



## COVID-19 Preparedness and Mitigation 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 and Mitigation Plan. The plan includes multiple strategies with a layered approach to minimize the impact of COVID-19. 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:

- Education of COVID-19 Vaccinations
- Hygiene and respiratory etiquette;
- Housekeeping – cleaning, disinfecting and decontamination;
- Prompt identification and isolation of sick persons;
- Communications and training that will be provided to all staff and enrolled families; and
- Management and supervision necessary to ensure effective implementation of the plan.

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## **STRATEGIES FOR EVERYDAY OPERATIONS**

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:

- Staying up to date on routine vaccinations is the leading public health strategy to prevent severe disease.
- Stay Home when you are sick.
- Optimize ventilation and improvements to indoor air quality.
- Wash your hands frequently with warm soapy water for at least 20 seconds.
- Cover your mouth and nose with a tissue when you cough or sneeze
- Clean surfaces at least once a day. Clean high touch surfaces regularly and other surfaces when they are visibly dirty. Always wash your hands with warm soapy water for at least 20 seconds after cleaning.

## **PRECAUTIONARY MEASURES**

### Visitors and Volunteers:

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.

### Masks:

At high COVID-19 Community levels universal indoor masking is required. Anyone who chooses to wear a mask should be supported in their decision at any community level, including low.

People who have known or suspected exposure to COVID-19 should wear a well-fitting mask around others for 10 days from their last exposure, regardless of vaccination status or history of prior infection.

Children two-years and older or staff who develop symptoms while at school will wear be required to wear a well-fitted mask in the building and awaiting departure.

Staff and children two-years and older that tested positive for COVID-19 and have completed their isolation period will be required to wear a well fitted mask through day 10. People unable to wear a well fitted masks should isolate for 10 full days.

### COVID-19 Vaccinations:

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

### Laundering and Storage of Masks:

Cloth masks 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.

## **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.

## **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 Isolation Guides for schools, childcare, and youth programming*.

If a child is diagnosed with COVID-19 (positive test result), staff must notify HS Director- for reporting to MDH. 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 high-quality well-fitted mask for 10 full days. If severely ill, isolate for 10 days and consult health care professional. Follow CDC guidance. **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.

**Close Contacts Staff and Students:** If exposed to COVID-19, wear a high-quality well-fitted mask and test for COVID-19. Test at least 5 days after last close contact (day 6). Watch for symptoms. If symptoms develop, isolate immediately and get tested for COVID-19. Take precautions until day 10 by wearing a high-quality 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 continue preventative actions to avoid transmission.

**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

## **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.

## **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.
- 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 operations.
- Staff and volunteers will self-screen at home prior to reporting for work.

## **FAMILY SCREENING AND HOME VISITS**

All Home Visits, FSW visits, and parent-teacher conferences will be conducted in-person using social distancing.

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.

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 (only if family is ill), or face-to-face contact – in or outside the home (e.g. back yard), or outside in a community space.

Socializations should take place on-site. 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 self-screening is completed prior to the conference
- Hand Hygiene upon entrance to the facility

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

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:**

Follow testing kit instructions and training.

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

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 high-quality well fitted mask for 10 full days.

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. 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.

Brushing teeth takes place after lunch.

Toothbrushing will occur at classroom tables, with children seated. 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.
- 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.
- Use disposable toothbrushes, disposing of after each use.
- 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.
- Use disposable toothbrushes, disposing of after each use.
- 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. 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**

Staff must sit with children at tables. Staff monitor family-style service to avoid contaminants, promote autonomy, and engage with children in conversations.

When feasible, food preparation should not be done by the same staff members that diapers children.

### **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. Follow guidance in home visit section.

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.

### **OUTDOOR PLAY**

Classrooms are encouraged to extend outdoor learning times as much as possible and as appropriate for age group.



## **PRESCHOOL (AND INFANT/TODDLER WHERE APPROPRIATE) CLASSROOM GUIDANCE**

**Arrival/Departure:** Staff will limit wait time for handwashing and bathrooms. Staff will take small groups of children to bathrooms outside of the classroom and keep children distanced at cubbies, tables, or other areas that are utilized while waiting for all children to arrive and/or depart. There will be no lining-up when possible.

**Choice Time:** All interest areas will only allow a limited number of children in the area at one time. Interest areas will be labeled with the number of children allowed (preferably no more than 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:** 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. Cube chairs or similar seating will be made available upon requisition/request.

**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.

## **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.

## **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 and Mitigation 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.

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 and Mitigation 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.
- Contact information for Health and Safety Manager

**Forms:**

- 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](mailto:osha.compliance@state.mn.us), 651-284-5050 or 877-470-6742

### **Site Specific Additions**