



## **Guidance for Creating Healthy and Safe Center Environments During the COVID-19 Pandemic**

*All policies, procedures, and best practices are aligned with what we know about the developmental needs and abilities of young children and are based on guidance from the Center of Disease Control (CDC), the American Academy of Pediatrics (AAP), the Office of Head Start (OHS), and State and Local licensing regulations.*

## 1. Introduction

Throughout our response to the COVID-19 pandemic, our mission has remained our north star. This guide is designed to help us *pursue our mission* by providing effective, developmentally appropriate education and care to children six weeks to five years old *while reducing* health and safety risks posed by COVID-19 as much as possible. We know that children may need to be in close contact with their teachers as well as their classmates in order to develop and learn.

## 2. Before Center Reopening

### Equipment and Supplies

Prior to reopening, a center must have access to adequate safety and sanitation equipment and supplies to ensure consistent safe operation. Ensure you have the following ready prior to reopening:

- ☐ Cloth masks for staff and children 2 years old and over
- ☐ Gloves for staff conducting health screenings, diapering, sanitizing, etc.
- ☐ Thermometers for health screenings
- ☐ EPA approved disinfectants or bleach
- ☐ Hand sanitizer
- ☐ Soap
- ☐ Buckets/laundry bins for quick removal of items that have been mouthed or dirtied in each classroom
- ☐ Smocks for teachers
- ☐ Tissues
- ☐ Additional personal protective equipment if required by licensing (e.g. shoe coverings)
- ☐ Laundering supplies for bedding, cloth masks, smocks, etc.
- ☐ Children singing Happy Birthday song two times to promote hand washing for at least 20 seconds
- ☐ Markers for social distancing (if using) (e.g., cones, stickers, tape, etc.,)

### Classroom and Center Set-Up

Classrooms and centers must be walked through (after professional/district sanitation has been completed) prior to reopening to ensure the following have been accounted for:

- ☐ There is a designated space for children or staff to go that is separate from others if they begin to feel sick during the program day.
- ☐ Classrooms have been arranged to maximize space available to children and include a variety of small, clearly defined learning areas (naturally limiting the number of children likely to gather in one area).

- ☐ Items that cannot be easily disinfected have been removed from the classroom (i.e., pillows without removable covers, play dough, etc.).
- ☐ Water and sensory tables for use by more than one child at a time have been removed from the classroom.
- ☐ Bins with soap and water for quick removal of mouthed or dirtied items.
- ☐ Cribs have been arranged as far apart as feasible, but away from cords, drapes, blinds, etc. and a plan has been identified for placing cots as far apart as feasible for nap time.
- ☐ Common areas that will no longer be in use (i.e. excess office space, communal break rooms that aren't being used, etc.) are closed and clear signage is posted indicating closure.
- ☐ Drop-off/Pick-up locations have been identified and markers for social distancing reminders placed.
- ☐ Hand sanitizer is placed at high traffic areas (i.e. entrances, lobby desks, etc.)

### Training

Before reopening, all staff must be trained in updated health, safety, and programmatic changes that are in place due to COVID-19.

### Center Postings

See *Exterior and Interior Center Postings* in the appendix for links to postings.

<b>Mandatory</b>	<b>Best Practice</b>
<ul style="list-style-type: none"> <li>- Hand washing signs demonstrating proper hand hygiene must be posted by every sink</li> <li>- Sign on the exterior of the center alerting visitors and persons non-</li> </ul>	<ul style="list-style-type: none"> <li>- Signs reminding parents to remain 6 feet apart when dropping off and picking up children</li> <li>- Signs throughout the center as appropriate reminding staff and</li> </ul>
<p>essential to center operation that they may not enter the premises</p> <ul style="list-style-type: none"> <li>- Sign on the exterior of the center that indicates a cloth face covering must be worn upon entry</li> <li>- Sign with visual representation of COVID-19 symptoms to use during health and symptom screenings</li> <li>- Signs indicating room closures on any areas of the center that will no longer be used by staff.</li> </ul>	<p>children to cover coughs/sneezes, practice frequent hand washing, and for staff to wear cloth face coverings</p>

### 3. Social Distancing

#### Events/Meetings

All gatherings, events, and meetings of 10 people or more are prohibited and must be cancelled or held virtually.

#### Staff Social Distancing

Staff should to the greatest extent possible, maintain 6 feet of distance between each other. Staff who do not work in the same classroom should maintain 6 feet of distance at all times (including hallways, bathrooms and break rooms). Staff assigned to work in the same classroom together should remain aware of their proximity to each other, avoid close contact (e.g., high fives, hugs, etc), and whenever practical, maintain 6 feet of distance ensuring this effort does not unnecessarily disrupt the flow of the classroom daily routines or interrupt meaningful interactions with children.

Educational Leads/ Assistants should work with their teaching staff, Deputy Directors, Education Program Manager and ELIS to understand and practice ways to stay healthy and safe in their classroom, particularly as they interact with other staff and children.

#### Office Social Distancing

<b>Mandatory</b>	<b>Best Practices</b>
<ul style="list-style-type: none"><li>- Prohibit in-person gatherings of 10 or more people.</li><li>- Ensure frequent disinfection of desks, workstations, and high-contact surfaces.</li><li>- Cancel/postpone in-person events when special distancing guidelines cannot be met.</li></ul>	<ul style="list-style-type: none"><li>- Redesign/space workstations to ensure 6 feet or more of distance.</li><li>- Redesign meeting rooms for small gathering/meeting where social distancing can be met.</li><li>- Have availability of at least 3 weeks of cleaning supplies.</li><li>- Provide hand sanitizer.</li></ul>

#### Classroom Social Distancing

To the greatest extent possible, classes should include the same group each day, and the same staff should remain with the same group each day. Siblings should be placed in classrooms together whenever possible (i.e., close enough in age).

Additionally, to the greatest extent possible, classrooms, gross motor rooms, and bathrooms should not be shared amongst groups. If bathrooms or gross motor rooms must be shared, they should be sanitized (including all toys) between each group's use.

#### Interactions with Families

Families must be informed that staff will be maintaining 6 feet of distance and we ask that families do the same at drop-off and pick-up.

#### Visitors

No non-essential staff or visitors should be permitted on-site, including parent volunteers. Food/supply deliveries and delegate leadership are essential.

### **4. Personal Protective Equipment (PPE)**

#### Children & Cloth Face Coverings

All children ages 2 and up will be provided a disposable mask to wear, as feasible, while in the center. Masks should not be worn during gross motor activity, during nap time, or meal time. If children do not want to wear a mask, struggle with keeping a mask on, repeatedly touch the mask, etc., the mask should be removed and the child allowed to continue their educational day without a mask on. Staff may make these decisions as appropriate.

Disposable face coverings must never be placed on children under age 2, children with asthma or other respiratory conditions, children who cannot safely wear a mask due to a disability or for medical, developmental or behavioral reasons as specified by parent/guardian and/or physician, and anyone who has trouble breathing, or would be otherwise unable to remove the mask without assistance. If a child falls unconscious or becomes incapacitated, their face covering should be removed immediately while emergency services are called. Lists will be created by the Health Specialist and will be confidentially placed in the classroom so that staff are aware of the children who should not wear a face covering.

#### Staff or Any On-Site Personnel & Cloth Face Coverings

All staff or anyone who is on-site at a center must wear a cloth/disposable face covering when within 6 feet of another individual. This is for the safety of yourself and others in the center. UAMS will provide all staff with cloth face coverings, however, staff can bring face coverings/masks from home, but they must be washed on a daily basis prior to use.

Cloth/disposable face coverings must not be worn by anyone who has trouble breathing, or is otherwise unable to remove the mask without assistance. If anyone falls unconscious or becomes incapacitated, their face covering should be removed while emergency services are called.

#### Gloves

Staff must wash their hands and then wear gloves prior to conducting health screenings, cleaning/sanitizing, diapering/toileting, preparing food, laundering, and/or if coming into contact with bodily fluid. Remove and dispose of gloves, and wash hands immediately after completing the task.

#### Smocks

Staff should wear smocks over their clothing to protect their clothing from a child's secretions. If smocks are not available, large long sleeve button down shirts are recommended. An extra supply of smocks or large shirts should be available so that staff can swap for a clean one if necessary throughout the day. Disposable gowns will be available for staff use as well.

#### Laundering

Please see Laundering Procedure attached

### **5. Child Drop-Off and Pick-Up**

#### Location

Parents should drop-off and pick-up their children outside of the front entrance of the center in their cars. Staff will meet parents at the front of the building to bring children inside. During pick-up time, staff will notify classrooms that a parent has arrived and staff will bring that child to the front door. All children will be screened, prior to entering into the centers each day by having their temperature taken and parents will complete the health questionnaire.

#### Sign-In/Sign-Out Protocols

Parents must complete the CCDF Authorized Sign-In Representative Form before the child is allowed into the building on their first day. UAMS Staff will complete electronic sign-in and sign-out via the ChildPlus Attendance App in the presence of the parent/guardian using an iPad. In the event that internet is not available outside of each site, paper records can be used. Staff will still sign children in and out of the program.

### Staggered Scheduling

Drop-off and pick-up times must be staggered to the greatest extent possible. This will help to reduce crowding of families and expedite health screening protocols. Each site will determine staggered drop-off and pick-up times that work for them. Staggered drop-off must end by 8:45am and pick-up cannot begin until 2:00pm, with the exception of Fridays where pick-up can begin at noon. Staggered drop-off and pick-up plans must be submitted by Ed. Leads to Deputy Directors no later than 8/31/20. Deputy Directors must approve each site's plan.

### Personnel

#### *Families:*

As feasible, it is recommended that the same person, who is not vulnerable or at high risk, drop-off and pick-up their child every day.

#### *Staff:*

For all options, staff/child ratios must be maintained. Ed. Leads must designate staff by name who will do health checks, sign-in/out and escort children to their classrooms using any of the three options below.

Option A	Option B	Option B
-The same staff who will be with children during the day (i.e. teacher, assistant teacher, floater) will facilitate escorting children from the drop-off location to the classroom and from the classroom to the pick-up location.	-Have designated escorts (i.e. floaters) to facilitate escorting children from the drop-off location to the classroom and from the classroom to the pick-up location.	-Teaching staff can "tag team" facilitating escorting children from the drop-off location to the classroom and from the classroom to the pick-up location.

### Social Distancing

During drop-off and pick-up, remind parents to keep 6 feet of distance between each other and staff members. Stickers, cones, or other markers, are recommended to help remind families to keep social distance while waiting to drop-off or pick-up their children. Remind families that staff will not be shaking hands, hugging, etc. The program should ensure that children's emergency contacts are updated when reopening.

### Hand Hygiene Reminder

All children, families, staff, or anyone entering a center, must wash their hands upon entry. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children's reach and supervise use at all times. Sanitizing should only be used if hands are not visibly dirty. See Healthy Hand Hygiene below for more information on hand washing.

## **6. Cleaning and Disinfecting**

## Who, When, What, and How to Clean and Disinfect & Monitor

### *Who:*

Teaching team responsible for daily classroom cleaning and sanitation with support of the floater who is assigned to classroom(s). Nightly cleaning crews will still be in place to conduct regular cleaning of centers.

### *When:*

Beginning and end of the day, before and after meal times (tables), any time anything has been placed in a child's mouth or otherwise soiled\*, in between different group or individual use, and as frequently as possible.

*\* Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside in a bucket (ideally filled with soap and water and out of reach of children) or a laundry basket until they are cleaned by hand by a person wearing gloves or laundered.*

### *What:*

High-touch surfaces, which include: tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Shared spaces/items, which include: refrigerators, microwaves etc. Close water coolers and drinking fountains and place signs.

Classroom items, which include: toys, sleeping areas, food tables, furniture, etc.

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.

Vacuum carpet area daily and sprayed with disinfectant at the end of each day.

### *How:*

Wear disposable gloves to clean and disinfect.

#### *Clean:*

Clean surfaces using soap and water, then use disinfectant. Cleaning with soap and water reduces the number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces. Practice routine cleaning of frequently touched surfaces.

- More frequent cleaning and disinfection may be required based on level of use.



Clean toys by placing them into a bin in the classroom, ideally filled with water and soap. When able, rinse the toys, 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 infant toys, play food, dishes, and utensils.

#### Disinfect:

Spray surface until wet with **Clorox Hydrogen Peroxide Disinfectant** for a minimum of 1 minute and wipe dry with a disposable paper towel. After the required 1 minute rinse surface with a spray bottle of clear water and wipe dry with paper towel.

#### Cleaning Storage

As a reminder, **all cleaning materials must 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.**

#### Cleaning Outdoor Playgrounds

Outdoor playgrounds generally require normal routine cleaning, but do not require disinfection.

- Do not spray disinfectant on outdoor playground equipment- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19.
- High-touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned using soap and water.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

Sidewalks and roads should not be disinfected.

- Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

#### Educational Leads/Assistants Monitoring

Education Leads will conduct a daily inspection of the facility using the *Daily Maintenance Report* and document any concerns. *Work Orders* are generated from these concerns and placed, by the Education leads, in *Child Plus* under the *Work Order Tab*. Child Plus is checked daily by the Maintenance, Property and Transportation Manager, who assigns work orders and supplies requests to designated maintenance staff.

#### Playground and Outdoor Safety Daily Checklist

Playground and Outdoor Safety Daily Checklist must still be completed everyday. An additional compliance item has been added to ensure the playground has been cleaned each morning before use by children. Please utilize the playground and gross motor checklist.

#### Vehicles

The same staff member should utilize the same vehicle and the employee should wipe down door handles, steering wheel, or other places in the vehicle they will come in contact with before and after using the vehicle utilizing pre-mixed bleach and water solution or EPA-approved disinfectant. When cleaning a vehicle, staff should wear gloves.

For soft (porous) surfaces such as carpeted floor, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

## 7. Staffing & Ration

### Group Size

Head Start: Maximum group size per classroom is 10 (including staff).

Early Head Start: Maximum group size per classroom 6-8 (including staff)

To the greatest extent possible, classes must include the same group each day, and the same staff should remain with the same group each day. Siblings should be placed in classrooms together whenever possible (i.e., close enough in age).

### Floaters

In order to give teachers necessary breaks, floaters should still be used at centers.

Option A	Option B
If staffing allows, one floater is assigned to one classroom.	If staffing does not allow for one floater to be assigned to one classroom, please work with your Deputy Director to develop an alternative plan.

### Scheduling

Do not mix classroom groups. This includes staggering playground and bathroom times and keeping groups separate for special activities, such as art and music.

To reduce risk of spreading germs, only one classroom will be permitted to use outdoor gross motor space each day unless space is sufficiently large and clearly divided into separate areas (Refer to Cleaning Outdoor Playgrounds above). Playgrounds will be cleaned each morning by a center designee, and document on Playground Checklist. In centers where bathrooms are shared, protocols must be in place to sanitize toilets and sinks after each use.

### Non-Teaching Staff On-Site

Central Office and Leadership will be assigned to “home” centers to provide effective support and oversight, as needed.

## 8. Meals

Although family style meal service is suspended during this time, teachers will be provided meals and are expected to model for children. Until Family Style Dining can resume fully all components will be sent to the classroom family style. The teacher will be the only person who will touch the serving utensils and will serve all children at the table.

- All components will be served in family style dishes
- The kitchen staff will not enter the classroom and contact with staff and children should be

- minimal
- The teacher will serve the children
- No child should handle any of the serving utensils or dishes

#### Food Delivery to the Classroom from the Kitchen

- Kitchen staff will wear a mask and clean gloves during food delivery-
- All serving utensils must be delivered to the classroom in a sanitary manner. Acceptable practices include: Ziplock bags or placed in a clean bowl or basket. If items are placed in a bowl, the bowl must be wrapped in plastic.
- All plates, cups, and utensils are to be disposable and should be delivered to the classroom at the time of meal service along with the food.
- All items will be served in family-style containers, placed on a cart, and rolled to the classroom.

#### Meal Service

Traditional family-style dining is prohibited during high transmission times. The following must be followed when feeding children:

- Food will be delivered to the classroom on a cart and left outside the door.
- Kitchen staff will notify teachers that the food is ready to be served.
- The teacher will retrieve the cart and roll into the classroom.
- All items will be placed on a sanitary, designated spot for service (areas will be center specific).
- Teachers will wash their hands and put on clean gloves.
- Teachers will wear gloves while preparing plates for all children.
- Each child must receive a full serving of each menu item, including milk.
- Teachers should use the correct serving utensil for each item and reference the serving size on the menu.
- After meal service is completed, all used items and discarded food will be placed in a trash bag, tied.
- Kitchen staff will sanitize the cart.

#### Special Diet Meal Service

- Staff will prepare the special diet item as usual.
- The child's name must be clearly written on all special diet items.
- Place on the food delivery cart with the other foods to be delivered to the classroom.
- Teaching staff is responsible for face to face identifying children with a special diet at the table.

#### Infant Meal Service

Maintain systems and documentation that provide compliance with our current policies and procedures for infant feedings.

#### Staff Meals/Lunches

- Limit any sharing of foods, tools, equipment, or supplies.

- Use disposable food service items (e.g., utensils, dishes, etc.)
- No on site food delivery (e.g., DoorDash, Uber Eats, etc.)
- UAMS encourages employees to bring their own food, packaged in small personal containers.
- Open “spreads” of food for general consumption will not be allowed. This means no food sharing and potluck-style lunches.
- Any food brought on-site for meetings will need to be pre-packaged or individually packaged meals (i.e., box lunches).
- Vending machines (as applicable) will not be restocked during this time.

## **9. Vendor Drop-off**

### UAMS Staff Food Deliveries

- Because UAMS Staff will have been screened at their main workplace prior to arriving with your food, you do not have to re-screen them.
- Skip to procedures to allow entry

### Outside Vendor Food Deliveries

- All food vendors must check-in with UAMS staff in charge of temperature checks and entry approval
- The temperature must be taken by UAMS Staff, prior to the vendor entering the center
- Once cleared the vendor can then follow delivery procedures listed below

### Procedures for Center Entry

- Hands must be sanitized prior to entry – if handwashing is not available at the entry
- Mask must be worn prior to entry

### Interactions with Vendors by Staff

- UAMS Staff must wear face coverings during all interactions with outside vendors
- Follow proper handwashing procedures after signing or receiving any documentation from vendors
- Avoid direct handoff if possible - anything that needs to be signed, should be placed on a table or surface, allow the vendor to back 6 feet away and then pick up and sign
- Maintain social distancing with the vendor to the extent possible
- Wash hands and sanitize all surfaces the vendor came in contact with once the delivery is complete

## **10. Health and Symptom Checks**

### Children - Daily Child Health Symptoms Check (Arrival)

UAMS is committed to completing daily health symptom checks for all students upon entry to maintain a safe environment. It is our goal to complete these in a way that limits interruptions to instructional time and respects our partnership with families. Daily Child Health-Checks will be completed by a consistent team of trained individuals, assigned to a regular schedule/rotation, as coordinated by the Education Lead that allows for children, families and staff to become familiar with one another and limit cross group interaction.

There are three primary components of Daily Child Health Symptom Checks as outlined below:

1. Non-contact temperature check- Temperature screen for elevated temperature.
  - Result in forehead temperature screening of less than 100.4 F (CDC)
  - Use non-contact forehead thermometer
  - Screeners wear a face covering, gowns and gloves at all times
  - Ensure access to hand washing or sanitizing and disinfectant
  - Sanitize or wash hands and equipment between screenings, if any contact was made
  - Follow manufacturer's instructions for completing screenings for advised screening distance and use of equipment for accurate testing
2. While observing the child for any visible symptoms COVID-19 and MIS-C (visible noted with\* below), ask the parent/guardian to confirm any of the following symptoms in their child:

COVID-19

- Fever (100.4 F) or greater
- Cough (be aware of children with asthma and seasonal allergies)
- Difficulty breathing\*
- Sore throat
- Chills; repeated shaking with chills\*
- Muscle pain
- Headache
- New loss of taste or smell

MIS-C

- Fever (100.4 F) or greater
- Abdominal pain, neck pain
- Vomiting
- Diarrhea (typical)
- Swollen or new rash (not eczema or dermatitis)\*
- Bloodshot eyes\*
- Feeling extra lethargic
- Swollen hands or feet\*

3. Medication and Exposure Check
  - Any medication given in the past 24 hours?
    - If yes, what kind? Alert for fever-reducing medications (Motrin, Tylenol). Asthma medications.
    - Confirm symptoms/reason for giving medication
    - Note on Screening Form (to be developed)
  - The following additional questions will be asked daily during the daily health check prior to child entry to the building:
    - Does your child have a new onset cough?
    - Does your child have a sore throat?

- Does your child have shortness of breath?
- Has your child had a fever greater than 100.4 F or chills in the last 24 hours?
- Does your child have a new onset muscle ache, not explained by exercise or activity?  
Does your child have loss of taste or smell?
- Has your child traveled outside of Arkansas in the last 14 days?
- In the last 14 days, has your child been in direct contact with someone who is confirmed to have Covid-19?
- Has your child been tested for Covid-19 in the last 30 days?

#### Documentation

Documentation from medical provider is required if the child was not allowed to enter the building at morning daily health check or was sent home sick from school before they can return.

After the Child Daily Health Check, children will be escorted by a staff member into the center to wash their hands (or supervised use of hand sanitizer) prior to entering the classroom.

#### Return to School after Exclusion

Return to school requirements after being sent home or excluded due to symptoms or exposure, reflect local health department and child care licensing. These requirements will be clearly communicated and documented using the provided Health Screening Symptom Send Home Notice.

#### Staff and Public Screening and Symptom Checks

All adults must complete a temperature and symptom check upon entering the center. Staff information will be captured on an Employee Screening Form. Any staff with a temperature of 100.4°F or more, or symptoms of COVID-19, must leave the center immediately. See *Exclusion Policies* below for more information.

## 11. Healthy Hand Hygiene

### Hand Washing & Hygiene

Proper handwashing practices must be emphasized with children and procedures (i.e., wash with soap and water for 20 seconds) posted next to every changing table and every sink in the center. Singing Happy Birthday song two times should be used to ensure 20 seconds of handwashing. As a reminder, all persons (staff, volunteers, children) must wash their hands at the following times:

- When entering a center
- When entering a classroom
- Before and after putting on a face mask
- Before putting on gloves and immediately after removing them
- Before and after giving/taking medication
- Before and after bandaging or treating a wound, or receiving such treatment
- After playing in water used by more than one person
- Before and after food preparation, handling, consumption, or any food-related activity
- Before and after diapering and toilet use, and assisting with toilet use
- After handling bodily fluids (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores
- After handling pets or other animals
- After cleaning or handling the garbage
- After playing in sandboxes
- When returning from outside

Staff should avoid touching eyes, nose, and mouth and support children in learning about this healthy practice while helping them put it into practice through positive means (e.g singing a song to remind children to avoid touching their face, reading stories about it, and engaging in conversations about how to stay healthy).

### Hand Sanitizer

If hand washing stations are not available, provide hand sanitizer with at least 60% alcohol in high-traffic areas (i.e., entrances, lobby, break rooms, etc.). Keep hand sanitizer out of children's reach and supervise use at all times. Sanitizing should only be used if hands are not visibly dirty.

## 12. Tooth brushing

Tooth brushing is temporarily restricted at the center. Families will be encouraged to brush their child's teeth prior to arriving at school.

## 13. Exclusion Policies, COVID-19 Symptom Identification, and Sick Protocols

### Children

Children who are ill should not come to school. Parents and guardians are expected to notify the center if their child(ren) becomes sick with COVID-19 symptoms, tests positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.

In addition to the existing list of excludable symptoms and illnesses stated by local child care licensing, children who display any of the following symptoms should be sent home:

- COVID-19: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell
- Multisystem inflammatory syndrome in children: fever, abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, feeling extra tired

Guidance for re-admittance after being sent home due to illness greatly depends on local licensing and health department regulations. Specific guidance for the family will be provided by UAMS Infection Control.

#### Emergency Illness in Children

UAMS will seek emergency medical services should a child display any of the following emergency warning signs of MIS-C or other concerning signs:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain

Children with COVID-19 or MIS-C symptoms at school will be immediately separated from other children and staff in a separate room, with one designated staff member to monitor the child's condition. This may be an unused classroom or any other licensed room that is the designated sick room for children should be isolated. The sick child will be cared for by a designee who will monitor the child and their symptoms. The staff will wear the following PPE: gloves, mask, a smock and gown. The child's parent/guardian will be called and advised to go home or to a healthcare facility depending on how severe their symptoms are. To ensure the health and safety of the child and other individuals in the building, the parent or guardian is required to pick up their child within one hour of notice. Should the family not answer, or is unable to pick up their child within the hour, emergency contacts will be called to pick up the child. A staff member will call 911 immediately if a child displays life-threatening symptoms, as noted above.

#### Staff

Staff must immediately leave a center and must notify their manager and Employee Health if they:

- Have any symptoms of COVID-19 including: cough, shortness of breath or difficulty breathing, fever of 100.4°F or more, chills, muscle pain, sore throat, loss of taste or smell (that are NOT attributable to a previously diagnosed health condition)
- Have tested positive for COVID-19
- Have been in close contact (within 6 feet) with someone who has a (laboratory-confirmed) COVID-19 diagnosis in the past 14 days



Staff may not return to work until they receive clearance through Employee Health.

If an employee has an underlying health condition or other concern that may require an accommodation, they should contact Human Resources.

These requirements follow the CDC's guidance which helps protect the public by preventing exposure to people who have or may have a contagious disease. Isolation and quarantine are defined as:

- Isolation separates sick people with a contagious disease from people who are not sick.
- Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

#### COVID-19 Testing

Any child or staff member who has symptoms of COVID-19 or has come into close contact with someone who has tested positive for COVID-19 will not be able to return until a medical provider has cleared the individual.

#### **14. Child Medication - Nebulizers**

Experts suggest using inhalers for asthma symptoms instead of nebulizers when possible during the COVID-19 crisis. Nebulizers create a mist and if someone with COVID-19 uses a nebulizer, the mist could carry the virus to others. Currently enrolled, returning families of children who receive nebulizer treatments will be advised to talk to their child's medical provider about whether the child should switch to an inhaler prior to returning. New children entering the program are encouraged to bring in an asthma inhaler vs. a nebulizer medication if advised by the child's physician. If a child requires a nebulizer, instead of an inhaler per physician's orders, staff will minimize exposure by limiting the number of other people in the room, opening a window, or administering the nebulizer outside for better air circulation. The program will supply sufficient replacement for nebulizer filters (replaced monthly), masks and tubing.

#### **15. Communicating with Families**

The program will continue to use a variety of platforms to communicate with parents and guardians including ChildPlus, Facebook, Twitter, TSG Distance Learning, text message, phone call, letter, etc. As the pandemic continues to evolve and UAMS continues to monitor and adjust as a result, Families can expect communication from the program regarding safety precautions, updates to protocols and policies, potential exposure, center closings, and all other matters.

To ensure the program can safely reach the family in the event of an emergency, UAMS staff will ask for an updated emergency contact number each day during drop-off.

#### **Center Health and Safety Plan**

Please use the Health and Safety template to complete your detailed Center Health and Safety Plan.

## Sample - Center Leadership Walkthrough Checklist

### Exterior

Item	Yes/No	Where/Any next steps?
Identify drop-off (consider health screenings) and pick-up locations		
Signs are posted to remind parents to social distance (or stickers/markers placed on the ground)		
Signs are posted indicating that non-essential visitors will not be permitted inside of the center		

### Interior- Common Areas/Bathrooms

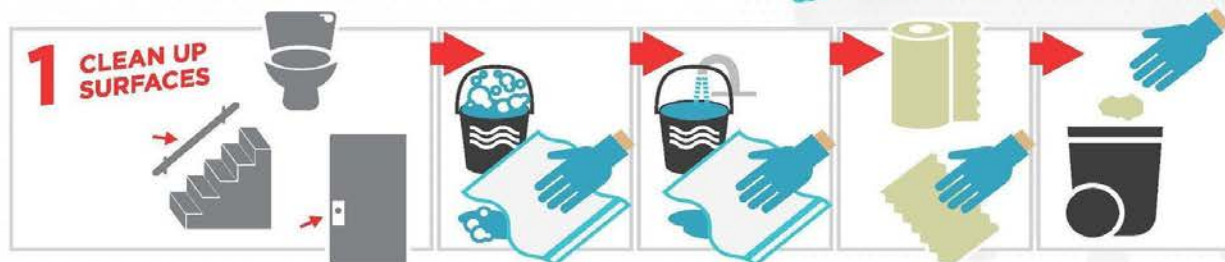
Item	Yes/No	Where/Any next steps?
Identify designated space for children and/or staff to go that is separate from others if they begin to feel sick		
Common areas that will no longer be in use (i.e. excess office space, communal break rooms that aren't being used, etc.) are closed		
Hand sanitizer is placed at high traffic areas		
Signs are posted to remind children and staff of health		
respiratory practices (i.e., covering coughs and sneezes)		

### Interior- Classrooms

Item	Yes/No	Where/Any next steps?
Items that cannot be easily disinfected have been removed from the classroom (i.e., pillows without removable covers, play dough, etc.,).		
Water and sensory tables for use by more than one child at a time have been removed from the classroom		
Bins with soap and water are in each classroom for quick removal of mouthed or soiled items		
<b>EHS:</b> Cribs have been arranged as far apart as feasible, but away from cords, drapes, blinds, etc.		

# Help Prevent the Spread of **COVID-19\*** ("novel coronavirus")

Clean surfaces that  
are touched a lot.



Disinfecting products must be EPA-registered. Always read and follow manufacturer's directions.

**\*COVID-19 is caused by the SARS-CoV-2 virus**

For more information on COVID-19 prevention, please see  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Posters are available for download at [www.waterandhealth.org/resources/posters](http://www.waterandhealth.org/resources/posters)

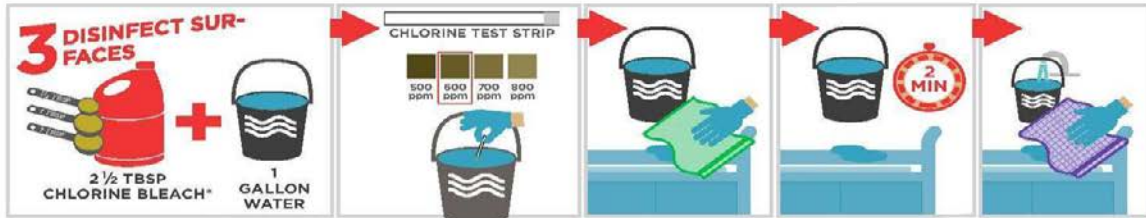
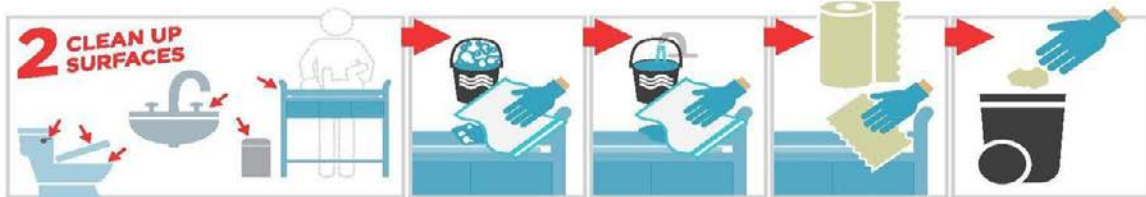


100-1001

# Routine Disinfection of Surfaces in CHILDCARE ENVIRONMENTS



Use a new cloth or paper towel for each surface.



Disinfecting products must be EPA-registered, Always read and follow manufacturer's directions.

Scientific experts from the U.S. Centers for Disease Control and Prevention and the U.S. Food and Drug Administration helped to develop this poster.

Posters are available for download at [www.waterandhealth.org/resources/posters](http://www.waterandhealth.org/resources/posters)



2019

**Interior Center Postings**

[Symptoms of Coronavirus](#)

[Hand washing](#)

[Stop the Spread of Germs](#)

[Safely Wear Face Coverings](#)

[Safe and Healthy Diapering](#)

**Sample Sanitation Reminder Posters-** Linked here:

<https://waterandhealth.org/resources/posters/#COVID->