



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 and Volunteers:

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.

Beginning January 31, all visitors and volunteers with direct contact to children and families where services are provided will be required to be fully vaccinated and show documentation of completed vaccination. Copies of vaccination documentation will be maintained in Head Start records as is applicable.

All visitors will be required to wear masks and be screened and limited to entry area, with the exception of the description above. A facemask is required in all Head Start business and public indoor spaces.

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

Smocks:

Staff may wear long sleeve smocks during the Head Start day. 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 wearing of smocks allows 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 (including classrooms, home visits, meetings, trainings, and other work activities), and on public transportation. This includes both Head Start and transit busses; this is a federal requirement.

KN95 or N95 masks are recommended.

Staff and children two-years and older are required to wear a mask when outdoors in situations where social distancing and sustained contact cannot be maintained. It is 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 if more stringent than this plan. Masks should be made available at the entrance for staff, parents, and visitors. *Refer to page 5 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 masks when feasible, except when resting, brushing teeth, or eating. If children over two-years of age can reliably wear, remove, and handle masks following guidelines throughout the day they must wear masks, especially when social distancing measures are difficult to maintain. *There may be special needs/medical 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. OHS requires staff vaccination or approved exemption with weekly testing, unless the staff person has a documented confirmed COVID-19 case within the last 90 days. See UCAP Head Start Vaccination Policy and Head Start Program Performance Standards.

*Children under 5 are not yet able to be vaccinated; thus, children still wear masks in classrooms, outdoors when there is sustained contact and social distancing cannot be maintained, busses, and public spaces.

Laundering and Storage of Masks and Smocks:

Cloth 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.

Caring for KN95 and N95 masks: KN95 and N95 masks can be reused up to 5 days or until contaminated. Consider rotating the use of three masks. Label 1-2-3. Store each used mask in small paper bag when not in use.

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.

To the extent possible*, staff that are not fully vaccinated, including substitutes, temps, and volunteers, should refrain from working in more than one classroom during a single day.

*Exceptions will 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 required to receive COVID-19 vaccinations by January 31, 2022, with exceptions for approved medical or sincerely held religious beliefs with weekly testing.

Head Start Programs must ensure all staff, contractors, consultants, and volunteers follow appropriate practices to keep children safe during all activities. To comply, all Head Start staff are COVID-19 vaccinated by January 2022. Contractors, consultants, and volunteers working where and when Head Start services are provided are also required to be fully vaccinated against COVID-19.

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, public spaces, whenever and wherever Head Start services are provided.
- Refrain from quarantine and weekly COVID-19 testing, unless experiencing symptoms or testing positive. Vaccination record must be on file with HR.
- Complete testing if experiencing COVID-19 symptoms
- Complete testing 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, fully vaccinated contractors, consultants, and volunteers 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.
- 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 face 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 Director to discuss next steps.

If a child becomes sick during the day a cot and blanket will be provided, 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 *COVID-19 Quarantine and Isolation Guides for schools, childcare, and youth programming*.

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

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

Positive COVID-19 test result: Stay at home in isolation for at least 5 full days wearing a well-fitted mask from the time symptoms started and until no fever for at least 24 hours without medication and improvement of other symptoms. End isolation after at least 5 full days after positive test date. Wear well-fitted mask for 10 full days. If severely ill, isolate for 10 days and consult health care

professional. Follow CDC guidance [COVID-19 Quarantine and Isolation | CDC](#). **Report all positive cases child, volunteers, staff 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.

Close Contacts Staff and Students: If exposed to COVID-19 and are not up to date on COVID-19 vaccinations, stay home for at least 5-full days after *last close contact. Wear a well-fitted mask if you must be around others. Test for COVID-19 at least 5 days after last close contact. Take precautions until day 10 by wearing a well-fitting mask, avoid travel, and avoid being around people who are high risk.

***Children under two** and those unable to wear masks (with approved accommodation) will need to continue a 10-day quarantine.

*Last close contact date in same households means 5-days past symptom onset of household member not in isolation, plus 5-days of quarantine if not up to date on COVID-19 vaccinations or not testing positive in the last 90 days.

Close Contact and Up to Date on COVID-19 Vaccinations (or confirmed COVID-19 within the last 90 days): Do not need to quarantine unless developing symptoms. Get tested, with or without symptoms, at least 5 days after exposure. Watch for symptoms for 10 days. If symptoms develop, isolate, and get tested again. Stay at home until results are known. Wear a well-fitted mask. Avoid travel and being around high-risk people during this time.

Anyone with symptoms should test. If known exposure, test 5 days following exposure.

Classroom Quarantine and Closures: Decisions made in coordination with supervisors, Health Manager, and Director

- Multi-classroom centers will close to onsite services for 1 week with remote services if the following are true:
 1. 33% or more of staff are out with documented positive COVID-19 cases; or
 2. 50% or more of students center-wide are out with documented positive COVID-19 cases.
- One-classroom centers will close to onsite services for 1 week with remote services if the following are true:
 1. 66% or more of staff are out with documented positive COVID-19 cases; or
 2. 50% or more of students are out with documented positive COVID-19 cases.
- Refer to above for quarantine lengths for students and staff, dependent on specific circumstances. Subject to change as guidelines change.

SCREENER PROCEDURES

Before arrival to the Center staff will complete a self-screen at home for illness symptoms of COVID-19, take their temperature and confirm they do not have symptoms of COVID-19. If a symptom is questionable, complete a rapid COVID-19 test.

Before arrival to the Center families should check for illness symptoms of COVID-19 at home, take their child's temperature and confirm the child does not have symptoms of COVID-19. If questionable, complete a rapid COVID-19 test.

Upon arrival to the center staff will complete the daily health check completing a direct observation of the child and querying the parent/guardian.

Hand Hygiene must be performed prior to entrance to the facility.

SCREENING PRIOR TO LOADING THE BUS

Prior to boarding the bus, the staff will complete a self-screen at home for illness symptoms of COVID-19, take their temperature and confirm they do not have symptoms of COVID-19. If a symptom is questionable, complete a rapid COVID-19 test.

Prior to arriving at the bus stop families should check their child for illness symptoms of COVID-19 at home, take their temperature and confirm the child does not have symptoms of COVID-19. If a symptom is questionable, complete a rapid COVID-19 test.

Prior to loading the bus center staff will complete the daily health check by completing a direct observation of the child and querying the parent/guardian.

Hand Hygiene must be performed prior to entrance to the facility.

- **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.
- **Bus Masking**
 - 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.
- **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.
 - Children and families must maintain a social distance of three feet. Unvaccinated Persons over 2-years must wear a mask when waiting if within 6-feet of students other than their own. Masks will be made available.
 - 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.

DAILY HEALTH CHECK SCREENING AT THE CENTER

A daily health check should be completed for each child prior to arrival to the center by the parent, guardian, or caretaker. The daily health check can be repeated periodically as necessary throughout the day.

- If a child has any of the symptoms found below during the daily health check they should remain home, talk to their health care provider, and get tested for COVID-19. Prior to arrival, parents may test their child using a supplied rapid test kit. If negative, the child should not be excluded if well enough to attend school. Refer to Parent Handbook.
 - Fever
 - Chills
 - New or Worsening Cough
 - Shortness of Breath
 - Sore Throat
 - Muscle aches
 - Loss of smell or taste
- If not seeking evaluation and/or COVID-19 test from health care provider, is excluded in accordance with the previous described guidelines for 5 days from test date 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 10 days (5 days past last contact date of positive case if positive case was unable to isolate), following MDH Decision Tree and CDC guidance on isolation and quarantine. See [COVID-19 Quarantine and Isolation | CDC](#)
- 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.
- Staff and volunteers will self-screen at home prior to reporting for work.

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 6: Children without symptoms return and wear well-fitted masks (must complete 5 full days of quarantine).
- Day 11: Children unable to wear well-fitted masks 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 and no later than January 31, 2022. 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 two years (following previously stated guidelines) must wear a mask throughout an in-home home visit. Masks should be provided to family members if needed. If possible, move the home visit to outdoors (maintaining social distancing) or remote if family refuses face covering protocols. Educate families on the importance of masking.

Socializations can take place on-site. Masks must be worn by all individuals (age 2 and older). If it is a shared space, follow cleaning procedures after the socialization is completed. Screen both parents and children prior to the socialization. Volunteers (parents) attending socializations must show documentation of full vaccination after January 31, 2022.

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 self-screen at home prior to reporting for work, including taking a temperature.

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:

Staff not fully vaccinated with an approved exemption or experiencing symptoms must be test weekly, unless testing positive in the last 90-days with documentation. Follow testing kit instructions and training. Staff not receiving documented COVID-19 vaccination(s) must continue with COVID-19 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.

If tested positive or have symptoms regardless of vaccination status

- Stay home for 5 full days
- End Isolation after 5 full days if fever free for 24 hours and symptoms are improving
- End isolation after at least 5 full days after positive test
- Wear a well fitted mask for 10 full days.

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

*Suspend toothbrushing if there has been a positive case in the classroom in the last 10 days.

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

Table partitions are optional. Masks will be worn until as close to the point of meal service as possible (children 2-years and older and adults). Family style meal service may commence, in which children and adults pass foods in serving vessels and serve selves. Staff will have the option to pre-plate each component of the meal. Employees must use tongs, deli tissue, gloves, or some other approved means

to prevent any direct bare hand contact with ready to eat foods. Staff must sit with children at tables and engage in mealtime conversations.

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

Field trips/study trips outside of the facility location may be approved following approval SOP process. Masks must be worn, and the location of the study/field trip must also be made aware of the Head Start masking requirements where Head Start children and staff are present and agree to abide by the HSPPS. Field/Study trips may also be conducted virtually.

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, including information on Checking for signs of illness symptoms of COVID-19 at home.
- Taking their Childs temperature daily prior to arrival to Head Start.
- 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 Office of Head Start, 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: