

2021

Kid's Corps, Inc. COVID-19 Mitigation Plan



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COVID Awareness and Prevention

The Family Services and Health Manager or designee will monitor the Municipality of Anchorage Covid-19 webpage and the CDC Covid-19 webpage daily to stay informed about any new mandates, recommendations or changes in community transmission rates.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://covid-response-moa-muniorg.hub.arcgis.com/>

Know how it Spreads

- There is a vaccine just beginning to be distributed to prevent coronavirus disease 2019 (COVID-19). There is not enough data to know how long the vaccine provides immunity.
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Know who is at Higher Risk

People of any age with certain underlying medical conditions could be at higher risk for serious illness and complications related to COVID-19. People of any age with cancer, chronic kidney disease, COPD, weakened immune system from a solid organ transplant, obesity defined as a body mass index greater than 30, serious heart conditions such as heart failure, coronary artery disease, or cardiomyopathies, sickle cell disease, or type 2 diabetes mellitus.

Based on what the CDC knows at this time, people with the following diseases might be at an increased risk for severe illness from COVID19. People of any age with moderate to severe asthma, cerebrovascular disease, cystic fibrosis, hypertension or high blood pressure, weakened immune systems from bone or bone marrow transplant, immune deficiencies, neurologic conditions such as dementia, liver disease, pregnancy, pulmonary fibrosis, smoking, thalassemia, and type 1 diabetes mellitus.

Any staff person who thinks they may fall into the definition of a vulnerable population should speak with a health care provider to assess their risk and determine their need to stay home. Staff can also contact the HR Manager with concerns, questions, and to explore possible workplace accommodations.

Coronavirus Disease 2019 Centers for Disease Control and Prevention 08/21/2020 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Prevent the Spread and Infection of COVID19

- Clean hands often
Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.

- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact
 - Avoid close contact with people who are sick.
 - Stay at home as much as possible.
 - Put distance between yourself and other people.
 - Remember that some people without symptoms may be able to spread virus.
 - This is especially important for people who are at higher risk of getting very sick.
- Cover your mouth and nose with a cloth face cover when around others
 - You could spread COVID-19 to others even if you do not feel sick.
 - Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - Cloth face coverings should **not** be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - The cloth face cover is meant to protect other people in case you are infected.
 - Do not use a facemask meant for a healthcare worker.
 - Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- Clean & disinfect
 - Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
 - If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection

What is COVID 19 video link:

<https://www.youtube.com/watch?v=DCdxsnRF1Fk>

Call Out Procedures

Due to heightened procedures around illness, we encourage staff to play it safe in regards to their health. If you do not feel well, you should stay home. If unable to report to work for any reason, you must notify your supervisor as soon as possible, at least one hour prior to your scheduled start time. The more notice the better. KCI needs as much time as possible to ensure adequate staffing for classroom services. No one will be penalized for calling out sick. If you are absent for three or more days, KCI may require a doctor's note for you to return to work.

If you are experiencing any symptoms of illness you cannot report to work on site.

Symptoms include but are not limited to:

- Fever defined as greater than 100.3 degrees Fahrenheit
- Cough or trouble breathing
- Runny nose
- Sore throat

- Muscle aches

Additionally, if a you or anyone in your household is seeking a COVID-19 test due to current or resolved symptoms, you are not allowed to work onsite until negative test results are received.

If you are ill or experiencing symptoms of illness, or unable to come in to work for any reason, notify your supervisor as soon as possible, at the minimum, one hour prior to the start of your shift.

Planned Leave Expectations

In order to minimize disruption of services, employees must give their supervisors as much notice as possible when requesting planned leave. Managers must approve any planned leave request that is three days in length or more.

Notice of Travel out of State

Staff who are planning to travel out of state must inform their supervisors giving as much notice as possible to minimize disruption of services.

According to the Center for Disease Control, travel increases your chance of getting and spreading COVID19. KCI's policy on travel aligns with CDC recommendations. If the staff person travelled outside of Alaska, the staff person cannot report to work on site until they have received negative test results (from a test taken at least 72 hours after returning to Alaska) and it has been over 7 days since their return to the state. Staff who opt not to test must stay off site for 10 full days after returning to the state. Staff who are fully vaccinated are exempt from the testing and quarantine requirements to return to work. The requirement to be off work for an extended period of time-should be considered when planning to travel.

Notice of COVID19 Exposure

Staff who have been in direct contact with someone who has been diagnosed with COVID19 must notify their supervisor as soon as possible. KCI requires staff to stay off site for 10 days from their last exposure. Staff may return to work on the 11th day after exposure, but must continue to monitor for symptoms until 14 days past exposure. Staff have the option of seeking a COVID test 6 or 7 days after exposure. If the results come back negative the staff may return to work on-site 8 days after exposure, but must continue to monitor for symptoms until day 14. Supervisors must report staff (and staff household) exposures to the supervising manager and HR manager the day they are informed. Fully vaccinated staff are exempt from the quarantine requirement and are permitted to work as long as they are symptom free.

Designated Workspaces

Each center should have the following when employees and/or children are present:

1. Poster from the Department of Health outlining COVID-19 symptoms and hygiene practices placed in the front area or on the front door visible to everyone
2. Disinfectant wipes
3. Bleach and spray bottles with instructions on how to make disinfectant bleach solution
4. No touch trash receptacles

5. Non latex gloves
6. Disposable gowns are kept in the Health & Nutrition Coordinators office and in the center director's office at Mt. View, Ridgeline, and Muldoon for staff who assist ill children.

Each site will have a designated office/work space for each staff person. Every office and workspace will be equipped with cleaning and disinfectant that will be used to clean any items, other than clothing, taken into the center and for disinfecting, as policies require.

Staff are required to keep a change of clothes on site at all times in case they need to change out of potentially contaminated clothing. This extra change of clothing should be used when mucus or other bodily fluid may have been spread to their clothes. Staff should also change clothing after assisting with an ill child.

Staff Work Space Requirements:

Staff must wear masks when in the classroom or walking through the building. Staff may remove their masks while sitting at their designated office/work space but must wear a mask when another person enters their office. Children are not allowed in offices or work spaces.

Physical distancing guidelines (remaining 6 feet or more apart from other staff) must be followed to the extent possible at all times in staff work spaces. Eating should be done alone in an office or before or after a scheduled shift. If someone is eating in their office space, give them time to finish before entering.

Fully vaccinated staff sharing an assigned office (not a shared workspace) may be approved by the HRM to follow the updated version of [municipal Emergency Order-13](#) which states that “fully vaccinated employees working in a separate room from the public and unvaccinated coworkers” may be exempt from the current mask mandate. It further states that “employers wishing to utilize this exception must verify their employee’s vaccination status.” To obtain approval for this exception, staff must voluntarily provide documentation of being fully vaccinated for COVID-19 to the HRM for review. The HRM will notify the involved staff if their request is approved or denied. If approved, the staff assigned to the shared office will be allowed to remove their mask while working in their assigned office. The approved staff will be required to wear a mask if they leave their office or if a person other than their approved office-mate enters the office.

At the end of each program day, all hard surfaces in offices and workspaces will need to be cleaned and sanitized according to the guidelines outlined.

Reporting to Work and Leaving Work Procedures

Shift Start Steps:

1. Ensure you are symptom free and that you have your mask before reporting to work.
 - Take your temperature every morning before coming in to work. If over 100.3 degrees Fahrenheit, do not come in. Call your supervisor to inform them of your fever.

- If you have any symptoms such as cough, trouble breathing, runny nose, sore throat, or muscle aches do not come in. Call your supervisor to inform them of your symptoms.
2. Complete your health screening
 - Complete a self-screening using the pre work screen app <https://preworkscreen.com/>
 - Upon arrival at the center, show the passed the screening checkmark in the app to the designated person at the center (front desk staff at East, CD at other centers).
 3. Immediately go to wash your hands upon entering the building.
 4. Go directly to your assigned workspace to put your belongings away and then report to your classroom.
 5. If an opener, make the sanitizing bleach solution for the center.
 6. Office staff report to your assigned workspace/office.
 7. Minimize the amount of time you walk around center.
 8. Only leave your workspace when necessary.

Shift End Steps:

1. Use a disinfectant wipe or bleach solution to wipe down all items you have used such as desk, tables, phone, doorknobs, keyboards, pens, and any other hard surface you have been at. Use disinfectant wipes on keyboards.
2. Opener(s) are responsible for creating the bleach sanitizer for their center each day and completing the Opener Checklist
3. Janitor(s) are responsible for wiping down copier and kitchen areas before leaving and completing the Closer Checklist
4. Wash hands immediately.
5. Gather belongings.
6. Complete your End of Day Contact Log and Cleaning Procedures Checklist.

End of Day Contact Log:

End of Day Contact Logs will be kept in a binder next to the staff sign in and out sheets for each center. Each staff person will have their own tab. At the end of the shift, each staff person is required to write down who they have been in close contact with that day. Close contact is defined as within 6 feet for 15 minutes or more. Staff must also sign off that they have cleaned their work area on the End of Day Contact Log. The Center Director or other designated staff person must keep the End of Day Contact Logs for 30 days. Center Director will keep the current and previous month's log and then shred.

If a staff member leaves their center before their end of their shift, and know or suspect that they might not return that day, they must complete the end of the day contact log before leaving the building.

If a staff member visits any other centers they must complete an end of the day contact log before leaving **each** center they visit if they were in close contact with any staff at the center(s).

Daily Health Screening:

All staff will be required to create a pre work screen account to be able to complete daily health screenings using the pre work screen app (screenings can be completed in the app or on a web

browser). Prior to entering any KCI center, staff should complete the daily screening and have the results ready to show the designated staff at each center (Front desk staff at East, CD at other centers). Upon entering the center, passing results (with the current date) should be verified by the designated staff. Staff who do not pass the self- screening should not enter the center and should contact their supervisor immediately. Staff who have not completed the screening, should be directed to do so immediately, either using the app or using a paper copy of the screening tool.

The questions asked in the screening app are:

1. Do any of the following apply to you? Yes or No

- Have you had a fever within the last 24 hours?
- Have you taken any medication to reduce a fever in the last 24 hours?
- Do you have a cough or trouble breathing currently?
- Do you have a runny nose currently?
- Do you have a sore throat currently?
- Do you have any muscle aches currently?

1.1 If yes to question 1: have you been cleared by HR to work with the current symptoms you are experiencing? **Yes or No**

1.2 If yes to question 1.1: Do you have any new or worsening symptoms? **Yes or No**

2. Have you arrived from travel outside of Alaska in the last 10 days? Yes or No

2.1 If yes to question 2 did you test no earlier than 72 hours after arrival in Alaska, receive a negative test result **and** has it been over 7 days since your return? Or are you fully vaccinated*? **Yes or No**

3. Have you been in close contact with anyone who was diagnosed with COVID-19 in the past 14 days outside of a controlled work environment? (a close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before symptoms began (or if the person is asymptomatic, 2 days prior to their positive test) Yes or No

3.1 If yes to question 3: Do any of the following apply to you: **Yes or No**

- Has the Department of Health cleared you to end isolation?
- Or has it been more than 10 days since exposure
- Or has it been more than 7 days and have you received negative test results from a test taken within the past 48 hours?
- Or are you fully vaccinated* (with documentation provided to the HRM) **and** currently symptom free?

*Fully vaccinated means it's been over two weeks since your second dose of a two-dose series (Pfizer's or Moderna's) vaccine, or it's been two weeks since you received a single-dose (Johnson & Johnson) vaccine.

4. What is your temperature today? _____

If the staff person is unable to attend due symptoms and has not been cleared by the HR manager to work with the symptoms due to another health condition or they have new or worsening symptoms, that the staff person cannot return until they have no symptoms and have been fever free for 24 hours without the aid of fever reducing medication and it has been at least 10 days since the symptoms started or they have received negative COVID-19 test results.

If the staff person returned to Alaska within the past 10 days, the staff person will not be allowed to attend for 10 days after the return unless the person has received negative COVID-19 test results from a test taken at least 72 hours after returning to Alaska and it has been over 7 days since their return to the state or they are fully vaccinated. Fully vaccinated staff are exempt from the quarantine requirement^.

If the staff is answers yes to question 3 but has met one of the requirements of question 3.1 to be able to return staff should confirm their return with a supervisor/manager before entering a KCI site^.

If staff are unable to attend due to a positive answer to question 3, the staff should inform their supervisor and the supervisor must inform the HR manager. Supervisors should let the staff person know the HR Manager will follow up with them to determine when they can return to work (10 days from last exposure or 8 days with negative test results taken no sooner than day 6).

^Fully vaccinated staff returning to work after exposure or travel must provide documentation of vaccination status to the HR Manager prior to returning to work onsite.

Additionally, if a staff discloses that they themselves or a household member is seeking a COVID-19 test due to symptoms that are current or resolved, the staff person will not be permitted to work on site until it has been over 10 days since the symptoms began and symptoms have resolved or negative test results are received and symptoms are resolved.

If any staff fail the daily health screening, supervisors should notify the Education Manager and HR Manager as soon as reasonably possible, before going home from work for the day.

End of Day Cleaning and Contact Log

End of Day Contact Log & Work Space Cleaning Checklist

Complete Each Day before Leaving Work

Staff's Name: _____ Week of: _____

Center Director will monitor for timely completion of end of day contact logs.

	Monday	Tuesday	Wednesday	Thursday	Friday
List staff/other adults you came in contact with-in 6 feet and for over 15 minutes (Name each person, list additional on back if needed):					
I have completed my shift end steps for my work area as detailed below.					
(Initial for each day)					

At the end of each program day, all hard surfaces in offices and workspaces will need to be cleaned and sanitized according to the guidelines outlined.

Shift End Steps:

1. Wear gloves while cleaning and handling trash whenever possible as available.
2. Use either a disinfectant wipe or bleach solution to wipe down all items you have used such as: desk, tables, phone, doorknobs, keyboards, pens, and any other hard surface you have touched. Use disinfectant wipes on keyboards.
3. Janitors are responsible for wiping down copier and kitchen areas each evening
4. Dispose of gloves in a trash receptacle.
5. Wash hands immediately after.
6. Gather belongings
7. Complete your End of Day Contact Log.

Adminserver/covid19/daily staff screening log/09.28.2020

Daily Child Screening Log

Child Daily Health Log

Child's Name: _____

Week of: _____

All children must be screened prior to entry to the center.

		Mon	Tue	Wed	Thur	Fri
date						
Person providing screening information:						
1	Has your child had any fevers within the last 24 hours?					
2	Have you given your child any medication to reduce a fever in the last 24 hrs?					
3	Does your child have a cough or trouble breathing currently?					
4	Does your child have a runny nose currently?					
5	Does your child have a sore throat currently?					
6	Does your child have any muscle aches currently?					
If yes to any question 1-6, does the child have a classroom health plan in place clearing them to attend with current symptoms?						
If yes, do your child have any new or worsening symptoms?						
7	Has your child travelled outside of Alaska in the last 10 days? If yes, ask date they arrived back in AK (document in notes section). If yes...					
Has it been over 7 days since his/her return and has he/she gotten negative COVID-19 test results from a test taken at least 72 hours after returning to Alaska?						
8	Has your child been a close contact ⁺ with anyone who was diagnosed with COVID-19 in the past 14 days outside of a controlled work environment ? If yes...					
or	Has the department of health cleared the child/household to end isolation?					
	Has it been more than 10 days since exposure?					
	Has it been more than 7 days since the close contact and has the child received negative test results from a test taken within the past 48 hours?					
Record child's temperature (If over 100.3, they will not be accepted into program)						
Does child exhibit signs of illness? (If yes, please specify what signs in notes area)						
Screening staff's initials						
* A close contact is defined as someone who was within 6 feet of an Infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before symptoms began (or if person is asymptomatic, 2 days prior to their positive test)						
Notes:						

- If the child is unable to attend due to a positive answer to questions 1-6, the screener will explain that the child can not return until they have no symptoms and have been fever free for 24 hours without the aid of fever reducing medication and it has been at least 10 days since symptoms started or they are symptom free and have received negative results from a COVID-19 test. Give parent the informational flier for families and the parent letter for employer.
- If the child has returned to AK within the past 10 days, they will not be allowed to attend for 10 days after the return unless it has been more than 7 days since their return **and** they have received negative COVID-19 test results from a test taken no earlier than 72 hours after returning to the state.
- If the child is unable to attend due to a positive answer to question 8, staff will inform that the Center Director or Health & Nutrition Coordinator will be in contact with them within 24 hours to determine their potential return date (11 or 8 days from last exposure depending on if child has received negative test results). Confirm with CD/manager/HNC that the child/household has been cleared to end isolation or has provided appropriate documentation to return if returning before day 11.
- Screeners must inform their Center Director of any child/family who answers yes to any question. CDs must notify the HNC & Edu. Manager of any failed screenings.

Last Revised 3/23/2021

Child Entry to Program Health Screening Steps

One staff from each classroom, with a designated back-up, will be designated to conduct child health screenings prior to allowing entry to the program. Parents park in one of the designated drop-off/pick-up parking spaces and will call the center phone to notify staff of arrival. Designated staff will greet the families at their car and conduct the following health screening:

Step 1: Collect the child health log binder and thermometer and proceed to the drop off area.

Step 2: Be sure to offer a warm welcome to all children and families

Step 3: Begin by asking parents the following Health Screening Questions in regards to their children. If siblings are in the same car, ask parents questions of both youth.

1. Has your child had a fever within the last 24 hours?
2. Has your child had any medication to reduce a fever in the last 24 hours?
3. Does your child have any cough or trouble with breathing currently?
4. Does your child have a runny nose currently?
5. Does your child have a sore throat currently?
6. Does your child have any muscle aches currently?
7. Has your child travelled outside of Alaska in the last 10 days?
 - If yes, when did your child return?
 - If yes, has it been over 7 days since his/her return **and** has he/she gotten negative COVID-19 test results from a test taken at least 72 hours after returning to Alaska?
8. Has your child had direct contact with anyone who was diagnosed with COVID-19 in the past 14 days? Close contact is defined as within 6 feet of an infected person for 15 minutes or more over a 24-hour period starting from 2 days before symptoms began (or if person is asymptomatic, 2 days prior to their positive test).
 - If yes:
 - Did the department of health clear them to end isolation? (if yes, child can return)
 - Has it been over 10 days since exposure? (if yes, child can return, but family must monitor for symptoms until day 14)
 - Has it been over 7 days since exposure and negative test results have been received from a test taken within the last 48 hours? (if yes child can return, but family must continue to monitor for symptoms until day 14)

If the family cannot answer yes to one of the follow up questions and provide supporting documentation if applicable, the child may not be onsite and should be sent home.

Step 4: Record all answers on the child's daily health log.

Step 5: Provide the parent with the child's daily mask and have them secure it on the child.

Step 6: Have the child exit the vehicle and take their temperature by touching the infrared thermometer to the child's forehead and pressing the button. Record the temperature on the child's daily health log.

If the parent answers yes to any of the screening questions or the child's temperature is over 100.3 degrees when screened the child will not be allowed to attend class. The screener will inform the parent of the reason the child is unable to attend.

If the child is unable to attend due to a positive answer to questions 1-6, the screener will explain that the child cannot return until they have no symptoms and have been fever free for 24 hours without the aid of fever reducing medication and it has been at least 10 days since the symptoms started or they have received negative COVID-19 test results. The screener will provide the parent with the following informational fliers and letters: Informational flier for families and Parent Letter for Employer.

If the child has returned to Alaska within the past 10 days, the child will not be allowed to attend for 10 days after the return unless the child returning has received negative COVID-19 test results from a test taken at least 72 hours after returning to the state. With negative test results, the child can return after a 7 day quarantine, on day 8.

If the child is unable to attend due to a positive answer to question 8, but has been cleared from the department of health to end isolation, the screener should confirm this the Center Director before allowing them inside KCI. If the family answers yes to question 8, but it has been over 10 days since exposure, remind them that they need to continue monitoring the child for symptoms until day 14. If the staff answers yes to question 8, but it has been over 7 days and they have negative test results from a test taken no earlier than day 6, confirm with the Center Director that adequate documentation has been submitted before allowing them to stay and remind them that they need to continue to monitor for symptoms until day 14.

If the child is unable to attend due to a positive answer to question 8, the screener will let the family know that the child cannot attend until it has been at least 10 days since their last exposure or at least 8 days with negative COVID test results from a test taken within 48 hours of the child's return.

Additionally, if a parent discloses that the child, them, or any household member is seeking a COVID-19 test due to symptoms current or resolved, the child will not be permitted to attend until it has been over 10 days since the symptoms began and symptoms have resolved or negative test results are received and symptoms are resolved.

Staff will immediately inform the Center Director of any failed health screenings.

Center Director will notify the Health & Nutrition Coordinator and Education Manager. Center Director, Health & Nutrition Coordinator and Education Manager will work together to determine follow up steps required.

Procedures for Face Coverings

Currently the Alaska Department of Health and Social Services highly recommends all Alaskans wear a cloth face covering in public settings where other social distancing measures are difficult to maintain. Due to the nature of a childcare setting and state mandates for childcare facilities, KCI is requiring ALL staff to wear a cloth face covering while at work. Staff may remove their face

covering while working at their desk or on the playground but must put it on to move about the center. Staff must wear a clean face covering each day. Children over the age of two years old will also be encouraged to wear face coverings.

Face coverings should:

- Make sure the face covering covers both the nose and mouth.
- Not remove the face covering while in the center unless working at your desk or eating meals.
- Not wear N-95 or surgical masks; these are needed by health care workers and first responders.
- Not rely on face coverings as the primary way to prevent COVID-19 transmission, and be careful to avoid developing a false sense of security through the use of face coverings.
- Continue to follow procedures around physical distancing measures, including maintaining at least six feet between yourself and others as possible and washing your hands frequently.
- Wash face coverings in hot soapy water after each use.

Face coverings should not be worn by children when they are sleeping.

Face coverings may be removed by staff and children when on the playground.

Procedures for eating:

- Staff and children will remove face covering safely. When removing the face covering, avoid touching the front of the face covering (because it may be contaminated).
- Remove it by grasping the ear loops, ties, or bands.
- Staff brings the pencil box and the child to the sink, has child remove the mask by grasping the ear loops and place in the pencil box,
- Child should then immediately wash their hands and go to their table to eat.
- Staff will carry the pencil box to the table and place by the child.
- After assisting all children staff will remove their face covering, place it in a bag, wash their hands and join the children at the table for the meal.
- Immediately after eating, wash hands, replace face covering, then clean and sanitize the table/eating area.

How to safely remove and care for your face covering:

- When removing the face covering, avoid touching the front of the face covering (because it may be contaminated). Remove it by grasping the ear loops, ties, or bands and immediately discard or place in a designated container for laundering.
- Wash your hands immediately after removing the face covering and before touching anything else.
- Wash face coverings in hot, soapy water between uses.

If a staff or parent chooses to wear or send their child to KCI with a face covering that staff/child can continue to wear it as long as they are doing so in a way that is safe for themselves and others. If a child is continuously touching their face, taking the mask off, or leaving it laying around, they will be asked to put the mask with their personal items and wash their hands.

What is a cloth face covering?

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand, or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.

How do I make a homemade face coverings?

Cloth face coverings can be fashioned from household items or made at home from common materials at low cost. There are a number of instructional websites and videos that people can refer to for making face coverings.

How well do cloth face coverings work to prevent spread of COVID-19?

There is limited evidence available on how well cloth face coverings help reduce COVID-19 transmission. Their primary role is to reduce the release of respiratory droplets into the air when someone speaks, coughs, or sneezes, including people who have COVID-19 but have no symptoms. Cloth face coverings are not a substitute for physical distancing and washing hands and staying home when ill, but they may be helpful when combined with these primary interventions.

How should I care for a cloth face covering?

Wash your cloth face covering frequently, ideally after each use, or at least daily. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric

COVID-19 Exposure Response & Communication Plan

Below are the steps that will be followed in response to actual COVID-19 exposure within program based on CDC recommendations.

Actual Exposure: A child or staff reports testing positive for the COVID-19 virus and was present in the program with symptoms or in the center 48 hours before symptoms developed (or if asymptomatic, in the 48 hours before the testing was done).

Possible Exposure: A child or staff whom has been present in program within the last 14 days reports living with someone who has tested positive for the COVID-19 virus.

In the event of a confirmed COVID-19 case (someone who has been in program or office) take the following steps:⁴

- 1. Immediately notify local health officials and Child Care Licensing:**
Health officials will help determine a course of action for our program(s).

Anchorage Department of Health: 907-343-6718
Anchorage Municipality of Childcare Licensing: 907-343-4758

2. Communicate with staff and parents:

KCI will coordinate with local health officials to communicate closure decisions and the COVID-19 exposure.

- KCI will provide a letter to notify all parents/guardians that a child or staff has tested positive for COVID-19. The letter will be given directly to parents/guardians when they pick-up their child by the Center Director. For absent children, the Center Director or designated staff will phone the parents immediately and the notification letter will be mailed out that day.
- Communication will include messages to counter potential stigma and discrimination.
- No child or staff names will be shared. It is critical to maintain confidentiality as required by the Americans with Disability Act.

3. Clean and disinfect the facility thoroughly:

At minimum KCI will do the following:

Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and sanitizing to minimize potential for exposure to respiratory droplets.

Open outside doors and windows to increase air circulation in the area. Person cleaning and disinfecting the areas should wear mask and gloves at all time.

4. Program Leadership Team will assess all health and safety procedures, site operations, and the need for increased monitoring and/or training throughout the program.

“Guidance for Childcare Programs that Remain Open,” *CDC*, April 8, 2020,
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

5. Resources for staff and families:

If staff or families are in need of getting tested, the following resources can be of assistance:

- If there is a need for a healthcare provider to conduct the medical evaluation required to get tested for COVID19
 - call Providence Alaska Medical Center 24 hr Nurse Line: 907-212-6183
 - call 211
- If there is a need for transportation to a medical evaluation and/or testing site, healthcare providers can coordinate with the municipality non-critical transportation services.
 - Healthcare providers must call these numbers on behalf of the patient
 - 7am-7pm call EOC Case Manager 907-343-1448
 - 7pm-7am call non-emergency dispatch 907-267-4950
- FREE oral swab COVID-19 tests administered by healthcare professionals are available at four locations in Anchorage. To sign-up in advance, go to www.visit-healthcare.com, click on Make

an Appointment and follow the steps from there. No access to the internet? Someone will help you sign up at the site.

Who can get a test: All ages are welcome, no symptoms or referral needed

Cost: Free-no insurance taken

Locations of COVID-19 test sites (8am-7pm):

- ChangePoint Church, 6689 Changepoint Drive (Monday-Saturday)
- Fairview Community Recreation Center, 1121 East 10th Avenue (Wednesday only)
- Muldoon Community Assembly, 7041 Debarr Road (Monday, Tuesday, Thursday-Saturday)
- Z.J. Loussac Library, 3600 Denali Street (Monday-Saturday)

Access to the site: Drive-thru or Walk-thru. If a person/family does not have transportation to access the testing sites, the site may be able to send a health care professional to their home to complete the test. Information can be found on the www.visit-healthcare.com website.

- These sites are not recommended to be used for a COVID-19 test before a medical procedure.

Communication Plans:

A. If a parent/guardian notifies KCI that their child(ren) has tested positive for COVID-19:

1. The child (and all household members) will not be allowed to return to program until a healthcare provider confirms that home isolation precautions have been lifted or, it has been over 10 days since symptoms first appeared (if asymptomatic, 10 days since positive test result received), there has been no fever for 24 hours and other symptoms are improving. The decision to discontinue isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.⁴
2. KCI Leadership will contact all parents of children who attended program at that specific site during the 48 hours before the child began showing symptoms (or was tested if asymptomatic) to notify them that a child tested positive for COVID-19. A notification letter that provides the last date of that child's attendance will be provided by the Center Director when parents pick-up their children. (see #3 p.14) **The child's name and information must not be shared.**
 - a. All children of families who had contact with the child will be asked to not return to program for 10 days from the last date of contact or 7 days and a negative test result has been received with the last 48 hours, unless local officials have communicated a different timeframe.
 - b. We will inform families that they should monitor their children and household members for symptoms of COVID 19 and communicate to KCI if any symptoms appear.
3. HR/Program Leadership will notify all staff who worked at the program site during the during the 48 hours before the child began showing symptoms (or was tested if asymptomatic) to notify them that a child tested positive for COVID-19. The last date

that child's attendance will be provided. **Child's name and information must not be shared.**

- All staff that had prolonged contact with the child will be asked to not return to program for 10 days from the last date of contact or 7 days and a negative test result has been received within the last 48 hours, unless local officials have communicated a different timeframe. Prolonged contact is currently defined by the CDC as 15 minutes within 6 feet of an individual with known or suspected Covid-19.
 - We will inform staff that they should monitor themselves for symptoms and communicate to KCI if any symptoms appear.
4. Education Manager will report confirmed cases to Childcare Licensing at the Department of Health & Safety.
 5. Executive Director will notify the KCI Policy Council, Board of Director and Region X Office of Head Start.

B. If a parent/guardian notifies KCI that they themselves, or someone in their household, has tested positive for COVID-19:

The child of the reporting household will not be allowed to return to program until a healthcare provider confirms that home isolation precautions have been lifted or it has been more than 10 days since the child had contact with the infected person (the infected person was able to self-isolate), or it has been more than 7 days since the child was in contact with the infected person and the child receives a negative test within day 6-7. The decision to discontinue isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

C. Staff members who test positive for COVID-19 should immediately notify KCI.

1. The staff will not be allowed to return to KCI until a healthcare provider provides a release to work or it has been over 10 days since the onset of symptoms with 24 hours fever free and symptoms improving (if asymptomatic 10 days from positive test result).
2. Staff (or HR Manager if staff cannot) will complete a Workplace Injury Report Form and report to
 - Worker's Compensation staff will determine if the illness was a direct result of working at KCI.
3. KCI Leadership will contact all parents of children who attended at that specific site during the 48 hours before the staff began showing symptoms (or was tested if asymptomatic) to notify them that a staff tested positive for COVID-19. The notification will include the following:
 - The last date that staff's attendance will be provided. **Staff name and information must not be shared.**
 - Notify families that all children who had contact with the staff cannot return for 10 days from the last date of contact or 7 days with a negative test taken within the last 48 hours, unless local officials have communicated a different timeframe.
 - Inform families that they should monitor their children for symptoms and communicate to KCI if any symptoms appear.
4. HR/Program Leadership will notify all staff who worked at the program site during the 48 hours before the staff began showing symptoms (or was tested if asymptomatic) to let them that a staff tested positive for COVID-19. This notification will include:

- a. The last date that staff's attendance will be provided. **Staff name and information will not be shared.**
 - b. All staff that had close contact for a prolonged period of time (defined as 15 minutes or more with-in 6 feet) with the staff will be asked to not return to program for 10 days from the last date of contact or 7 days with a negative test taken within the last 48 hours, unless local officials have communicated a different timeframe.
 - c. Inform staff that they should monitor themselves for symptoms and communicate to KCI if any symptoms appear.
5. Education Manager will report confirmed cases to Childcare Licensing at the Department of Health & Safety.
 6. Executive Director will notify the KCI Policy Council, Board of Directors and Region X Office of Head Start.

D. If a staff member notifies KCI that they have been exposed to someone who has COVID-19 in their household

Staff will not be allowed to return until a healthcare provider confirms that home isolation precautions have been lifted or, it has been more than 10 days since the child had contact with the infected person (the infected person was able to self-isolate), or it has been more than 7 days since the staff was in contact with the infected person and the staff received a negative covid test result within the last 48 hours. The decision to discontinue isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

For more information, see "What To Do If You Are Sick." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 25 Mar. 2020, www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html.

Child Screening, Drop Off and Pick Up Procedures

Child Sign In Procedures:

- Parents will park in a designed parking spot and will call center phone to announce arrival
- Designated classroom staff will greet parent at the car with a warm welcome and practicing physical distancing
- Receiving staff will conduct the child health screening following the steps outlined in the Child Entry to Program Health Screening Steps.
 - During the winter months, staff may ask the screening questions over the phone before going out to the family vehicle to complete the temperature check.
- After completing the health screening, staff will provide the child with hand sanitizer.
- If needed, staff and parent will exchange any necessary paperwork.
- Child will use hand sanitizer provided by designated staff upon exiting the vehicle.
- Staff will escort the child to their classroom and sign them into the program and update the class count on the whiteboard.
- Upon entering the classroom, staff will supervise the child while they place any belongings in their cubby.

- Staff and child will wash hands together following proper handwashing procedures.

Child Sign Out Procedures:

- Parents will pull up to a designated location near an exit of the building
- Parents will call or text the center phone that they are ready to pick up
- Center Director or designated classroom staff will retrieve the child from the classroom and will supervise the child collecting all belongings from their cubby.
- Center Director or designated classroom staff will sign the child out of the classroom.
- Center Director or designated classroom staff will escort the child to the parent's car and discuss how the day was.
- Parent will remove the mask from the child and place it in a bag provided by the staff
- Staff will drop the mask in the designated laundry container
- Staff will wash their hands following proper hand washing procedures.

If parents or guardians must enter the building they are to remain in the lobby and will undergo an illness screening. Parents will be asked that only one guardian enter the building, siblings and all others should not accompany them.

Unexpected Absence Procedure

If a child has not arrived by 9:30 am and the family has not contacted the center, the Center Director or Family Advocate will call the family for an update on status

If family answers the call:

- Ask how they are doing and if they are coming to program today or when their next day of attendance may be
- Record this conversation in the Family Contact log and document any health related information in the Child's Daily Health Log.
 - If the family informs KCI that the child is ill, ask what symptoms they are experiencing
- Document those in the child's health log
- Ask if any other family members are experiencing symptoms
- Ask the parent to keep KCI informed

Inform the Health & Nutrition Coordinator of the situation

- If necessary, Health & Nutrition Coordinator will call the family with a follow-up call to:
 - Inform the family of what requirements need to be met before the child can return to school
 - Remind them the child cannot return until all "screening questions are No"
 - Review the screening questions with the family if necessary

- If family does not answer call:
 - Leave a message letting them know we missed them today and checking in to see how they are doing
 - If family does not return call by 12:00pm, let Family Advocate and Family Services Coordinator know
 - Family Advocate or Family Services Coordinator will call the family again
 - Leave a message letting them know we are checking in and to please call back as soon as possible

Exclusion Policies

If families answer yes to any of the following screening questions or the child exhibits symptoms and the family does not have medical documentation and a classroom health plan in place stating the symptoms are caused from a separate medical condition the child will not be allowed to attend:

- Has the child had any fevers within the last 24 hours (one full day)?
- Has any medication been used to reduce a fever in the last 24 hours?
- Does the child have any cough or trouble with breathing currently?
- Does the child have a runny nose currently?
- Does the child have a sore throat currently?
- Does the child have any muscle aches currently?
- Has the child travelled outside of Alaska in the last 10 days?
- If yes, the child will be allowed to attend only if it has been over 7 days since the child returned to Alaska **and** they have received negative COVID-19 test results from a test take no sooner than 72 hours after returning to Alaska.
- Has your child had close contact with anyone who was diagnosed with COVID-19 in the past 14 days (outside of a controlled work environment)?

If the child is unable to attend due to symptoms of an illness (and has no known exposure to someone with COVID-19) they will not be permitted to return until they have no symptoms and have been fever free for 24 hours without the aid of fever reducing medication and it has been at least 10 days since their symptoms started or they are symptom free and have the results of a negative COVID-19 test.

If a child is unable to attend due to exposure to someone with COVID-19 they will not be permitted to return until at least 8 days from exposure date, with negative test results taken within 48 hours of their return or 11 days after the exposure without test results. If children return prior to 14 days from exposure, families need to continue to monitor the child for symptoms until day 14.

Additionally, if a parent discloses that the child, they, or a household member is seeking a COVID-19 test due to current or resolved symptoms, the child will not be permitted to attend until it has been at least 10 days since symptoms started and symptoms have resolved or negative test results are received and symptoms are resolved.

Responding to Possible Illness and Child Isolation Procedure

If a child begins to exhibit symptoms of an illness the classroom staff should notify the Center Director immediately. Upon notification of an ill child, the Center Director should put on a gown and gloves, escort the child to the isolation room (see child isolation procedures) and conduct a

health screening on the child completing the following steps:

Step 1: Ask the child what hurts (stomach, headache, etc.)

Step 2: Take the child's temperature using the infrared thermometer.

Step 3: Look for visible symptoms:

- Rash/splotches/spots
- Red, swollen eye with discharge
- Pale
- Jaundice
- Lethargic

Step 4: document all signs and symptoms of illness in the child health log.

Any child who becomes ill with fever, cough, or difficulty breathing or is unable to participate in daily activities will be separated and isolated from other children while being comforted and supervised at all times.⁸

Each center will have an isolation room prepared. This will be a room separate from program space and other staff and children. A sign will clearly label the door. There will be a designated sick mat placed in the room along with a limited number of toys for the isolated child to interact with. This room, the sick mat, and toys will be sanitized between uses. Only the staff member designated to care for an ill child should enter the room. The supervising staff member should remain at least 6 feet away from the ill child and should wear a gown and gloves and facemask at all times.

Center Director should contact the Education Manager, Health & Nutrition Coordinator and parents to relay signs and symptoms identified and their severity. Arrangements must be made to have the child immediately picked up within one hour. Staff are to immediately wash their hands after contact with the child and any surfaces or items that the child has touched. The Center Director will supervise the child in the sick child isolation room or will designate another staff. Any staff supervising an ill child should wear a mask, gown and gloves. No other staff should come in contact with the sick child or the isolation room.

When the child is picked up, staff should inform the family that the child should not return to the program until they are experiencing no symptoms and have been fever free for 24 hours without the aid of fever reducing medication and it has been at least 10 days since their symptoms started or they are symptom free and have the results of a negative COVID-19 test.

Once the child has left the program, the sick mat and any other potentially contaminated surfaces, toy, etc. will be thoroughly cleaned and disinfected with soapy water and a bleach solution. Staff should follow all KCI cleaning and Sanitizing Protocols. Once the child has left and the isolation room is cleaned and disinfected, staff should change their clothing.

Child Medical Isolation Guidelines

- Have child wash their hands
- Escort child to a designated isolation room with a pre-determined "sick mat"
- Make child comfortable. Offer water and reassure child.
- If child presents a fever, cough, difficulty breathing provide them with a face mask. Staff should also wear a face mask.

- Staff should supervise child from at least 6 feet away at all time.
- Child should be given limited items to engage with while they wait for pick up
- Child should be regularly checked on, engaged with, and comforted by staff practicing physical distancing

Returning after a COVID 19 Diagnosis

According to the CDC someone diagnosed with COVID-19 can safely be around others with all three of the following conditions have been satisfied:

24 hours with no fever (without using a fever reducer)

and

Symptoms have improved

and

It's been at least 10 days since symptoms first appeared (if person was asymptomatic, it must be at least 10 days since the positive test was taken)

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

According to CDC guidance, a person who has tested positive for COVID-19 and recovered does not need to quarantine or test again due to exposure for 90 days. People may be advised to quarantine and/or test if new symptoms develop.

Meal Prep & Food Service Procedures

Meal preparation:

- Breakfast and Snack
- Only one KCI staff will be assigned for meal prep per center (due to the high number of classes at East Center, two staff may be required to prep meals). If the assigned staff is absent, the CD or other designated staff will be in charge of preparing the meals for the center.
- Upon arrival at the preparation area, the KCI staff will put on a hair net and a face mask.
- KCI Staff will wash hands for 20 seconds and use a paper towel to dry them off.
- KCI Staff will put on gloves before cleaning the tables and the food preparation area.
- Tables and food preparation area must be cleaned with soapy water and sanitized with bleach water for 2 minutes before and after preparing each meal or snack. Utility cart must be cleaned and sanitized before and after use.
- Gloves must be changed and hands washed after cleaning.
- KCI staff will prepare individual plates of food for each child according to the daily menu/ allergy menu and following the "How to measure guide". Using a large plate, all components but milk must be on the plate. Cover plate with plastic wrap.
- *Using a 5 oz. cup, KCI staff will put canned fruits inside to avoid liquids to spill in the plate and cover it with plastic wrap. *

- KCI staff will have extra food available per child request. Using a 5 oz. cup or small Ziploc bag, there will be 2 cups per component available if needed.
- KCI staff in charge of preparing the food cannot be the same person in charge of diapering.
- After meal prep, KCI staff will clean all tables and preparation areas touched including fridge handles, door knobs, storage area handles, etc.

Lunch:

- Only one KCI staff will be assigned for meal prep per center (due to the high number of classes at East Center, two staff may be required to prep meals). If the assigned staff is absent, the Center Director or other designated staff will be in charge of preparing the meals for the center.
- Upon arrival at the preparation area, the KCI staff will put on a hair net and a face mask.
- KCI Staff will wash hands for 20 seconds and use a paper towel to dry them off.
- KCI Staff will put on gloves before cleaning the tables and food preparation area.
- Tables and food preparation area must be cleaned with soapy water and sanitized with bleach water for 2 minutes before and after each meal or snack.
- Gloves must be changed and hands washed after cleaning.
- KCI staff will prepare individual plates of food for each child according to the daily menu/ allergy menu and following the “How to measure guide”
- Using a large plate, staff will add the hot foods for lunch and cover it with plastic wrap. Cold foods will be distributed in small plates, bowls or 5 oz. cups. KCI staff will make the same amount of plates as children and staff in attendance that day. Staff must review the “How to Measure Guide” to ensure the minimum portions are served.
- KCI staff will have extra food available per child request. Using a 5 oz. cup/ small Ziploc bag, there will be 2 cups per component available if needed.
- KCI staff in charge of preparing the food cannot be the same person in charge of diapering.
- KCI staff will clean all tables and preparation areas touched including fridge handles, door knobs, storage area handles, etc.

Serving Procedures:

- Prepared food brought into the classroom must be catered from an approved kitchen, which is licensed by the Municipality of Anchorage (MOA).
- Meals must meet or exceed the requirements of the Child & Adult Care Food Program (CACFP), MOA licensing and the Head Start Performance Standards. Food provided and served by Head Start is low in salt, sugar and fat.
- Milk and water will be available at each classroom. Classroom staff in charge of serving will make individual cups for each child of milk. Water will be available per request.
- Meal prep staff will bring the food to each classroom using the utility cart. Meal prep staff can only enter her/his classroom to deliver food.
- Education manager or Center Director will assign one staff member per each classroom to be in charge of serving meals.
- Classroom staff will wash hands for 20 seconds with warm water before putting gloves on.

- Classroom staff will be required to monitor that each hot food registers 135 degrees F on a food thermometer. If hot food temperatures fall below 135 degrees F, it must be reheated in the microwave to 165 degrees F. Cold foods including milk are refrigerated at 40 degrees F. The food thermometer must be used to check food temperatures and should be cleaned and sanitized after use.
- Food thermometers will be calibrated by the Health Assistant at least once per quarter or as requested by center staff.
- Staff and children will remove face covering safely before meals. When removing the face covering, avoid touching the front of the face covering (because it may be contaminated).
- Staff brings the pencil box and the child to the sink, has child remove the mask by grasping the ear loops and place in the pencil box,
- Child should then immediately wash their hands and go to their table to eat.
- Staff will carry the pencil box to the table and place by the child.
- After assisting all children staff will remove their face covering, place it in a bag, wash their hands and join the children at the table for the meal.
- Classroom staff will serve each child. All components must be present. Each child will maintain a 6 foot distance from others, to the extent possible, during meal time. Each child will have an assigned seat. During warm days, children may eat outside. Classrooms may also have groups eat at different times (one group eats while another group goes outside).
- If a child requests more food, the classroom staff assigned for meal serving will be the only person to accommodate.
- Immediately after eating, wash hands, replace face covering, then clean and sanitize the table.

Cleaning & Sanitizing Procedures

Purpose: To identify new and emphasize existing cleaning and sanitation protocols and procedures for Kids' Corps locations.

Cleaning: This is the process of using soapy water to wipe down or scrub a surface. This does not kill viruses or bacteria. It removes dirt and grime.

Sanitizing: This is the process of using bleach to kill 99.9% or more of viruses or germs on a surface.

After each day, hard surfaces (tables, service areas, door knobs, broom handles, trash cans, hard plastic toys, etc.) can be sprayed with bleach solution and allowed to air dry overnight. iPads should be wiped down with sanitizing wipes.

Disposable gowns will be available for staff, but will not be required unless there has been probable or confirmed COVID exposure in the center.

Safety Guidelines:

- Cleaning and sanitizing should take place in ventilated areas. Doors should remain open. Staff wear gloves while cleaning and handling trash whenever possible as available.
- All spray bottles must be labeled.
- Spray bottles are to be stored out of reach of children.

- Staff must wash hands after handling chemicals.

Soapy Water Bottle Preparation: Spraying a surface with the soapy water solution bottle and wiping off debris and solution constitutes “cleaning” within these procedure.

- Add 2-4 drops of dish soap to each spray bottle after filling it up with warm water.
- Give the bottle a gentle shake to ensure the soap mixes with the water.
 - Soapy water bottles need to be made every morning.

Bleach Solution Preparation: Spraying a surface with the bleach water solution bottle and allowing the solution to sit for at least 2 minutes (or allow to air-dry) constitutes “sanitizing” within these procedures.

- Bleach Solution needs to be made carefully.
- Fill sink/spray bottle with warm water. Add approximately 1 tsp (1 eye dropper) of bleach per quart of water (exact amount of bleach will vary depending on the amount of water in the sink; large spray bottles hold 1 quart of water).
- Test your Bleach with a test strip and match it to the color key on the test strip bottle to 50-100ppm.
- Bleach must be mixed at the highest strength of 50-100ppm no more and no less. Reaching the highest level of concentration will give us the highest level of sanitation.
 - Bleach solution needs to be made every morning.

Cleaning and sanitizing food preparation and service areas:

Each table used is in good repair and is easily cleanable and is cleaned and sanitized before and after each use.

- Spray surface with soapy water and wipe clean with disposable paper towels.
- Surfaces that require cleaning: table top, seating area, any areas regularly touched by children or staff, and any area that is obviously unclean.
- Spray with bleach solution and allow to air dry. If tables are to be immediately used by use, for example, during food service, bleach can be wiped away by staff after 2 minutes.

Cleaning and sanitizing dishes:

- Reusable dishes must be washed after each meal and may not be left out overnight.

Use the following steps:

Step 1: Scrape existing food off of the dishes into a trash can.

Step 2: Wash dishes using warm soapy water in the designated “wash” sink.

Step 3: Rinse the soapy dishes off in the “rinse” sink filled with warm water.

Step 4: Sanitize the dishes in a “sanitize” sink filled with room temperature bleach solution.

Step 5: Let dishes air dry.

Cleaning and sanitizing hard plastic toys (including bins):

Toys must be cleaned and sanitized using the 3 sink method (wash, rinse, and sanitize).

Step 1: Soak and scrub toys in warm, soapy water (use a brush to get crevices clean).

Step 2: Rinse toys in clean water.

Step 3: Immerse the toys in bleach solution.

Step 4: Allow toys to air dry before used by a child; make sure toys do not contain traces of the sanitizing solution

Objects such as puzzles, books, etc. can be spot cleaned and sprayed with the bleach solution.

Frequency:

- Once soiled or in contact with a known contagion, all hard plastic toys will be set aside for cleaning and sanitizing prior to reuse
- Each room will have a “yuck” tub for contaminated toys. Yuck tubs can be cleaned and sanitized in the middle and at the end of the day.
- All hard plastic toys that were used, but not soiled/in contact with a known contagion will be checked and sanitized daily and spot cleaned if necessary
- All toys must be completely dry before being placed back in the classroom for use.

Cleaning and sanitizing bathrooms:

Before and after program day restrooms will be spot cleaned and sanitized. After each use by a child, staff should check the restroom to determine if it needs to be spot cleaned and/or sanitized.

Compliance with this procedure will be audited by the Center Director and confirmed by the checklist that is to be filled out and posted in each bathroom. Staff will ensure that:

- Toilets are flushed
- Toilet paper and paper towels are provided in all dispensers
- Paper debris is removed from the floor
- All surfaces are cleaned and sanitized

Cleaning and sanitizing floors:

- All debris is to be swept up as needed. Any spills that require mopping are to be reported to the Center Director.

Cleaning and sanitizing trash cans:

- Ensure that materials are disposed of in the appropriate receptacle.
- Trash cans emptied when full and at the end of program daily.
- Trash cans should be sanitized and cleaned in accordance to the guidelines given for all commonly used surfaces.

Storing cleaning and sanitizing agents:

Keep all chemicals in the bottles or boxes they come in. If they are put in a different container for spraying, it must be clearly labeled.

- Cleaning agents and other chemicals must be kept in an area where children do not have access.
- Storage area must be away from food, equipment, and utensils.

Specific Classroom and Outdoor Toy Procedures

Outside Toys

Play Procedures:

- Each class will have their own toys for use to limit cross contaminating.
- Toys will be kept in bins labeled with the classroom name/number.

Cleaning:

- All used toys will be cleaned using the 3 sink method at the end of the day.
- Toys will be laid out to dry overnight.
- All toys will be sprayed with bleach solution at the close of site.
- Toys will be returned to their designated locations during AM duties by the site staff
 - Any toys that are not quite dry by the AM should be placed back in their assigned bin and put on top of the cubbies with the lid off to continue air drying.

Classroom Toys General:

Cleaning:

- If children are done playing with a given toy, they will need to place the sealed toy bin into the Classroom Yuck-Bin.
- Toys will be cleaned using the 3-sink method and laid out to dry at the end of the day.
- All toys will be sprayed with bleach solution at the close of site.
- Toys will be returned to their given locations at the start of the day.
 - Any toys that are not quite dry by the AM should be placed back in their assigned bin and put on top of the cubbies with the lid off to continue air drying.

Popular Toys Play Procedures/Guidelines (i.e. LEGOs, magnet tiles, etc.):

Please split popular toy bin availability as evenly as possible between AM and PM choice time.

Books/Puzzles Procedures/Guidelines:

- Books/Puzzles in the Yuck-Bin at the end of the day will be laid out on the floor with/near washed toys at night (these are not to be washed).
- All laid out toys/books/puzzles will be sprayed with a bleach solution at the close of site.

Coloring Sheets/Paper Procedures/Guidelines:

- Coloring sheets, paper for paper cutting for folding, and drawing/writing paper are available for children.
- If a child chooses a paper-based activity during choice time, the staff should verbalize/show them their options and have the child choose which paper(s) they would like.
- Paper that has been given to a child, but is not used/not fully used should be thrown away.

Yarn and String:

- If a child chooses a yarn/string based activity during choice time, the staff should verbalize/show them their options and have the child choose which colors they would like.
- The staff will then cut an appropriate amount of selected colors and provide string to youth to work with.
- Sting/yarn that has been given to a child, but is not used/not fully used should be thrown away

Child Individualized Supply Kits Procedures/Guidelines:

- Children will be designated a pencil box of supplies commonly used throughout the day (crayons, pencils, colored pencils, markers, scissors, glue, etc.) which will be kept on top of their assigned cubby at all times.
- At the end of each week, these supply kits should be emptied and will be cleaned and sanitized, crayons replaced as needed.
- All toys will be sprayed with bleach solution at the end of each day.

Preventative Handwashing Procedures and Routines

Hand sanitizer is not a replacement for handwashing.

As an agency, we value the health and well-being of our staff, partners, and the children we serve. We want to ensure that as an agency, we are doing everything possible to minimize the spread of COVID-19 or any disease within our programs. Please reach out to your supervisor for support around messaging to families.

How to Wash Hands:

Below are CDC recommendations for washing hands:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

When to wash hands:

Staff and children are expected to wash hands anytime they transition from one space to another, before and after eating, or anytime their hands are soiled.

Entering Program:

- Staff should wash their hands before and after conducting health screenings.
- Staff should wash hands in the staff restroom when they enter the building.
- Children will use hand sanitizer before entering the building

- When any children and/or staff enter program, they must wash their hands after putting their gear into cubbies or in the designated location. After their hands are washed and their items are put away, they can then start participating in program.

Returning from Outside:

- When any children and/or staff enter program from outside time, they must wash their hands after the removal of their gear.

Before and After Food Service:

- All staff involved in handling and preparing food will need to wash their hands before and after handling food. Even if gloves are used – handwashing before/after and between glove changes must be done. Before and after eating, all children and staff will wash their hands.

Before and After Administering Medications

- Any staff involved in administering medications must wash their hands before and after administration.
- Children must wash their hands before and after receiving medication.

After Using the Restroom

- All staff and children must wash their hands after using the restroom.

Any Staff or Child Blowing Their Nose, Coughing, or Sneezing

- Any staff and/or child who blow their nose, cough, or sneeze, must wash their hands.
- Any staff who help a child blow their nose, cough, or sneeze, must wash their hands before putting on gloves, provide aid to child, and then wash hands again.
- Please review Responding to Possible Illness and Child Isolation Procedure if a child or staff are experiencing symptoms of COVID 19.

Any Staff or Child Who Touch and/or Remove Garbage or Help with Cleaning

- Any staff and/or children who touch and/or remove garbage must wash their hands after handling.
- Any children who help clean (such as spraying or wiping down tables) must wash their hands before and after assisting.

Before and After Working with Any Child in Isolation

- Any staff who is supervising a child in isolation should wash their hands before and after.
- Any child who is feeling ill should wash their hands immediately.

Procedures for Physical Distancing

Ensuring that the staff and children within KCI classrooms feel a connection and belonging are essential elements of child development. Simultaneously, KCI must maintain safe practices and procedures to reduce the contraction and spread of COVID-19. Physical distancing is a public health

practice that is used to prevent or limit the spread of the COVID-19 virus. By keeping ourselves at a six-foot distance, we can reduce the spread of germs.

Physical distancing is a very difficult concept for pre-school children to understand. A central part of their development physically and socially is dependent upon their interactions with their peers and the trusted adults in their lives being much closer than 6 feet. Below are some policies and procedures we will be implementing to reduce the spread of germs:

General Information:

KCI limits the size of all of our classroom to no more than twenty children. Children with-in each classroom will be assigned into groups, which will remain the same throughout the duration of the school year. If groups need to be adjusted, the teacher will notify parents of the adjustment. If any classroom has siblings, they will be assigned to the same group.

Physical distancing:

KCI does not mix children between classrooms.

The maximum class size of any KCI classroom is twenty children.

The assigned group size with-in each classroom will not be more than ten children. KCI maintains at least three classroom staff in every classroom.

No visitors, volunteers or field trips. Except in an emergency only staff assigned to the classroom should interact with children. To ensure static classroom center directors will provide coverage, if possible, instead of contacting a substitute.

Physical distancing practices will be explained frequently to children in age appropriate manner.

Classroom setup:

Children will use cubbies that are at least 6 feet apart if possible. Staff will, as best possible, manage transitions to avoid groups of children at cubbies at the same time. Classrooms with cubbies that are secured together will transition children in small groups.

Tables will be separated by at least 6 feet edge to edge.

Children will be separated when sitting at tables by at least 6 feet, if possible. Tables will be marked to indicate appropriate distancing.

Each classroom will have a quiet/safe place.

Classrooms will have water pitchers kept out of reach of children. When a child requests water, a staff member will pour the water into a disposable cup for the child.

Cots and cribs will be separated at least 6 feet edge to edge, if possible.

Procedures for In Classrooms:

Assigned groups of children will remain together as they move from center to center or outside.

All materials and supplies will be placed in each classroom, before the start of class in order to reduce

staff movement from space to space.

Children will store and place their belongings in their assigned cubbies.

Before and after class, staff will clean and sanitize all supplies, tables, chair, and toys according to the Cleaning, Sanitizing & Handwashing Procedures.

Doors will be propped open to prevent the use of door handles and promote ventilation. Windows will be opened as much as possible to promote ventilation.

Activities will be designed to encourage playful interaction that maintains a six-foot distance. Each child will be given their own set of crayons, scissors, glue, etc...and placed in a pencil case with their name labeled on the case. The materials will be sanitized at the end of each day and placed back in the pencil case.

Shared classroom items will be limited and will be sanitized at the end of each use.

Procedures for Transitions:

At no time will any two classrooms or groups be in hallways at the same time.

When transitioning, children should walk 6 feet apart. If this is not possible, have children walk as far apart from each other as possible to ensure their safety.

Procedures for Outside Spaces:

Each classroom or group will have their own outside time. At no time will multiple classrooms be outside together.

Staff and children may remove their masks while on the playground ensuring proper hand washing procedures are met.

Activities will encourage individual skill building and limit sharing of equipment. All fixed equipment will be sprayed with sanitized solution on high touch areas after use of each classroom or group.

Staff will use strategies for maintaining recommended 10 feet of physical distancing while outside.

Procedures for in the Restroom:

Staff will follow normal KCI procedures for restroom use. If possible, children from different groups should not use the bathroom at the same time.

A staff from each classroom should be assigned to monitor children to ensure proper handwashing after bathroom use.

Procedures for Baby Carriers in EHS:

KCI does allow the use of baby carriers in the EHS classroom. It is a nice way to connect with the youngest children. The following procedure must be followed:

- Due to COVID-19 all staff must wear a mask or face shield.

- The center director will assign a carrier to each child or the carrier will be washed between uses.
- Staff will either wear a gown and discard after use or will change shirts after carrying an infant. Staff are required to have a change of clothes available at the site.
- The center director will make sure caregivers are aware of the ages the carrier is intended for and use it in accordance with the instructions.