

Shiloh Christian Preschool Covid Response Plan/Guidelines

Updated on 10/15/2020

Establish Care with a Doctor You Trust

- Keep in contact with your family Dr. regarding symptoms of Covid-19. Symptoms vary, with most being similar to other illnesses, your Pediatrician will be the best resource for you to contact. Loss of sense of taste or smell is a distinct symptom of covid-19 and children should not attend school until after being evaluated if loss of taste or smell is a symptom.
- If you choose to have your child tested for covid-19 as a precautionary measure while they are asymptomatic, please plan ahead. For example, if you plan on testing your child on a Sunday, if possible, keep your child home on Friday and wait until you receive the negative test before sending your child back to school. This strategy will enable us to continue to meet as a class. When a child tests positive, even when they are asymptomatic, that child's whole classroom will need to follow Department of Health recommendations on closure due to exposure, if the child was within contact of classmates either: 48 hours before the test if asymptomatic or 48 hours from when symptoms presented if symptomatic.

Follow Department of Health/Local Public Health Recommendations.

- Communicate with those that have known exposure to the person during their contagious period (48 hours before symptomatic or 48 hours before date of test for asymptomatic people).
- When a positive is confirmed or there is a presumed positive, students within the classroom will start their quarantine period.
- Specific dates of quarantine and return to preschool will be communicated after guidance from the Department of Health and Public Health has taken place.
- If a parent or other household member test positive for covid, the student will need to follow quarantine guidelines from the Department of Health. Typically, this is 10 days from test or symptom onset for the positive and an additional 14 days after the 10 days have been completed.

Mitigation Strategies

- Implement social distancing strategies.
- Intensify cleaning and disinfectant protocols
- Modify drop off and pick up procedures
- Implement screening protocols upon arrival
- When feasible, staff members should wear masks within the facility
- Maintain an adequate ratio of staff to children to ensure safety.

Group Sizes Masking General Principle:

Option 1: 15 total people per room (includes both adults and children); masking not required for staff or children

Option 2: Group sizes as outlined in licensing regulations; require all staff to wear masks while indoors and/or not able to maintain physical distancing. Masks for children over age 2 are optional.

Masking: If a classroom has more than 15 people within the classroom, preschool staff are required to wear a face covering. Shiloh Staff will support any parent's decision to encourage mask use for their child. Staff are asked to wear masks if they have been in contact with someone with an illness even when the staff person does not fit the criteria for exclusion. When staff are outside of their normal cohort group, they will also wear a mask when unable to maintain social distancing.

Screening / Drop Off General Principle: Limit access to the childcare facility as much as possible. Staggering arrival and drop off times and/or have staff come outside the facility to pick up the children as they arrive. Curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations. If parent/guardian has to enter the building, require parent/guardians to wear masks and use hand sanitizer when they enter the building. Parents use electronic sign-up for lunch. Teachers are responsible for maintaining electronic daily attendance records. The presence of individuals not essential to the operation of the child care should be minimized.

• screen employees and children (ask the parent/guardian) entering the childcare facility each day upon arrival using the following questions.

1. Have you had any known contact with someone who is exhibiting symptoms (fever of 100.4, shortness of breath or cough) or tested positive for COVID-19 in the last 14 days?

2. Have you had any new symptoms you feel are consistent with COVID-19 virus such as fever (100.4 F or higher) OR two or more of the following symptoms: fatigue, body aches, cough, sore throat, runny nose, nausea, vomiting, diarrhea, abdominal pain OR loss of taste and/or smell?

3. Have you been tested for or diagnosed with COVID-19 in the last 14 days? If the answer to all 3 screening questions is "no", the adult and child can enter the facility. If the answer to any of the 3 screening questions is "yes", the person should be directed to call their health care provider, if ill, or visit the ND Department of Health website for further guidance.

For any child that enters the child care facility, utilize the modified "Daily Health Check" procedure for children. If a child exhibits one or more of the indicated symptoms or screened "yes" to the facility screening questions, the child should not be allowed to remain at the facility.

Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. Supervise use with hand sanitizer.

- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), or fatigue.
- Conduct temperature screening in the classroom

Require sick children and staff to stay home.

- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with Administration if or when they start to feel sick.
- Establish procedures to ensure children and staff who come to the school sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Sick staff members should not return to work until they have met the criteria to end home isolation.
- If a sick child has been in your facility, clean and disinfect surfaces in that classroom or area after the sick child has gone home.

If COVID-19 is confirmed in a child or staff member:

- Follow Department of Health/Local Public Health Recommendations.
- Communicate with those that have known exposure to the person during their contagious period (48 hours before symptomatic or 48 hours before date of test for asymptomatic people).
- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover classes in the event of increased staff absences. Reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.

Assess Group Gatherings and Events

- Follow current guidelines about gatherings and events.

Social Distancing Strategies/Cohort Strategies

- When possible, classes will include the same group each day, and the same teachers will remain with the same group each day (unless a sub is necessary).
- Special events, such as family fun nights or special performances, should be postponed or held virtually when possible.
- Alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as music and gym.
 - If possible, at nap time, ensure that children's naptime mats are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

Clean and Disinfect

Intensify cleaning and disinfection efforts:

- Classroom floors are cleaned nightly by facilities staff.
- Hallways and Common areas are fogged with disinfectant once a week (on the weekends).
- Regularly clean objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, and mailbox cubbies.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in mouths or that are otherwise contaminated by body secretions 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. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all.
- Do not share toys with other groups unless they are washed and sanitized before being moved from one group to the other.
- 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.

Healthy Hand Hygiene Behavior

- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food
 - Before and after administering medication or medical ointment
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After playing outdoors or in sand
 - Whenever children enter/exit the classroom
 - Before/after using the sensory table
 - After handling garbage