be completely taken off following procedures previously indicated) and not slid down the face in order to not cause contamination. Classrooms are encouraged to extend outdoor learning times as much as possible and as appropriate for age group. Outdoor play is restricted to one group at a time as to not intermix staff and children.

FIELD/STUDY TRIPS

No field trips/study trips outside of the facility location will be approved. All field/study trips must be virtual.

SAFETY DRILLS

To avoid mixing of staff and children, all fire, tornado, and active shooter drills must be conducted by only one classroom at a time at multi-site locations. This will also assist with maintaining social distancing as much as possible.

PRESCHOOL (AND INFANT/TODDLER WHERE APPROPRIATE) CLASSROOM GUIDANCE

Staff will keep children at a minimum of 3-foot distance as much as possible (see Social Distance section on p. 5) and divide into same small groups daily. If not fully vaccinated, the same staff member should remain with the same small group of children as much as possible. Teachers, Assistant Teachers, and Classroom Support may be assigned one of the groups. If leaving the classroom, all personnel must not mix with other personnel. See p. 4 for exemptions for fully vaccinated staff.

Staff supporting classrooms (Behavior Coach, Site Supervisor, Coaches, Managers, Director) may provide services within the classroom, although if not fully vaccinated, they must not enter more than one classroom on the same day and should complete COVID-19 vaccination(s). All personnel must not mingle with others outside the classroom. See p. 4 for exemptions for fully vaccinated staff.

- **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. Arrival and departure times will be staggered, implementing curbside drop-off and pick-up.
- **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 five, depending on size of interest area), 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:** Must be closed and then cleaned and disinfected prior to using again if coughed/sneezed into. Outdoor sand play may occur.
- **Cooking Area:** Masks must be worn. Follow proper hand hygiene for both adults and children. Activity must be discontinued if coughed or sneezed on.
- **Art Materials:** Art materials will be stored on interest area shelves. Individual supplies are unnecessary.
- **Dramatic Play:** Only washable items will be available. Dress-up clothing must be removed and washed when soiled and at a minimum, weekly.

- **Large Groups and Read Aloud:** Large group and Read Aloud time should occur as appropriate to age group, following curriculum implementation and a 3-foot physical distance between students. Cube chairs or similar seating will be made available upon requisition/request.
- **Chairs:** Label with children's and staff members names to avoid sharing.
- **Wait Time/Lines:** Staff will limit lines and wait times as much as possible for bathroom use, handwashing, arrival/departure times, 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. Masks must be worn by all 2-years and older.

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.

OUTDOOR PLAY/LARGE MOTOR SCHEDULES

Site Supervisors must create a playground schedule which includes times that each group of children are able to play on/with the indoor/outdoor play equipment. Classrooms and staff from different classrooms cannot be mixed or be on the playground or other large motor areas at the same time.

PROCEDURES FOR CLEANING BUSES & CAR SEATS

*When/as applicable

The bus must be cleaned and disinfected as needed (active COVID-19 case, coughing or sneezing on surfaces). 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 as needed (active COVID-19 case, coughing or sneezing on surfaces).

Follow the car 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. 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
- COVID-19 vaccination education, vaccination locations, and other related COVID-19 information
- 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, Dr. Timothy Zager, MD Pediatrics, American Board of Pediatrics, and Denise Herrmann, DNP RN CPNP Nurse Specialist at Minnesota Department of Health: Child and Teen Checkups Program: Child and Adolescent Health Unit Saint Paul, Minnesota.

Employees with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742

Site Specific Additions

Door used for arrival/departure:

Use of restrooms shared with school or other facility:

Playground schedule:

Kitchen schedule:

Other: