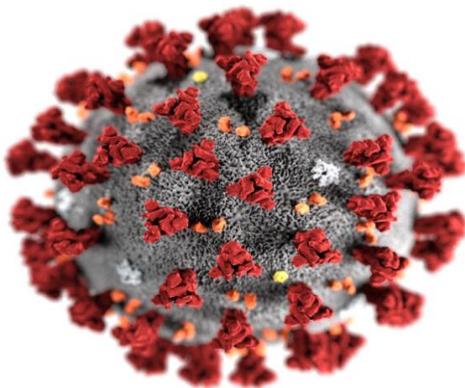


**Comprehensive plan for best  
practice which incorporates  
the requirements and  
recommendations for  
COVID 19  
Childcare Facilities**



**Keystone Montessori Preschool  
7056 Washington Ave  
Whittier CA90602  
562.303.7273**

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## **I. Overview of state guidance for childcare- should include the following:**

### **a. Social distancing**

Public health officials recommend physical distancing. Therefore, school environment needs to be designed to practice physical distancing to stop spread contagious and infectious diseases. All extra curriculum classes and yearly planned activities are canceled until further notice. School will take adequate precautions to maintain social distancing, Children will remain in a small group as small as possible not to exceed the required capacity, and furniture will rearrange to follow 6ft guidance.

### **b. Ventilation**

According to the health code and the title 22, childcare facilities required to provide ventilations to students including air condition, heaters, smoke detectors, and carbon monoxide detector. During COVID 19 all classroom windows must be open for 5-10 minutes before children arrive and after they leave. This is to maintain the air flow of the classroom, so please make sure to securely close them when it is done. DPH recommends that outdoor is better than indoors.

### **c. Group size**

During this time, regular teacher to child ratio will be changed. The new guidelines will adhere to follow safe child to teacher ratio. This will support to prevent contaminate and mitigate. The recommendation is not more than 10 children in one group. Group size will be differing by the age. The more people the higher the risk and staying farther apart is the best practice.

### **d. Co-mingling of groups**

Small and large family daycare may have the total capacity of 14 children, but only 10 children can be at any given time. If it exceeds 10 children, there will be

additional staff requirement and should be divided to smaller group. All groups need to be kept separately from each other.

**e. Ratios**

Age	Staff: Child Ratio	Group Size
0-18 Month (Infant)	1:4	10
18-36 month (toddler)	1:6	10
3 years-Kindergarten entry (Preschool) & Kindergarten entry + (school age)	1:10	10
0 to school age (mixed age group)	1:6	10

**FCCH**

Age	Staff: Child Ratio	Group Size
Infants only	1:4	4
No more than two infants when 6 children are present	1:6 (2infants+4 children)	6

**f. Health monitoring**

Daily symptom screening needs to be initiated for children, parents, and staff. Every pickup and drop off time, the symptom screening must be persistent and if anyone had temperature of 100.4°F /38°C or higher they must be excluded from the facility. School needs to conduct visual symptom checks and ask health questions daily upon arrivals from children and staff including if there is anyone at home who is exposed to COVID-19 or has symptoms. One entrance is allowed for daily health screening.

If a child falls sick at school, an authorized adult needs to be informed immediately and expected to pick them up as soon as possible. If the child experiences a serious illness, contact emergency medical services immediately. Child will be excluded from the group and kept him/her in a separate room (Sick room). Non one will be allowed in this room except authorized persons. When the child wants to use the bathroom, make sure to use a separate trash can, and use that

trash can for that child's disposals such as PPE. Keep the trash out of the restroom to notify the child is in.

Authorized persons must inform the DPH if any child, staff member, or parent has developed symptoms or developed COVID 19. Incident report must be prepared for any illness.

#### **g. Best practices- policies and procedures**

- **Medical Examinations**

The state of California requires a medical examination for each new student. Medical Records and a Physician's Health Report must be submitted prior to or within 30 days of enrollment. In addition, an immunization record must also be submitted before the child's enrollment and must be updated in accordance with state law.

- **Immunizations**

The state of California requires that all children, prior to admission in school, must be protected against tetanus, whooping cough, diphtheria, mumps, rubella, measles, chicken pox, and polio, and a TB test must be administered. An immunization record is required and must be kept-up to date. Required immunizations are subject to change based on health Department regulations. All children are required to present a new immunization record. Encourage flu vaccine for six months and older who have not had it in this season to reduce illnesses.

- **Allergies**

Bring any allergies to the attention of the staff immediately, verbally, and in your enrollment forms. They will be posted in all classrooms. Remember to update the school with any new condition that may arise regarding your child's health. Illness If your child is ill, then, he/she must be kept at home. If your child falls ill while at school, you or an authorized adult will be expected to pick him/her up shortly after we contact you (within 1 hour).

- **Emergency contact details**

All emergency contact information of students must be updated. These folders must be available for staff members for immediate contacting.

- **Daily updates from DPH, CDC, DPSS**

The facility needs to have an authorized person to follow updates from all above departments. This person will be responsible to inform the DPH about COVID 19 related incidents. A written report needs to be submitted and filed.

- **School Roaster**

School roasters need to be updated with parents’ contacts such as home, work, and mobile phone numbers including guardians of children.

**II. Staff**

**a. Staff schedule (consider guidance for groups and co-mingling)**

Age	Staff: Child Ratio	Group Size
0-18 Month (Infant)	1:4	10
18-36 month (toddler)	1:6	10
3 years-Kindergarten entry (Preschool) & Kindergarten entry + (school age)	1:10	10
0 to school age (mixed age group)	1:6	10

Age	Staff: Child Ratio	Group Size
Infants only	1:4	4
No more than two infants when 6 children are present	1:6 (2infants+4 children)	6

- Additional employees must be available if one employee is sick and not available to work.
- Recruit individuals with childcare experiences and qualified to work in a childcare facility.
- Have a list of employees who likes to work during this time. These teachers should be available to cover classes in the event of increase staff absences.

- Have a roster available with their phone numbers and email addresses for help to contact them immediately.
- Staff members need to stay home if their family members are sick or have been exposed to COVID 19 patients.
- Contact other local childcare programs to see whether they would like to have “substitute teachers sharing” programs.
- For any suspected high-risk individuals: contact their medical provider to determine if they should stay home.
- If any employee is not ready to work respect their decision currently.
- Re-review sick leave policy and available sick leaves and need to be modified to be non-punitive, flexible, and consistent with public health policies that allow ill person to stay home.

#### **i. Scheduled hours**

Hours will be determined by the availability. One teacher must be scheduled with the same group.

#### **ii. Breaks**

##### **1. Schedule for breaks**

Breaks need to be scheduled due to social distancing policies. Schedule breaks are on teacher-child ratio.

##### **2. Policies for staff breaks such as requirements, access to refrigerator, microwave, area for breaks, etc.**

In accordance with state and local laws, non-exempt employees will be provided with meal and break periods. Break periods of less than 20 minutes will be paid. Break periods lasting longer than 20 minutes will be unpaid. Non-exempt employees must be fully relieved of their job responsibilities and are not permitted to work during unpaid breaks and meal periods of more than 20 minutes. If for any reason a non-exempt employee does not take the applicable meal and rest period that they are provided, the employee must notify his or her supervisor immediately. School needs to schedule meal and break periods to accommodate Company operating requirements.

Employees who work 5 or more hours in a workday are entitled to a 30-minute meal period. Employees who work 10 or more hours in a workday are entitled to a

second 30-minute meal period. For non-exempt employees, the meal period is unpaid. Non-exempt employees must record the beginning and ending of their meal periods using school timekeeping system.

Non-exempt employees must be fully relieved of their job responsibilities and are not permitted to work during unpaid meal periods. In the limited circumstances described below, with the employee's and the Company's mutual consent, employees may waive their meal periods: If an employee's workday ends within six hours; If an employee's workday will not exceed twelve hours, then the employee may waive their second meal period but only if the first meal period was not waived. If an employee voluntarily waives a meal period, the employee must submit a written request and receive written authorization from their supervisor to do so. In extremely limited situations, non-exempt employees may take a paid on-duty meal period.

Non-exempt employees are also entitled to paid break periods in accordance with the following schedule: One 10 minute break period for shifts from 3.5 to 6 hours in length; Two 10 minute break periods for shifts of more than 6 hours and up to 10 hours; Three 10 minute break periods for shifts of more than 10 hours and up to 14 hours. Supervisors will schedule meal and break periods to accommodate the Company's operating requirements. Where possible, breaks will be scheduled in the middle of each work period. Employees must take their meal and break

Every time, when a staff member enters the break room, she/he must wash hands. Staff members must follow 6 ft social distancing guidelines. If staff members use any appliances, they must be cleaned and disinfected before and after use. Staff members should only use break room refrigerator and never mix food with children's food from home. All expired food must be discarded immediately, and food items need to be labelled by individuals' name and expiration date.

**b. Staff arrival protocol (sign in, health screening, etc.)**

- Encourage staff to notify the administrator if any acute respiratory illness is present and contact medical provider.
- Daily symptom screening needs to be initiated for staff. At arrivals and departures, the symptom screening must be persisted and if anyone had temperature of 100.4°F /38°C or higher they must be excluded from the facility. School needs to conduct visual symptom checks and ask health questions daily upon arrivals from staff including anyone at home is exposed to COVID -19 or had symptoms. One entrance is allowed for daily health screening.

- Informed staff member must notify if they take any medication for fever or respiratory illnesses.
- When employees arrive at the facility, they must wash hands with soap and water (or using hand sanitizer where soap and water is not available)

**c. Staff personal protection equipment (PPE)**

Personal protective equipment is used by healthcare professionals to prevent the spread of germs. PPE includes not limited to gloves, masks, face shield, goggles, gown/aprons etc. At school facilities the face mask, hand gloves and aprons need to be available for employees. Employee can have their own PPE.

The lowest level of PPE and administrative control protocol will support when hazardous is not well controlled. Therefore, PPE is not guaranteeing the protection but support self-protection from the diseases.

- Determine what type of PPE is needed for specific jobs.
- When engineering (Isolate people) and administrative controls (Change the way, people, work) are not implemented or not fully protective, employees must follow OSHA standard. (OSHA act 1970)
- Determine what kind of PPE is needed by the job type
- Select and provide appropriate PPE for the workers for no cost
- Train employees about how to use them properly
- Encourage employees to wear cloth face covering
- CDC recommendation is to wear cloth face masks as a measure to contain the individual's respiratory droplets and help protect their co-workers and others.
- Cloth face mask is not considered as a PPE
- However, wearing a PPE does not replace the social distancing.

### III. Classroom arrangement

#### a. Physical arrangement of classroom

- Classrooms desk must be 6FT apart.
- Implement small group or individual seating arrangement.
- Arrange common areas with enough space for a small group to accommodate with social distancing.
- Physically re arrange the room for individual play
- Mark Individual areas using tapes. In Montessori, use rugs as an individual space.
- Clean and washed used rugs every week

#### b. Ventilation

- All windows and doors need to be open before and after the school starts.
- Allow 3Ft of space around and on top of ventilation component to facilitate airflow
- Make sure carbon monoxide detector is working properly
- It is recommended to have an air purifying equipment in each classroom
- Improving ventilation in a classroom helps to improve students' performance and less absence rates
- Follow temperature and humidity recommendations
- Safety precautions for technicians servicing HVAC equipment
- Practical methods for maintaining temperature, humidity, and ventilation are needed in classrooms including sensor monitoring networks, commissioning guidance, and operating recommendations
- Adjust the HVAC system to allow more fresh air to enter the program space.

#### c. Schedule of the day

- Daily schedule will accommodate due to the ages serve.
- Adjust daily schedule limiting the number of students in one area
- Stagger indoor and outdoor play

#### d. Work time

- Implement small group activities
- Implement individual play and activities
- Take indoor work outside if possible
- Divide work areas using mask tape

- Try following social distancing as much as possible with teacher and student
- Plan activities that do not require close physical contact between children.
- Limit Item sharing
- Limit the numbers of children in each program
- Increase the distance between children during table work

**i. Policies and requirements for materials in the classroom (sanitizing, etc.)**

- Toys that cannot be cleaned or sanitized should not be used
- Have multiple toys or materials available and accessible that are easy to clean sanitize during the day
- Wash hands before start working with materials
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleaning.
- Use water-based sanitizer to sanitize all the materials after using them
- Safely using cleaners and disinfectants on surfaces and objects
- remind children not to touch their faces and wash their hands after using shared materials.
- Limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
- Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.
- Designate a basket or tub for toys that used and need to be cleaned
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

**ii. How will lessons be presented or planned**

- Present lessons one to one basis
- Increase the distance between teacher and the student
- Minimize time standing in lines.
- Incorporate additional outside time and open windows if possible

**iii. If circle/group time is planned, how is social distancing maintained?**

- Use small carpet for individual space
- Maintain distance between students
- Use masking tape to develop individual space
- Avoid hand holding or close activities during circle time

**e. Snack and lunch**

- Children can have lunches and snacks from home
- Children can have lunches and snacks from the school
- For snack and lunches there can be individual policies in each program such as No nut No sugar.

**i. Schedule**

- Schedule mealtime indoor or outdoor with small groups.

**ii. Eating arrangements to accommodate distancing**

- Utilize more table to maintain distance between children
- Use name cards to ensure adequate spacing of children

**iii. Policies and requirements**

- Serve meals to each classroom instead of larger cafeteria or group dining.
- Avoid family-style serving
- Serve each child an individual plate that way multiple children are not using the same utensils.
- The staff who changing diaper should not prepare food.
- Sinks used for food preparation should not be used for any other purposes.
- Follow hand washing procedure before and after eating
- Caregivers should wash their hands before preparing food and after helping children to eat.
- Use gloves when serving food

- Only caregivers handle the utensils and serving.

**iv. If from home, how stored and served?**

All individual lunches must be store separate and labeled.

Washed hand before touching food

Clean Microwave before and after using it

**f. Napping**

**i. Schedule**

Nap time schedule depends on the age group. According to the department of social services every child needs to have a nap time, and the school must provide nap cot for each student. Tooth brushing is not allowed during class or before naptime.

**ii. Arrangement**

- There should be a 6Ft distance between cots. Arrange head of each bed alternately in opposite directions to discourage possible spread of illnesses among children between coughing and sneezing

**iii. Cleaning and sanitation**

- All sheets must be washed every week or before using for another child
- Nap cots must be sanitized every week

**iv. Storage of nap supplies**

- All nap cots need to have their own individual cot sheets and blanket
- These sheets need to be stored separately without touching each other under individual labeled bins, cubbies, or bags
- Each cot sheet and blanket need to be labeled by the child's name.

**g. Outside play time**

**i. Schedule (considering groups, sizes, co-mingling, etc.)**

- Outside play time, one classroom at a time.
- Follow the grouping guidelines and teacher child ratio
- Divide same group into smaller group for distancing

**ii. Policies and requirements**

- Wash hands before and after each play time
- Lower the line time to go out
- Encourage to drink water while being outside

**iii. Cleaning and sanitation**

1

- Establish a routine and procedure to clean and disinfect outside play equipment
- Using products that are EPA -approved for use against the virus
- Following the manufacturer's instructions for all cleaning and disinfection products.

**h. Before or after school care**

**i. Schedule and staffing (considering groups, sizes, co-mingling, etc.)**

All school age children groups must be 1-10 Ratio. One teacher for 10 students.

**ii. Areas**

- Arrange individual desks
- Divide work areas using mask tape

**iii. Activities**

- Implement small group activities
- Implement individual activities
- Take indoor work outside if possible
- Try following social distancing as much as possible with teacher and student
- Plan activities that do not require close physical contact between children.
- Limit Item sharing
- Limit the numbers of children in each program
- Increase the distance between children during table work

**i. Children's personal items**

**i. What do parents bring and what does school provide**

- School will provide all educational materials

**ii. How are personal items stored**

- Individual bins or cubbies under child's name.
- Children's personal belongings need to be stored separately and must be labeled

**iii. Are water bottles allowed? How to store and access?**

Yes, Water bottles will be allowed. The bottles need to be labeled and place in child's cubby. Before using water bottle, hand washing is required. Water bottle will be stored under their name

## IV. Arrival of children

### a. Policies and procedures for drop off

#### i. Location

- Parents will drop children at the entrance
- School will use only one entrance for drop off
- provide hand sanitizer with at least 60% alcohol and place next to parents' sign-in sheets. Keep hand sanitizer out of children's reach and supervise use.
- If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter
- Set up social distancing stickers for standing purposes in a line

#### ii. Parent requirements (masks, access to building, etc.)

- All parents required mask when they drop off children.
- Parents' will not be allowed inside the facility

#### iii. Plan for social distancing of families

- It is recommended that the same parent or designated person should drop off and pick up the child every day.
- Discourage older people such as grandparents or any other high-risk persons to pick up children

#### vi. How to stagger arrival times if needed

- To limit direct contact with parents as much as possible staggering arrival and drop off times and plan to limit direct contact.

#### v. Any different requirements by age group (ex. toddlers vs. preschool)

Infants could be transported in their car seats. Store car seat out of children's reach.

#### vi. Sign in

Parents need to bring their own pen for sign in and out.

### **vii. Health check**

The symptom screening must be persistent and if anyone had temperature of 100.4°F /38°C or higher they must be excluded from the facility.

### **viii. Procedures for child once in the building (health requirements, how to get to classroom)**

- Have childcare providers greet children outside as they arrive. Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
- Maintain 6ft social distancing
- Ask parents to take child's temperature before coming to the facility.
- The symptom screening must be persistent and if anyone had temperature of 100.4°F /38°C or higher they must be excluded from the facility.
- School needs to conduct visual symptom checks and ask health questions daily upon arrivals from children and staff including anyone at home is exposed to COVID-19 or has symptoms. One entrance is allowed for daily health screening. (flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness)
- Conduct temperature screening (follow steps below)
- Perform hand hygiene
- Wash your hands with soap and water for 20 seconds. If soap and water is not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Always make sure your face stays behind the barrier during the screening.

- While performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you used disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you would not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe if it remains wet.

## V. Dismissal of children

### a. Policies and procedures for pick up

- Parents to meet at the facility entryway for drop-off
- Wash children's hands before leaving the class
- Make visitation as brief as possible.
- Follow the same procedure at drop off

#### i. Location

- Parents will drop children from the entrance
- School will use only one entrance for drop off
- provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use.
- If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter
- Set up social distancing stickers for standing purposes in a line

#### ii. Parent requirements (masks, access to building, etc.)

- All parents are required masks when drop off children.
- Parent's will not allow inside the facility
- It is recommended the same parent or designated person should drop off and pick up the child every day.
- Discourage older people such as grandparents or any other high-risk personals to pick up children

#### iii. Social distancing

Parents must follow CDC guidelines for social distancing which is 6ft apart.

Parents can follow social distancing floor stickers.

#### iv. Procedures for how to get child to parent

Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.

Maintain 6ft social distancing.

Conduct temperature screening (follow steps below)

- Perform hand hygiene
- Wash your hands with soap and water for 20 seconds. If soap and water is not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Always make sure your face stays behind the barrier during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe if it remains wet.
- Ask parents to clean their hands with Sanitizers before signing out
- Ask parents to use their own pens to sign
- Handover the child at the entrance

## *VI. Procedures throughout the day*

### **a. Handwashing (staff and children)**

**i. Frequency/ when required**

Staff members must wash their hands at the following times:

- Upon arriving at the center
- After each diaper change
- After helping a child uses the restroom
- After wiping a nose, encountering saliva or any other bodily fluid.
- Before preparing meals
- Before and after mealtimes
- Before and after using the sensory table
- After removing gloves
- After using the restroom
- After returning to the center from a break
- After coming indoors from the playground

\*\*Frequent hand washing with soap and warm running water for at least 20 seconds is the most effective way to reduce and prevent the spreading the virus

**b. Masks (staff and children)**

**i. Are they required? When and when not?**

Children under the age of 2 are not required masks. If an older child is sick encourage child to use a mask. Adults are always required to use masks or cloth face covering. Cloth face coverings are not equal to facemask.

**ii. Where should masks be storage when they are not used?**

Masks are not required to be stored unless otherwise it is a cloth face covering. All used mask coverings must be tossed away after placing them in a small plastic bag. Cloth masks can be stored in a small Ziploc bag with child's name and store in their cubby

**c. Drinking water throughout day**

**i. Schedule and procedure**

The schedule to drink water is:

According to the DPSS and California law all children must have easy access to water. Encourage children to drink water during the day. Children will be allowed to drink water whenever they need after taking necessary steps. Children should wash their hands before touching the water bottles or the cups. Water fountains will be not available for children at this time inside and outside. Water bottle must be labeled with child's name and child must bring filled water bottle from home. It must be enough to consume during the day or otherwise parents must supply extra water bottles

- Before starting the circle time
- Before going to the playground
- After the playground
- Before and after lunch

#### **d. Diapering or potty accidents**

##### **i. Policies and procedures**

- To minimize contamination outside of the diapering area, prepare for a diaper change before bringing the child to diapering area.
- Changing table paper to cover the table from the child's shoulders to heels (in case it becomes soiled and must be folded over to give a clean surface during the change).
- Enough wipes for the diaper change, including wiping the bottom and hands after taking the soiled diaper away from the child's skin
- A clean diaper, plastic bag for soiled clothes, and clean clothes of soiled clothing is anticipated
- Non-porous gloves if they will be used, and a dab of diaper cream on a disposable piece of paper or tissue if cream is being used

- DIAPERING PROCEDURE
- Prepare for diapering as indicated above.
- Use gloves for each diaper changing
- Place child on diapering table. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
- Remove soiled diaper and place into lined, hands-free trash container which is used only for diaper. Diapers are disposed of in a hands-free covered can (usually one that has a step pedal that lifts the lid) to prevent further contamination of surfaces.
- Waste. (To limit odor, seal in a plastic bag before placing into trash container.)
- Use wipes to clean child's bottom from front to back.
- After changing, remove the gloves
- Throw soiled wipes into lined, hands-free trash container.
- Put on clean diaper and redress child.
- Wash child's hands with soap and water
- Keep the child where you can supervise
  
- Wash hands following the "handwashing procedure."
- Spray diapering surface with bleach-water solution and wait more than 10 seconds before wiping with disposable towel or allow to air dry. It should be noted as recommended
- Practice is to wait for 2 minutes to allow the solution to kill the germs. However, if there is a delay of at least 10 seconds before the solution is wiped from the surface, this will be considered adequate. The surface cannot be sprayed and immediately wiped.

- Adult wash hands using the “handwashing procedure,” without contaminating any other surfaces.
- The diapering surface must be sanitized after each diaper change with a bleach-water or other approved sanitizing solution (all surfaces must be to be sanitized
- Toys that are played with or objects that are touched, while children’s diapers are changed, must be put aside to be sanitized.

For each student, the extra cloths must be stored for any accident happened. The caregiver will notify parents if extra cloth bin needs to be replaced.

**e. Toilets and sinks:**

**i. Policies and procedures for sanitizing**

Before and after every use the sink and toilet handles must be sanitized. Children will be encouraged to use tissue to flush the toilet

Safely using cleaners and disinfectants on surfaces and objects, which include:

- The hazards of the cleaners and disinfectants available for use at the worksite.
- Wearing personal protectives PPE
- Follow safety precautions while cleaning and disinfecting the surfaces
- Allow separated toilet for staff and children who are separated due to symptoms.

**f. Transitions through the day**

**i. How do children maintain distance if moving from one area to another?**

- Use mask tape or seating mat for children to sit and work separately
- Use rugs as an individual work area
- Limited group activities and collaborations

- Arrange desks according to social distancing
- Have enough space available among the group
- Have small group and have same group at all the time
- Divide the children to smaller groups

## **g. Comforting of children, or discipline**

### **i. Policies and procedures**

- Be truthful with the children while confronting them.
- Use COVID-19 books from DPSS to give them an understanding about the virus
- Whenever children have a question or concern make sure you are available to listen to them.
- Limited children screen time exposes to news, television, and online resources to reduce anxiety.
- Make sure to avoid language that might blame others and lead to stigma.
- For the age and developmental level of the child: Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumors and inaccurate information. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Remind that regular hand washing will stop spreading virus.
- Be a role model
- Let children know there can be stressful situation in life, and it will be back to normal.

## **h. Special events or activities**

### **i. Policy and procedure (allowed and how/ not allowed)**

All field trips and gathering must be cancel due to social distancing. All extra curriculum activities will be suspended. When it is time to resume the social distancing, guidelines need to be followed.

## **ii. Communication with parents**

Policy:

- Establish a plan for sharing information and guidelines with parents and guardians such as email, ProCare or message system.
- Establish and ensure a system to communicate with parents in their primary language.
- Establishing a system to check with parents and guardians daily on the status of their children when children are dropped off at the facility.
- Obtaining email addresses and home, work, and mobile phone numbers from parents and guardians of children at the facility, so the facility can always reach them.
- Elaborate a communication system with parents and guardians, children at the facility, employees, facility management, and emergency medical services.
- Set up absent check system and inform parents and guardians that children should stay at home if they are sick, have been in contact with someone who has tested positive for coronavirus, or if someone in the household has symptoms (cough, fever, shortness of breath).
- Establishing voluntary methods for parents and guardians to help screen their children for flu-like symptoms. Communicating with parents and guardians. (For example, ask parents and guardians to take their children's temperatures every day before coming to childcare and to keep their children at home if their temperature is over 100.4°F.)

- Providing parents and guardians with information from the CDC on COVID-19 symptoms, transmission, prevention, and when to seek medical attention. Encouraging parents and guardians to share the information with their children as appropriate.

**iii. How is information shared between home and school?**

Schools can use school systems such as ProCare to communicate with parents or emails, phone calls, reminders, or any other app to establish a communication system.

***VII. Lessons on health and social distancing***

**a. How will the children be taught policies and procedures?**

Children will be taught policies and procedures about practicing health hygiene through teaching, modeling, and reinforcing healthy habits and social skills:

- Make lesson to explain health practices such as hand washing
- Teach and role model
- Teach them table manners and teach them why it is not healthy to share drinks or food, particularly when sick.
- Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
- Implement a practical life lesson to use tissues to wipe their nose and to cough inside their elbow.
- Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

Children will be taught policies and procedures about social distancing through the implementation of strategies that model, and reinforce social and physical distancing as well as movement:

- Give frequent verbal reminders to children.
- Use carpet squares, mats, or other visuals for spacing.
- When interacting with children, families, and staff, role model and practice good habits
- Role-play what social distancing looks like by demonstrating the recommended distance.
- Educate parents regarding social distancing. Newsletter is best for this
- Create scripted story and games about social distancing as well as handwashing, proper etiquette for sneezes, coughs, etc.
- Display posters related to handwashing, social distancing, symptoms throughout the facility.

**b. What can be incorporated in health units?**

**COVID-19 related topics will be added in health units**

***About COVID 19***

- COVID-19 is the short name for “coronavirus disease 2019.” Researchers and scientist work together to find out what is COVID19
- Made activities which give children better understanding about the virus
- How to wash hands properly
- How to use a face mask, how to wear it
- COVID-19 related science activities
- How to Cover when coughing and sneezing

***Even Though you do not get COVID -19.***

- Follow all precautions given by the CDC, DPH, DPSS
- Follow right Handwashing procedures
- Always wear a facemask or cloth face covering
- Always follow social distancing protocols
- Support the community by being a good role model
- Play to help protect against the spread of the virus
- Teach children how to follow these protocols
- Encourage children to use right procedure when sneezing and coughing

***What happens if you get sick with COVID-19?***

1. Stay home if you are sick, except to get medical care
2. Separate yourself immediately from workplace -Animals- Your home
3. Call ahead before visiting your doctor
4. Wear a facemask if you are sick

5. Cover cough and sneeze
6. Clean your hands often
7. Avoid sharing personal household items
8. Clean and disinfect all “high-touch” surfaces everyday

### ***VIII. Plans for exposure to COVID-19***

#### **a. Policies and procedure if someone has been exposed (family member etc. tested positive)**

At a time of exposed:

##### **Child**

- Keep sick children separate until they can go home
- Plan to have an isolation room or area / separate rest room

- Explain to parents that they cannot come back to school until they get positive test result
- Clean and disinfect surfaces in your isolation room after the sick child has gone home
- Close off areas used by the child who is sick
- Open outside doors and windows to increase air circulation in the area
- Wait up to 24 hours or if possible before cleaning or disinfecting to allow respiratory droplet to settle before cleaning and disinfecting

### **Staff**

- Let sick staff member leave the facility immediately
- Plan to have an isolation room or area / separate rest room if she/he is waiting for someone to take he/she home
- Explain that they cannot return to work until they get positive test result
- Clean and disinfect surfaces in your isolation room after the sick child has gone home
- Close off areas used by the child who is sick
- Open outside doors and windows to increase air circulation in the area
- Wait up to 24 hours or if possible before clean or disinfect to allow respiratory droplet to settle before cleaning and disinfecting
- Ensure sick leave policies for those allow teachers and staff to stay home if they have symptoms of respiratory infection
- Teachers and staff should self- screen (i.e., check themselves for subjective fever and/or respiratory symptoms such as cough) for respiratory infection symptoms each morning before interacting with students.
- Limit visitors to the school by not allowing those with symptoms of fever and/or respiratory infection or who have a travel history over the course of the last 14 days to an area identified by the CDC as Level 3 Travel Health Notice.

### **b. Policies and procedure if a confirmed case on site**

CDPH recommends that school administrators implement the following steps:

- Plan and setup isolated area for any sick child or staff member
- Follow CDC guidelines for disinfecting and sanitizing such areas
- Have emergency contact details ready for all students and staff
- Informed local public health department
- Communicate with parents and staff

### **c. Communication**

Communication between children, parents, staff, office management is a key part.

- Initially post a Notice on each classroom door to notify about the finding
- Inform all the parents, staff and office management
- Send updates to families through multiple channels every 1-3 days
- Update parents about school closure
- Or otherwise if continue what will change
- Contact DHP/DPSS and informed them
- Seek feedback through are not surveys and check ins

## **IX. Plan for if the school is closed again in the future**

**If the school is closed again.**

**followed for guidance from**

- CDC guidelines
- DPSS instructions
- Department of education updates
- Any local or federal government orders
- Plan and implement sanitation and cleaning protocols
- Follow labor department laws for employee benefits



- California Department of Social Services, Community Care Licensing, Child Care Page: <https://www.cdss.ca.gov/inforesources/child-carelicensing>
- Department of Public Health - <http://publichealth.lacounty.gov/>
- California Division of Occupational Safety and Health (Cal/OSHA): <https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-InfectionPrevention-in-Childcare-Programs-Guidance.pdf>
- California Department of Pesticide Regulation Health Schools Act information: <https://apps.cdpr.ca.gov/schoolipm/>
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/guidance-for-childca>
- California Coronavirus (COVID-19) Resources: <https://covid19.ca.gov/>
- UNICEF [https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52\\_4&gclid=CjwKCAjw88v3BRBFEiwApwLevS9o6cQjPAyJIjX7gbITdxbr4xHVktqNriVL3hwEwGiJOHmdbAVHhoC5N8QAvD\\_BwE](https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4&gclid=CjwKCAjw88v3BRBFEiwApwLevS9o6cQjPAyJIjX7gbITdxbr4xHVktqNriVL3hwEwGiJOHmdbAVHhoC5N8QAvD_BwE)

**b. What will be required to loosen restrictions**

- a) When numbers get lower and hospitalization rate get lower
- b) Advice from Department of Social Services
- c) Advice from CDPH and CDC.
- d) When safe and effective tools for mitigating the risk of COVID-19 are available, including broad surveillance, therapeutics that can rescue patients with significant disease or prevent serious illness in those most at risk, or a safe and effective vaccine.

**c. If a phase approach, what is required to move into next phase**

Disease should be safely diagnosed, treated, and isolated of COVID-19 cases and their contacts need to be over. Testing should become more widespread.

**d. What policies do you feel should remain as continuing best practice**

- Frequency hand washing
- Sanitizing of materials after every use
- Regularly disinfecting high-touch surfaces

- Routine cleaning, sanitizing, and disinfecting surfaces and objects that are frequently touched, especially toys and games.
- Meal serving methods and policies
- Using Mask for a certain period