

COVID-19 Preparedness Plan

1. Frequent Handwashing

- Reinforce hand washing routines, especially upon arrival, after having been in a public place or after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Ensure children are supervised when using hand sanitizer and that it is inaccessible to them when not in use.
- CDC guidance on handwashing can be found at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene>

DESCRIBE PLAN FOR HANDWASHING:

Hand washing

Here are the procedures we follow at drop-off in the beginning of the day, before and after meals, after toileting and diaper changes, and throughout the day as needed, signs are posted in each classroom and common areas:

- Use soap and warm running water
 - Rub hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under fingernails around any jewelry.
- Rinse thoroughly
- Dry hands with a paper towel or a single-use towel
- Avoid touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water)
- Teachers must supervise while the handwashing happens

2. Cleaning and disinfecting

- Protocols related to cleaning and disinfection of programs should be detailed so that staff know what is expected of them. Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program:
 - <https://www.health.state.mn.us/diseases/coronavirus/schools/clean.pdf>
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, shared toys, program equipment and other items are regularly cleaned and disinfected.
- Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.

- Establish procedures for cleaning and disinfection after persons suspected or confirmed to have COVID-19 have been in the program.

DESCRIBE PLAN FOR CLEANING AND DISINFECTING:

In each classroom we have the following solutions available for cleaning and disinfecting and staff members must wear gloves while handling cleaning supplies:

Solution 1: 1 teaspoon of Clorox and 16 punches of water (this is used for diapering areas)

Solution 2: ¼ teaspoon of Clorox and 16 ounces of water (this is used for toys, surfaces, tables, and other high risk surfaces)

Solution 3: water and soap, Spray Bottle with water

Sanitizer: teachers prepare a bucket with fresh sanitizer each morning and as needed throughout the day

Mopping solution: Solid Green 14 All Purpose that teachers use multiple times daily

- Sanitizing classroom tables after each meal
- Cleaning, mopping and vacuuming the floor after every meal
- Sanitizing toys, toy shelves, and other classroom surfaces at the end of each day
- Sanitizing diaper changing tables after each change
- Staff must not share art supplies in between classrooms
- Separating mouthed toys immediately for washing later
- Deep cleaning the gym and other common areas regularly
 - Clean and disinfect high-touch surfaces such as doorknobs, light switches, stair rails frequently and throughout the day.
 - Disinfecting cots and cubbies, as well as keeping the blankets in the cubbies while not in use.
 - Substitute staff are responsible to keep and complete the weekly cleaning routine that is available at the center.

After receiving news of a suspected or confirmed case of COVID-19 we will continue following all procedures above and the following additionally:

A more deep cleaning in the classroom of the suspected/confirmed case, bathrooms, break room, and other shared common areas. During phase 1 of Stay Safe MN we implemented professional cleanings for initial confirmed cases.

Additionally, we will continue to hire out professional cleaning when necessary.

3. Arrival and Departure

- Whenever possible, pick-up and drop-off should occur outside and/or limit the extent to which parents enter the program and interact with each other.
- Consider use of multiple entrances and exits when these can be used safely by the staff, volunteers and visitors.

- Before children enter the space, screen them to ensure those with symptoms are not attending.
 - Screening process for children:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

DESCRIBE FOR ARRIVAL AND DEPARTURE:

Guidelines for entering the center:

During the Stay Home MN of the MN Stay Safe Plan our protocol is the following:

- Parents and/or guardians do not enter the building, they either call the center or wait at the front door for a staff member to come and bring their child(ren) into the Center
- All children and staff members must complete temperature check upon arrival
- All children and staff members will be denied entry if temperature is at 100.4 degrees F or higher and Casa will kindly request that your child does not come to daycare for the next 24 hours
- When picking up, parents and/or guardians may either call or wait at the front door for an Administrator or a teacher to bring their child to them at the front door

During Phase 3 of MN Stay Safe Plan our protocol is the following:

- One parent/guardian per family
- Child, and parent/guardian must complete temperature and wellness check upon arrival
- Child, and parent/guardian will be denied entry if temperature is at 100.4 degrees F or higher
- Parent/guardian must wear a mask or face covering while inside the center
- Parent/guardian must not enter classroom, only reception and hallway areas
- Parent/guardian must not hug teachers
- Parent/guardian must be mindful of social distancing, staying over 6 feet away from other people as much as possible
- Parent/guardian must not linger around the center as length of exposure is an important factor in increasing chances of contracting COVID-19
- Parent/guardian must refrain from using your center's restrooms, drinking fountains, and other common areas at this time

4. Plans for sick children, staff, and volunteers

- Conduct daily health checks. This includes screening for children, staff, volunteers, and household members for family child care programs to ensure those who exhibit any symptoms of illness are not present.
- Follow exclusion guidance and ensure children, staff, and volunteers stay home when sick: <http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>
- Use CDC guidance to develop a plan for what you will do if someone becomes sick with COVID-like symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General>

- If a child, staff member, or volunteer is diagnosed with COVID-19 or if you have questions about a child, staff member, or volunteer who is exhibiting symptoms, reach out to MDH at health.schools.covid19@state.mn.us and follow their direction.
- Using the MDH and CDC resources above, create a communication plan for how and when you will notify parents, staff, and volunteers if a child, staff member, volunteer or household member for family child care programs has been exposed, is exhibiting symptoms, or has tested positive.
 - Contact MDH if you have questions (at the email address above)
 - Ensure the parent or guardian contact information in each child's record is up-to-date.

DESCRIBE PLANS FOR SICK CHILDREN, STAFF, AND VOLUNTEERS:

- Casa follows the Exclusion of sick children as the Minnesota Department of Human Services describes. Families should refer to the Parent Handbook page 3 under the Care of Ill Children policy, staff should refer to the Employee handbook page 23 under Staff Sick Leave policy.
- Symptoms consistent with COVID-19 include: new onset or worsening cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste or smell. According to the MDH Exclusion Decision Tree, someone with a new onset or worsening cough OR shortness of breath or at least two of the following symptoms: fever, chills; muscle pain; headache; sore throat; new loss of taste or smell must stay home for at least 10 days from symptom onset, and for 3 days with no fever and improvement of respiratory symptoms— whichever is longer. (Fever should be gone for 3 days without using fever-reducing medicine.) This means they are excluded for at least 10 days unless there's an alternate diagnosis from a COVID-19 Policies & Procedures – For example, if you have these symptoms for 7 days, you need to stay home 3 more days with no fever for a total of 10 days. Or, if you have a fever and coughing for 8 days, you need to stay home 3 more days with no fever for a total of 11 days. Because the Exclusion Decision Tree states “whichever is longer”, for any of these symptoms of an undiagnosed origin, the minimum time to be excluded is 10 days. Diagnosed origins, such as an ear infection, will follow the health care provider recommendation and the Hennepin County Infectious Disease Manual as normal; see the MDH Exclusion Decision Tree.
- Child, and parent/guardian must complete temperature and wellness check upon arrival
- Child, and parent/guardian will be denied entry if temperature is at 100.4 degrees F or higher
- If a temperature (100.4 degrees or higher) or any new symptoms are detected during the day, Directors will immediately call the family and request that the child be picked up.
- If a staff member or volunteer comes down with a fever (100.4 degrees or higher) during the day or any new symptoms, they will be sent home immediately.

If we receive news of a staff member or volunteer with a confirmed case of COVID-19, we inform each staff member verbally within 24 hours of receiving the news.

If we receive news of a child or family with a confirmed case of COVID-19 we call all families that were in the same classroom to notify them of this and verbally tell our staff. Both will be communicated within 24 hours of receiving the news.

Committed to communicating effectively with our families and staff members, we post weekly updates on our blog and also communicate via email with additional COVID-19 information and updates.

5. Social distancing throughout the day

- Limit group sizes as much as possible and create consistent groups of children and providers, staff, or volunteers who stay together throughout the day.
- Add visual cues or barriers to direct traffic flow and distancing. For example, you may want to tape “Xs” on the floor to let children know where they should sit to promote social distancing.
- At nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible. Consider placing children head to toe in order to further reduce the potential for viral spread.

DESCRIBE PLAN FOR SOCIAL DISTANCING THROUGHOUT THE DAY:

- Cancel, postpone or modify all special events such as festivals, holiday events, special gatherings, field trips, programs, graduations, picnics and prospective tours.
- During meal times, children are placed with 1 seat in between each of them in order to create more space/allow for more social distancing
- The staff are also working in small groups for majority of the day to limit the group size
- For break rooms or common areas for teaching staff it is recommended to social distance and encouraged to go outside to limit the traffic in those specific areas
- Teachers have added visual marks on the floor to promote social distancing with the children.
- At nap time, ensure children’s cots or cribs are spaced out as much as possible, ideally 6 feet or more apart.
- For children on cots, place children head to toe in order to further reduce the potential for viral spread.
- No outside visitors or volunteers should be allowed into the building during the pandemic. An exception to this would be contracted service providers providing essential special education or supportive services. Those individuals will be screened and asked to wear a mask and perform hand hygiene.

6. Source control and cloth face coverings

- Cloth face coverings are an important piece for mitigating the spread of the virus but are most effective if it can stay in place without being pulled on or touched by the person wearing it or others. Within this context, the provider, staff members, and volunteers are

encouraged to wear cloth face coverings during the work day as much as possible, recognizing the development needs of the children in their care.

- Children should not wear cloth face coverings unless they can reliably wear, remove, and handle the cloth face covering throughout the day. Cloth face coverings should NOT be put on infants or children younger than 2 because of the danger of suffocation.

- Face covering guidance is available here:

<https://www.health.state.mn.us/diseases/coronavirus/schools/masks.html#child>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

DESCRIBE PLAN FOR SOURCE CONTROL AND CLOTH FACE COVERINGS:

- We require all staff, volunteers, parents/guardians to wear masks while in the center.
- We do not require our children to wear masks unless they voluntarily wear them reliably and are over the age of 2.

7. Workplace ventilation

- Recognizing this may be difficult in center or school buildings, where possible work to maximize the amount of fresh air being brought in, limit air recirculation and make sure ventilation systems are being properly used and maintained. Take steps to minimize air flow blowing across people. It could mean keeping windows open where possible, removing or repositioning fans, and encouraging outdoor time.

DESCRIBE PLAN FOR VENTILATION AND AIR FLOW, IF POSSIBLE:

- We will be installing Merv 13 filters in all of our centers as they trap 98% of airborne particles.
- We change our air filters on a regular basis at all centers to keep the air clean.
- If and when possible the windows that are operable will remain open during business hours.
- After final deep cleaning at the end of each day, classroom doors must remain open.
- Weather permitting, teachers will execute outdoor activities and crafts.

8. Playground use

- Stagger playground use rather than allowing big groups to play together.
- Wash hands before and after touching play structures. If possible, consider cleaning high touch areas of the play structure between groups.

- If you choose to bring children in your care to a public playground, be careful to ensure children wash hands after touching play structures and maintain six feet of space from other children as much as possible.

<https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf>

DESCRIBE PLAN FOR MITIGATING COVID-19 IN PLAYGROUND USE:

- We encourage small groups of children while playing outside
- When possible we avoid mixing groups or ages.
- Staff and children must wash their hands before and after using the private playground.
- Staff must encourage children to be six feet apart.
- Teachers are required to plan activities outdoors to allow for more social distancing while promoting physical activity and limiting playground use.

9. Meals and snacks

- If meals are typically served family-style, plate each meal and serve it so that multiple children are not using the same serving utensils.
- To the extent possible, serve meals in individual classrooms. If using a cafeteria, the meal should be served to one small group of children at a time, with cleaning and sanitizing occurring in between groupings.

DESCRIBE PLAN FOR MITIGATING COVID-19 DURING MEALS AND SNACK TIMES:

- Meals and snacks are served or plated individually and utensils are not shared.
- After each meal, tables and chairs are cleaned and sanitized.
- Children must wash their hands before and after meals.
- Meals/snacks are brought to classrooms and served by a kitchen staff member that uses and follows all the standards required for the Minnesota Department of Health.

10. Field trips and events

- Do not plan large group activities, such as field trips and family events. Consider changing field trips and events to a virtual format where appropriate.
- If you have an in-house field trip, screen the presenter. It would be best if in-house field trips are held outside in small group settings. Remember that social distance needs to be maintained, groups should not be mixed, and whenever possible, cleaning and sanitizing should occur between groups.

DESCRIBE PLAN FOR MITIGATING COVID-19 DURING FIELD TRIPS AND EVENTS:

- Outdoor activities are planned in small groups
- During phases 1 and 2 of the MN Stay Safe Plan we did not conduct any field trips.

- Now in Phase 3 of the MN Stay Safe Plan we are slowly reintroducing field trips (1 per month) for preschoolers and only to outdoor spaces with planned activities.
- When in-house field trips occur, screening procedures are followed for anyone who enters the building.
- Kids will remain 6 feet apart when possible during walking field trips and outdoor (on-site) activities
- Children will walk to outdoor classes, keeping distance and using designated spaces with the walking ropes. Since it is an open green area, children will not be exposed to or touching any structure in the park.

Mini bus cleaning procedure:

- Each time the mini-bus is used it will be cleaned and disinfected using solution 2 and water with a cloth towel.
- Windows will be opened while disinfecting
- Clean and sanitize high touch areas such as handles, seat belts and seats.
- Drivers are responsible for conducting this procedure before the departure time, after drop off at location, and one last time after returning kids to the center.
- Driver must wear gloves when doing the deep cleaning before and after each use

11. Communications and training

- The plan must be available to the Commissioner and offered to families. Be sure to communicate to families, using plain language, the expectations for parents and children in implementing this plan (e.g. outdoor pick-up/drop-off protocols).
- The plan must be posted in a prominent place and readily accessible to all of your employees, adult caregivers, substitutes, and volunteers who need to review it. Provide training to ensure everyone is following your plan. Keep these individuals updated on any changes to the plan.
- Staff 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.

DESCRIBE PLAN FOR COMMUNICATIONS AND TRAINING:

- There is a copy of the plan available for parents and/or guardians in the Parent Handbook and we specify specific protocols via email to parents when they change (pick-up/ drop-off) .
- There is a copy of the plan available for staff members at each center on the staff communication board.
- Should the center come into contact with COVID-19, we will follow official recommendations for child care centers from DHS, MDH, CDC, and the government to the best of our ability while at the same time trying to remain open for care. We will take

appropriate safety and sanitary measures and take all necessary steps to remain open. If we are forced to close, we will update families as soon as possible with an action plan.

- Staff has been trained on COVID-19 Preparedness Plan during our Staff In-Service Training (06/26/2020) and Casa de Corazón has provided a certificate for the hours of completion.
- Every new staff member, including volunteers and interns will be trained during Orientation Processes prior to their first day of contact with children.
- We encourage all our staff members and families to follow official recommendations for child care centers from DHS, MDH, CDC, for questions or concerns of procedures.

July 25, 2020 UPDATE

Face Coverings in Child Care Settings

As of Monday, July 27th, 2020 in accordance with Governor Walz's Executive Order 20-81, Casa de Corazón employees are required to follow the guidance outlined below regarding the use of face coverings during work hours.

When a face covering is required for staff and providers

- All staff must wear a face covering in communal areas (e.g., center hallways, lobbies, restrooms, breakrooms, laundry room, the gym, etc.) where groups may intermix.
- For staff in an indoor classroom that are confined to one group or cohort of children. Staff are still required to wear coverings to the extent possible, especially when social distancing cannot be maintained, unless wearing a covering would interfere with the early childhood development process.
- Visibility of facial expressions and lip movements are critical to early childhood development and learning. We strongly encourage the use of clear face shields in lieu of cloth masks whenever possible and especially when teaching children of any age.

Exemptions to the face covering requirement for staff

- Staff with a medical condition, mental health condition, or disability that makes it unreasonable for them to wear a face covering. This includes, but is not limited to, people who have a medical condition that compromises their ability to breathe, and people who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. They must use clear face shields.
- Staff who are required to wear a face covering or face shield under this guidance may remove their face covering or shield temporarily to engage in certain activities listed below that make wearing a face covering or shield difficult, provided that social distancing is maintained to the extent feasible:
 - When eating or drinking.
 - When communicating with a person who is deaf or hard of hearing or has a disability, medical condition, or mental health condition that makes communication with a face covering difficult.
 - When participating in physical activity or when engaged in other activities (e.g., presenting, performing, or playing an instrument) that would make it difficult or impractical to wear a face covering or face shield.

Face coverings for children

- **Children 5 years of age and under** are not required to wear a face shield or face covering in a child care setting. Children under the age of 2 years, or children who are sleeping, unconscious, incapacitated, or otherwise unable to remove a face covering or face shield without assistance; or who cannot tolerate a shield or covering due to a developmental, medical, or behavioral health condition must NOT wear a face covering or face shield. ***We will not put face coverings on children under the age of 2.***
- **Children over the age of 2** who can reliably wear a face covering or face shield in compliance with CDC guidance on [How to Wear Cloth Face Coverings](#) may do so. This means they can wear it without frequently touching or removing it. If a parent or guardian

wants her/his/their child to wear one, we will do our best to encourage the child to do so, and to follow the above guidance.

- **School-age Exemption:** We hereby communicate to our School-Age Summer Camp families with children ages 6-12, that we are opting into the optional exemption to requiring children over 5 to wear face coverings at our place of business. We will continue to leave this choice up to each child's parent(s) or guardian(s) as outlined above for children over the age of 2. This exemption is intended to ensure that in cases where a few children attend a school-age program, a provider can determine what is most age-appropriate and supportive of the development and safety for all children in the environment.

Consistent groupings and cohorts

To additionally reduce the risk of exposure to Covid-19, we actively use "cohorting" in our classroom and teacher groups. Cohorting is the practice of maintaining smaller, consistent groups or cohorts of children and related workers who avoid intermixing to the extent possible.

We take steps to avoid intermixing groups or cohorts of children and workers to the extent possible. This means keeping each group of children in the same classroom all day, and going with that same group to the gym and playground, with the same group of teachers, as much as possible and as staffing ratios permit.