



Lower Columbia College Head Start/EHS/ECEAP

COVID-19 Operating Plan & Supplemental
Health Guidance

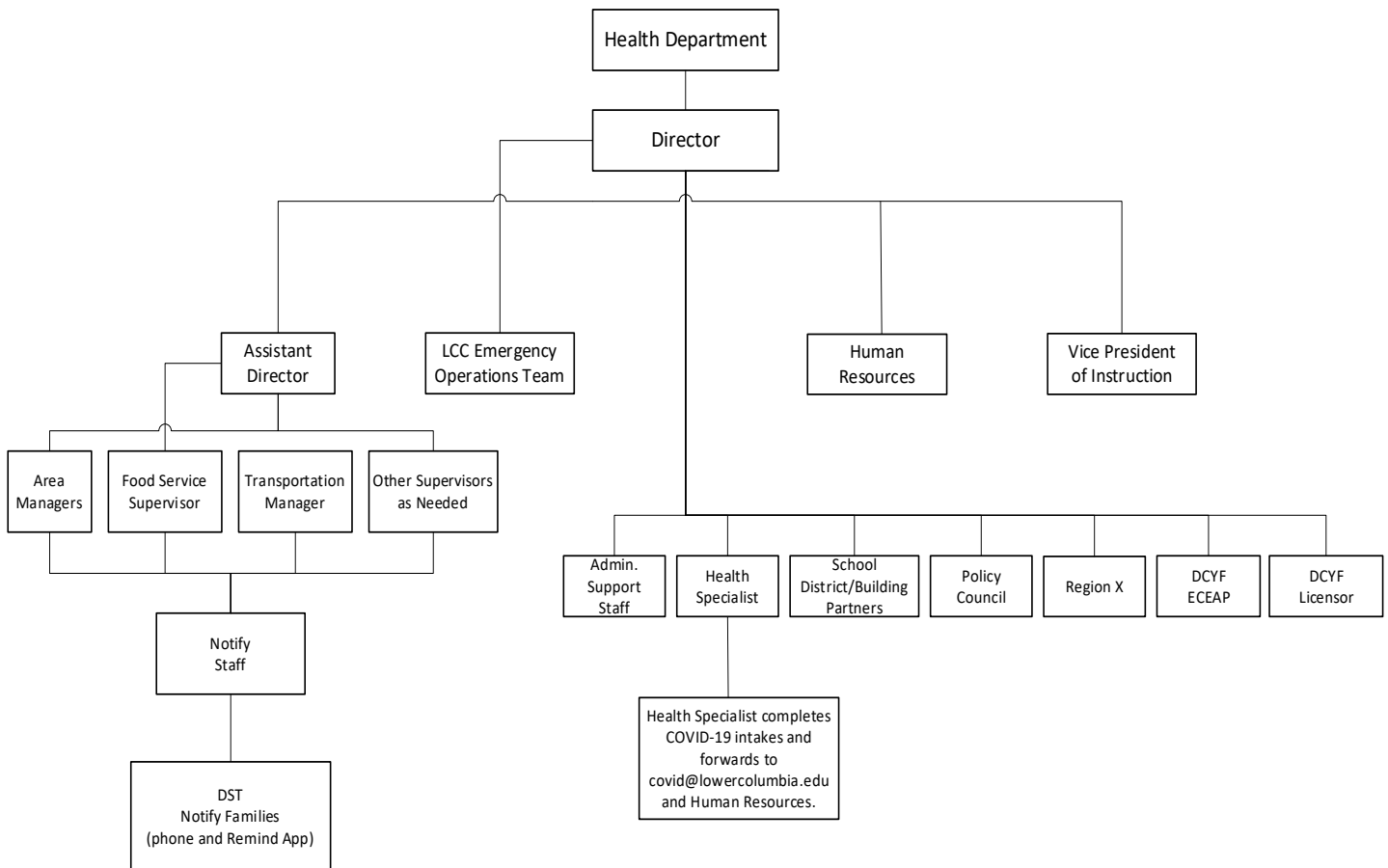
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**Lower Columbia College Head Start/EHS/ECEAP
 COVID-19 Exposure Notification**



(C: 11/2020)

Staff, Parents, and Visitors are to follow the Coronavirus (COVID-19) procedure outlined below while at any of our school sites during Coronavirus season until lifted by program management. This Operating Plan is to be used as supplemental guidance to our existing Health & Safety policies and procedures. This Operating Plan is a working document that may be revised and updated throughout the school year per the Centers for Disease Control (CDC) and Washington's Department of Health guidance.

GENERAL GUIDANCE

LCC cannot allow children, staff, parents/guardians, or guests on site if they:

- Show symptoms of COVID-19 as outlined below; *AND/OR*
- Have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with someone who has a confirmed case of COVID-19 in the last 14 days.
- Have tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms and not from routine asymptomatic COVID-19 screening or surveillance testing.
- Have been told by a public health or medical professional to self-monitor, self-isolate or self-quarantine because of concerns about COVID-19 infection in the last 14 days.

We ensure staff are trained in health and safety protocols. This includes:

- How to screen for symptoms.
- How to maintain physical distance.
- The use of appropriate personal protective equipment (PPE)
- Understanding and practicing frequent cleaning and handwashing.
- How to handle situations when someone develops signs of COVID-19.

COVID-19 MOST COMMONLY SPREADS DURING CLOSE CONTACT

- People who are within 6 feet of a person with COVID-19, or have direct contact with that person, are at greatest risk of infection.
- When people with COVID-19 cough, sneeze, sing, talk, or breathe, they produce respiratory droplets.
 - Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.
 - Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, nose, mouth, eyes).
 - As the respiratory droplets travel further from the person with COVID-19, the concentration of these droplets decreases. Larger droplets fall out of the air due to gravity. Smaller droplets and particles spread apart in the air.
 - With passing time, the amount of infectious virus in respiratory droplets also decreases.

DROP-OFF AND PICK-UP

- Drop off and pick-up times should be staggered and physical distancing maintained at entry and exit of the building.
- Parents and guardians must wash hands and/or use hand sanitizer before signing their child in and out each day.
 - Hand sanitizer should be at least 60% alcohol, fragrance-free, and kept out of the reach of children.
- If parents have a mask, they are encouraged to wear one at pick up and drop off.
 - Our program may provide masks for parents as they are available.

ENTRY INTO BUILDING

All staff, children, parents, guardians, and volunteers must undergo a health screening and temperature check prior to arriving for work or entering any of our program buildings. Staff must ensure that they review the questions outlined below with parents and guardians and perform a temperature check and visual check prior to allowing any child into the building while maintaining physical distance recommendations set by the Centers for Disease Control (CDC) and Washington State Department of Health. If at any time there is a parent or guardian that needs to enter the building to accommodate their child into the classroom, staff will review with that parent or guardian the questions outlined below while also performing a temperature check. Staff, parents, and children must ensure they wash hands per program procedure upon entry and exit of classroom and/or building (See *Hygiene Policy/Procedure for guidance on hand washing*).

1. Have you had any of the following symptoms within the last day that are not caused by another condition? *(If it is the first day after a break or for a new student, ask about the past 3 days).*

- A fever (100.4 or higher) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

2. If you are not fully vaccinated, have you been in close contact with anyone with COVID-19 in the past 14 days? *(Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask, i.e. being coughed or sneezed on.)*

3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you waiting results of a COVID-19 test?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

If anyone answers “**YES**” to any of the symptoms or questions outlined above, they should be sent home immediately. Refer to “*SUSPECTED COVID-19 CASE WHEN ON SITE*” at the end of this procedure for guidance.

If anyone answers “**NO**” to all of the symptoms above, and they have passed a visual inspection and temperature is lower than 100.4, they are then clear to enter the building and/or classrooms.

TEMPERATURE CHECKS UPON ENTRY INTO THE BUILDING

Staff assisting with temperature and health checks at entry to the building, must wear a disposable face mask. Face shields are optional. Follow face mask guidelines and make sure to wash hands prior to, and upon completion of health checks.

1. All staff, children, parents, and guardians MUST have their temperatures checked prior to entry into the building.
 - a. When using a NO TOUCH DIGITAL SCAN Thermometer:
 - i. Staff and Visitors will use hand sanitizer, if available.
 - ii. Designated staff must wash their hands and use disposable gloves prior to use of the Digital Scan Thermometer.
 - iii. Follow instructions provided with the Digital Scan Thermometer.
 1. Temp to be taken approximately 1 inch away from forehead.
 - iv. Staff is to maintain a safe physical distance when taking temperatures.
 - v. Disinfect thermometer with paper towel sprayed with three step solution or bleach wipe after use.

COVID-19 EXPOSURE, CLOSE CONTACT, SCENERIOS AND FOLLOW-UP PROCESS

STAFF NOTIFICATION PROCESS FOR COVID SYMPTOMS AND EXPOSURES

If you or a staff member have COVID-19 symptoms or have been notified by a “Close Contact” that is being tested or has a confirmed case*:

1. Isolate: Do not come to work OR leave work if already on site.
2. The employee will notify their Supervisor.
3. The Supervisor will notify the Health Specialist, or the Director when the Health Specialist is not available.
4. The Health Specialist, Director or Assistant Director will complete an LCC COVID intake form by directly calling the staff member and will forward the intake form to COVID@lowercolumbia.edu and the Human Resources Director.
5. Human Resources will contact the staff member about their leave options and copy the Supervisor and Director.

ALL STAFF ARE FULLY VACCINATED – IF SOMEONE IS FULLY VACCINATED

Review LCC’s Return to Campus Guide for Childcare:

https://lowercolumbia.edu/safety/_assets/documents/return-to-campus-guide-for-childcare-08-09-2021.pdf

WHEN YOU HAVE BEEN FULLY VACCINATED

People are considered fully vaccinated:

- Two (2) weeks after their second dose in a 2-dose series, like Pfizer or Moderna vaccines, OR
- Two (2) weeks after a single-dose vaccine, like the Johnson & Johnson vaccine

IF it has been less than two weeks since your shot, or if you still need to get your second dose, you are NOT fully protected. Keep taking all prevention steps until you are fully vaccinated.

RETURNING TO PROGRAM AFTER SUSPECTED SIGNS OR SYMPTOMS OF COVID 19

Review LCC Return to Campus Guide for Childcare and Flow Chart:

https://lowercolumbia.edu/safety/_assets/documents/return-to-campus-guide-for-childcare-11-17-21.pdf

People with severe disease or who are immunocompromised may need to isolate for up to 20 days:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

RETURNING IF YOU WERE POTENTIALLY EXPOSED TO SOMEONE WITH COVID-19, TESTED POSITIVE/DIAGNOSED WITH COVID-19, OR NOT TESTED AFTER EXPOSURE TO SOMEONE WITH COVID-19

Review LCC’s Return to Campus Guide for Childcare:

https://lowercolumbia.edu/safety/_assets/documents/return-to-campus-guide-for-childcare-11-17-21.pdf

CLOSE CONTACT WITH PERSON BEING TESTED

If a staff or child has had close contact with someone who is being tested (due to possible exposure), they must:

- Stay home
- *Quarantine until the close contact receives test results.

It is recommended that you see or speak with your health care provider.

WHAT IS CLOSE CONTACT

Per the Centers for Disease Control, close contact is 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 two days before illness onset (for asymptomatic patients- 2 days prior to COVID-19 testing) until the time the patient is isolated.

SUSPECTED COVID-19 CASE WHEN ON SITE

If a child or staff arrives to school and is a suspected COVID-19 case, they must be sent home immediately. Staff must report the suspected case to their supervisor and the Health Specialist.

If a **child** becomes ill during the school day and is experiencing signs and symptoms of COVID-19 as outlined above:

- They must be placed in a separate room away from others, a “low traffic” area within the building, or a separate corner within the classroom where child can wait for parent/guardian if no other spare area within the building has been established. There must be an assigned staff that will wait with child until parent/guardian pick up.
- If possible, the designated room or area should be open to the outside to provide for adequate airflow.
- Staff is to follow up with the Health Specialist.
- ***It is especially important that anyone experiencing COVID-19 signs or symptoms isolate themselves right away, even before they are confirmed to have COVID-19, because if you have COVID-19, you are already contagious.***

If a child is instructed by their health care provider to stay home and self-quarantine or if they are informed that they are a probable coronavirus case, it is essential that they report this information to their child’s classroom teacher or family advocate immediately while also following their health care provider’s plan of care. It is critical that staff support families in providing timely follow-up in order to allow staff time to best support children and all other staff who may have come in contact with the ill child.

Supervisors are to keep an illness log of any child who becomes ill with symptoms stated previously, and or those who are suspected or confirmed COVID-19 cases. Supervisors are to ensure that all suspected or confirmed cases are reported to the Health Specialist who must then report the case to the local health department.

If a **staff member** becomes ill during their workday with COVID-19 or is notified by a “close contact” of that person’s positive COVID test results:

- They must leave the building and ensure that they notify their supervisor immediately before leaving their work site for the day.
- Supervisors will then follow up with the Health Specialist.
- Staff showing signs of serious illness must contact their health care provider and follow their provider’s plan of care.
- ***It is especially important that anyone experiencing COVID-19 signs or symptoms isolate themselves right away, even before they are confirmed to have COVID-19, because if you have COVID-19, you are already contagious.***

If a staff member is instructed by their health care provider to stay home and self-quarantine, or if they are informed that they are a probable coronavirus case, they should report this information to their supervisor immediately while following their health care provider’s plan of care. It is critical to provide timely follow-up in order to allow staff to best support children and all other staff who may have come in contact with this individual.

Supervisors are to keep an illness log of any staff member that becomes ill with the symptoms that were stated previously, and or those who are suspected or confirmed COVID-19 cases. Supervisors are to

ensure that all suspected or confirmed cases are reported to the Health Specialist who then must follow up with contact person within the college. The Health Specialist will then follow up with the department as required.

PROGRAM DAY, CLASSROOM ACTIVITIES, & ENVIRONMENT

COHORTING: ASSIGNING CHILDREN AND STAFF TO GROUPS

Keeping children and staff in the same small groups or cohorts every day reduces the number of close contacts they have. Assign children to small groups and try to keep them the same every day to the greatest extent possible. Staff should be assigned to individual groups and should not mix with other groups. Do not mix groups during daily activities and limit combining of groups at the beginning and end of the day to the extent possible. If individuals are mixing within groups, track which groups (children and staff) and the timeframe.

Keep group sizes to no more than that which is outlined below. Groups should keep the same staff and the staff-to-child ratios must adhere to the licensing guidelines. Maintaining consistency with outside providers is recommended i.e. School Districts, Consultants, Content Area Specialists, Coaches, Interpreters, Health Coordinator. All individuals specified above must follow the health screening, masking and hygiene procedures as outlined throughout this operating plan.

Age Group	Max # of Children in Group	Staff:Child Ratio	Max # Total People in Group
Infants aged 0-11 months --or-- Mixed aged children 0-36 months	8 9	1:4 1:3	10 12
Toddlers aged 12-29 months --or-- Mixed aged children 12-36 months	14 15	1:7 1:5	16 18
Preschoolers aged 30 months to 6 years, not enrolled in school --or-- Mixed aged children 36 months to 6 years, not enrolled in school	20	1:10	22

PHYSICAL DISTANCING IN THE CLASSROOM

Both DOH and CDC recommend that children and youth be physically distanced by at least three feet or more within groups and in rooms as much as possible. Continue to maintain six feet of distance as much as possible when children are eating and sleeping. Your ability to do this will depend on children’s ages and on their developmental and physical abilities.

MEAL SERVICE

Children MUST be monitored when washing hands prior to and after mealtime. Hand washing is critical in preventing the spread of disease. Children will be physically spaced as far apart as possible when seated at the tables. Tables will be spaced at least 6 feet apart. Utilize all learning areas or outdoors if weather permits. Children will no longer serve themselves and/or pass food items at the table. The classroom teacher or support staff will serve children during mealtime and will provide additional servings as needed. Children will be excused from the table after they have completed their meal to wash their hands. It is essential that staff monitor hand washing to ensure children are hand washing with a sufficient amount of soap and water.

PLAYGROUND

Children do not need to wear face masks while on playground but distancing is encouraged while unmasked. Face shields must be removed when on playground and/or when engaging in physical activity due to safety concerns.

WATERPLAY ACTIVITIES

All multi-use water play activities are suspended at this time. Individual water play may occur. Cleaning and rinsing will occur each day between groups of children.

TOOTHBRUSHING

Toothbrushing is suspended. Staff will be notified when toothbrushing is to resume as part of the daily classroom routine. Promoting tooth brushing at home at this time is critical in order to help support the importance of dental care and cavity prevention.

SLEEP AND NAP TIME

Staff are to follow the current sleep procedure (HLTH 9e & HLTH 9e1) while placing cribs and mats as far apart as possible. Sheets are not to be shared among children and should be cleaned on a weekly basis and more often as needed. Any child who shows signs of COVID-19 or any other illness should have their sheets cleaned at the end of the school day. All sleep equipment (ex. cribs and mats) should be wiped down and sanitized after each use.

DIAPERING/RESTROOM USE

Staff must wear gloves when diapering and when applying diaper cream. Children and staff must wear face masks while in restroom. If a child needs assistance in the restroom staff is to assist and exit the restroom when child is no longer needing assistance. Monitoring is important to ensure children are washing their hands thoroughly after restroom use.

TRANSPORTATION

Transportation (school bus) may only be available to a very limited number of children in order to allow for physical distancing. Children will be asked to wear a face mask while riding the bus. The bus monitor will complete temperature checks and health screenings prior to allowing any child to board the bus. Children are to be separated as far apart as possible. Seat children with children within their classroom or cohort in assigned seats. Maximize outside air flow and keep windows open when possible and/or between bus runs and cleaning of bus. Seats, hand railings, seat belt buckles, and any other frequently touched surface, must be cleaned between bus routes. **See "CLEANING, SANITIZING, & DISINFECTING" for guidance.*

VENTILATION

Allowing for adequate airflow within the classroom and building supports the slowing down and/or prevention of airborne diseases, such as COVID-19. Opening the doors at the entrance to the building and/or classroom during pick up and drop off, along with opening classroom windows (while monitoring), will support adequate ventilation into the building throughout the day. Monitoring classroom temperatures is necessary.

CHILDREN'S BELONGINGS

It is recommended that children bring as few items from home as possible (ex. backpacks). Families should consider bringing needed items to school at the beginning of each week rather than back and forth to school each day.

STAFF BELONGINGS

Consider leaving a change of clothes on site or in your vehicle. Try to keep items brought from home and back to home to a minimum, if possible. Keep purses, bags, and backpacks off the floor and in a cupboard. Be mindful of where you place your purse, bags, and backpack when taken home each day. Wear hair up, off the collar, if possible.

STAFF REQUIRED BREAKS

If a substitute is needed in the classroom:

- The substitute staff must wash their hands immediately upon entering and upon leaving the space.
- The substitute must wear a disposable face covering at all times when in the group space.

HOME VISITS

LCC HS/EHS/ECEAP is required by its funding sources to resume in-person visits during the 2021-22 program year. This section provides the current requirements for staff and families including accommodations that staff may offer to families.

Preparing for the Home Visit

To ensure families understand the COVID procedures, LCC is obligated to follow, staff will review the *COVID Operating Plan & Supplemental Health Guidance* prior to (or during) the first home visit with each enrolled family (include all members who will be present during home visits to the extent possible). Upon completion of reviewing the guidance, have the parent sign and date the *Parent Statement of Understanding*. Staff will consider the in-person visit options in the section below with each family to establish where the in-person visit(s) will occur.

Home Visit – Environment

In-person visits are required and may occur indoors or outdoors. Visits ideally occur at the family home, but may also occur at any LCC HS/EHS/ECEAP program center or another community location accessible to and identified in partnership with the family. Outdoor visits are encouraged when weather permits (patio, porch, lawn, playground, etc.)

A virtual visit may be offered if any family member participating in the visit does not pass the COVID Screening Questions prior to each visit beginning. The family can also opt for a rescheduled in-person visit in lieu of a virtual visit. A family with a medically fragile child may be accommodated with continued virtual visits. Staff will communicate with their supervisor regarding any family unwilling to resume in-person visits. If the Supervisor and Staff are unable to resolve the barrier to completing in-person visits that must be communicated to the Director who is required to communicate accommodations to the Region X Head Start office.

All staff completing home visits will be supplied with a home visitor kit which includes hygiene items for use during home visits (ex. gloves, hand sanitizer, mask, etc.). It is the responsibility of each staff member to request supplies and replenish their kits when supplies are needed.

**If federal, state or local health jurisdictions increase restrictions, the program will follow those restrictions by adjusting program COVID Operating Plan and will communicate those changes with staff and families.*

COVID Screening Questions Prior to Each Home Visit

Staff will review the COVID-19 health screening questions prior to the start of their work day for their own health. Staff with symptoms will not report to work and will communicate with their Supervisor. Prior to the start of each home visit, staff will review the COVID-19 health screening questions with the Parent/Guardian for all members who will be present at the visit. If possible, this can be done by phone or text prior to the in-person visit. Providing each enrolled family with a copy of the COVID-19 health

screening questions may help support this process. Staff will use the home visit form to document with whom the screening questions were reviewed, who was present at time of meeting, and if anyone in home was displaying signs or symptoms of illness. This information is important in case an exposure to COVID-19 were to occur at time of home visit. If signs/symptoms of illness begin for any participant during the visit, staff will end the visit, refer to pages 5-7 of this document, and take necessary steps.

Handwashing, Hygiene, Face Masks

Staff are to wash hands and/or use hand sanitizer at beginning and end of each home visit. Staff will be supplied with hand sanitizer and non-latex gloves to use as needed. Handwashing or the use of hand sanitizer must occur regardless of non-latex glove use. All materials (ex. books, pens, markers, scissors, etc.) used during home visit must be wiped down between home visits. Staff will review the “Hand Hygiene” section within this procedure with each enrolled family to help support the importance of hand hygiene. See the “Hand Hygiene” section within this procedure.

Face Masks at the Home – Staff are required to wear face masks during the visit when indoors per state regulations for workers who have contact with unvaccinated children. All other adults and children ages 2 and up that are present in home, are encouraged to wear a disposable or cloth face mask when interacting with program staff at their home. If parents/caregivers do not want to wear a face mask during a home visit, the home visitor may schedule the in-person visit at the center. See “Face Masks-ADULT’S”, “How to Safely Put on a Face Mask or Cloth Face Covering”, and the “Cloth Face Mask Care” sections within this procedure and follow as it applies to you during a home visit.

Face Masks at LCC HS/EHS/ECEAP Centers – Refer to Face Mask section (Adult and Children) within this Operating Plan.

HYGIENE/FACE MASKS

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP HYGIENE POLICY

Policy

Our program is committed to the effective implementation of hygiene, sanitation, and disinfection procedures that significantly reduce health risks to children and adults by limiting the spread of germs.

Hand Washing/Hygiene Procedure

The “Be a Germ Buster, Wash Your Hands “ poster or the Washington Department of Health procedure must be posted in all building bathrooms and at each sink in the classroom. Hand washing is the single best way to reduce or stop the spread of germs that cause a child to be ill, e.g. diarrhea. Staff wash hands regularly and teach children to wash their hands, assisting children as needed.

Staff and volunteers wash their hands:

- a. Upon arrival at the child care center.
- b. Before putting on food service gloves.
- c. Before and after handling foods, cooking activities, eating and serving food.
- d. After touching/handling raw meat, poultry, fish, or eggs.
- e. After personal toileting.
- f. After assisting child with toileting.
- g. Before and after diaper/pull-up changing.
- h. After handling or coming in contact with body fluids such as mucus, blood, saliva, urine or vomit.
- i. After touching any unclean item.
- j. After attending to an ill child.
- k. Before and after administering first aid.

- l. Before and after giving medication.
- m. After handling, feeding or cleaning-up pets or other animals.
- n. After smoking or vaping
- o. After being outdoors or involved in outdoor play.

Children will be directed or assisted in hand washing:

- a. Upon arrival at the center.
- b. Before and after food and meal preparations, eating meals or cooking activities.
- c. After toileting.
- d. After outdoor play.
- e. After coming in contact with body fluids.
- f. After messy play.
- g. After handling pets or other animals.

How Hand Washing is Done at Our Center:

- a. Soap, warm running water and individual towels are available for staff and children.
- b. Turn on water and adjust temperature.
- c. Wet hands and apply a liberal amount of soap.
- d. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds. (As a general rule, hands should be washed for 30 seconds.)
- e. Rinse hands thoroughly.
- f. Dry hands, using an individual towel.
- g. Use paper towel to turn off water faucet(s) (unless the faucet turns off automatically) and open any door knob/latch before discarding
- h. Use hand-drying towel to turn off water faucet(s)

HAND SANITIZER

Alcohol based hand sanitizers with at least 60% alcohol may be used by adults and children over 24 months of age with proper supervision only when hand washing facilities are not available and hands are not visibly soiled. Hand Sanitizer must be stored where it is not accessible to children. Alcohol based hand sanitizer is not a substitute for hand washing when hands are dirty, after diapering or toileting, or before eating. An alcohol-based hand sanitizer must contain 60% to 90% alcohol to be effective.

GLOVES

Gloves are to be worn when handling food, administering first aid, handling dirty laundry, administering topical medication or diaper cream, changing diapers, cleaning, sanitizing, and disinfecting, etc. Hands must be washed with soap and water after removing gloves.

FACE MASKS

While vaccinations and ongoing precautions have helped reduce the infection rate, it is important to remember that children under the age of 4 are not yet able to be vaccinated. Face mask requirements that remain in effect for schools and other settings with unvaccinated children are outlined below:

FACE MASKS – ADULTS

Preschool Centers:

Indoors – All staff, families, visitors, volunteers, youth, and children 2 years of age and older must wear facial coverings indoors regardless of vaccination status except when eating or sleeping.

Outdoors – Masks are not required outdoors, **but are encouraged for children who are not vaccinated who are sustaining close contact with others.

Infant & Toddler Center:

Follow Preschool Center guidance above (facial coverings are required). Due to longer duration of close contact, staff in infant rooms will need to wear a **surgical style** face mask along with a face shield and will be provided by the program.

**Guidance collected from WA. L&I, CDC, & WA. D.O.H*

***Guidance collected from Office of Head Start – final rule regarding mask requirements*

FACE MASKS – CHILDREN

There are specific exceptions based on age, development or disability; outlined below. See the DOH Guidance on Cloth Face Coverings and CDC Recommendation Regarding the Use of Face Coverings for more information. Face masks with ear loops are preferred over ones that tie around the neck or behind the head during physical activity to reduce the risk of injury. Providers must provide face coverings for staff and youth who don't have them. In some cases, staff may need a higher level of protection under L & I safety and health rules and guidance. Refer to L & I's Coronavirus Facial Covering and Mask Requirements for additional details.

Children age 2 and up are required to wear a face covering at child care and preschool when indoors.

- Face coverings should not be worn by:
 - Children younger than age 2 years.
 - Children while they are sleeping.
 - Those with a disability that prevents them from comfortably wearing or removing a face covering.
 - Those with certain respiratory conditions or trouble breathing.
 - Those who are deaf or hard of hearing and use facial and mouth movements as part of communication.
 - Those advised by a medical, legal or behavioral health professional that wearing a face covering may pose a risk to that person.
- In rare circumstances when a cloth face covering cannot be worn, children and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. Face shields should extend below the chin, to the ears, and have no gap at the forehead.
- Younger children must be supervised when wearing a cloth face covering. These children will need help with their masks getting used to wearing them.
- Children may remove cloth face coverings to eat and drink and when outside ****if not sustaining close contact to others**. If children need a "mask break", take them outside or to a large, well ventilated room where there is sufficient space to ensure more than 6 feet of physical distance between people.
- The child care is responsible for providing appropriate PPE for all staff, including those who provide assistance to children and youth who have special needs.

**Guidance collected per Washington Department of Health*

***Guidance collected from Office of Head Start – final rule regarding mask requirements*

HOW TO PUT ON A FACE MASK

Staff assisting with temperature checks must wear a face mask when completing health checks at entry to the building. Follow facemask guidelines below and make sure to wash hands prior to starting and upon completion of daily health check.

1. Before putting on the mask or cloth face covering, wash your hands for at least 20 seconds with soap and water, or rub your hands together thoroughly with alcohol-based hand sanitizer.
2. Check for defects in the facemask, such as tears or broken loops.
3. Position the colored side of the mask outward.

4. If present, make sure the metallic strip is at the top of the mask and positioned against the bridge of your nose.
5. If the mask has:
 - Ear loops: Hold the mask by both ear loops and place one loop over each ear.
 - Ties: Hold the mask by the upper strings. Tie the upper strings in a secure bow near the crown of your head. Tie the bottom strings securely in a bow near the nape of your neck.
 - Dual elastic bands: Pull the top band over your head and position it against the crown of your head. Pull the bottom band over your head and position it against the nape of your neck.
6. Mold the bendable metallic upper strip to the shape of your nose by pinching and pressing down on it with your fingers so it molds to the bridge of your nose.
7. Pull the bottom of the mask over your mouth and chin.
8. Be sure the mask fits snugly.
9. Don't touch the mask once in position as you may contaminate the mask.
10. If the mask gets soiled or damp, replace it with a new one.

Do Not:

- Don't touch the mask once it is secured on your face; dangle the mask from one ear; hang the mask around your neck and/or crisscross the ties.

If you have to touch the facemask while you're wearing it, make sure to wash your hands first as your hands or mask may have pathogens on it after use, and you want to prevent transmitting or contracting these pathogens. Be sure to also wash your hands after touching mask, and/or use hand sanitizer. If you are wearing a cloth mask, make sure to wash frequently in hot water.

HOW TO SAFELY REMOVE A FACE MASK

- Try to avoid touching your face, especially your eyes, nose, mouth when removing the mask
- If you are able, wash hands prior to removing mask.
- Pull elastic bands or ties from back of head or ears and avoid touching your face.
- Discard mask (if disposable) and wash hands with soap and warm running water for at least 20 seconds.
- If you wear a cloth face covering, make sure to place in a paper or plastic bag after use.

FACE CLOTH CARE

Cloth face coverings should be washed every day with detergent and hot water. Dry face covering completely in the dryer or air-dry the face covering in direct sunlight if possible. If you must reuse your facemask before you wash it, wash your hands after you put it back on and do not touch your face.

Throw away cloth face coverings if it:

- No longer cover your nose and mouth.
- Are stretched out or do not stay on your face.
- Have damaged ties or straps.
- Have holes or tears in the fabric.

DISPOSABLE FACE MASK CARE

Disposable face masks must be discarded when staff leave their program site for any reason, such as lunch breaks and/or at the end of their work day.

A new disposable face cloth is needed when:

- Any area of the disposable face mask is damaged, dirty, and/or wet.

- Mask is no longer falling on bridge of nose and beneath chin in order to provide full coverage of nose and mouth area.

CLEANING, SANITIZING, AND DISINFECTING

Clean, sanitize, and disinfect throughout the day in accordance with the licensing regulations. See [WAC 110-300-0241](#) cleaning schedules for more information.

WASHING TOYS BY HAND

Step 1: Clean

- Wash and scrub toys thoroughly with soap or detergent and warm water. It is very important to clean toys thoroughly prior to sanitization, as sanitization is more effective on clean surfaces.

Step 2: Rinse

- Rinse toys with warm water to remove dirt, germs, and soap residue.

Step 3: Sanitize (3- Step Process)

- Dip the toys in bleach/water solution
- Allow toys to dry completely either by letting them sit overnight or allow 2 minutes to let them sit out before wiping toys with a paper towel.
- Further rinsing is not necessary.

If groups of children are moving from one area to another in shifts, make sure to clean the area before the new group of children enters that area. Clean and disinfect high touch surfaces continuously throughout the day.

WASHING TOYS IN DISHWASHER

- Some toys (wood, plastic, and metal) may be washed in the dishwasher.
 - All removable parts must be removed prior to placing in dishwasher.
- Follow dishwasher detergent recommended guidelines.
- Run toys through a complete wash and dry cycle
- Do not wash toys with dirty dishes, utensils, etc.

CLEANING TOYS

- It is recommended that mouthed toys be provided and stored per individual child
- Toys are collected as they become dirty throughout the day
 - Mouthed Toys- after each use by a child
 - All other Toys- daily, or as needed
- Toys are sorted into separate containers- Cloth & Wood/Plastic toys
- Clean, rinse, and sanitize toys daily at the end of day or specified time of day
- Staff must wear household rubber gloves when cleaning and disinfecting toys.

CARPETS

Carpets should be vacuumed daily at the end of the school day when children are not present. It is recommended that a blanket or towel be placed under infants when on carpeted floors.

LAUNDRY

Used cloth face masks are to be washed daily at each center. Used cloth face masks are to be placed in labeled container that is used only for used masks. Staff should wear gloves when handling dirty masks

and laundry. Laundry should be washed on warmest possible setting. Mixing of clothing will not cross contaminate articles of clothing. Masks will be placed in dryer and will only be removed when completely dry. Staff must wash hands after handling laundry and removing gloves.

It is recommended that Infants and toddlers keep an extra set or two of clothing in their assigned classroom in case of illness and/or bodily fluid exposure.

IN CASE OF EXPOSURE

- Open outside doors and windows to increase air circulation in the area.
- Follow Cleaning, Sanitizing, and Disinfecting Health procedure and that which is outlined above to prevent further spread of disease and other illnesses.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not required.

COMPROMISED IMMUNE SYSTEMS/SPECIAL HEALTH NEEDS

CHILDREN WITH CHRONIC HEALTH CONDITIONS

Staff should be extra vigilant of children with chronic health conditions, such as those with Asthma. During times when COVID-19 cases are on the rise, it is advisable that children with serious chronic conditions (ex. Asthma) be kept at home while following strict hygiene and physical distancing guidelines.

STAFF WITH CHRONIC HEALTH CONDITONS

Staff living with chronic health conditions should contact their health care provider for guidance when considering when to provide or participate in childcare. Staff should work with their supervisor and LCC Human Resources when accommodations are needed.

WOMEN WHO ARE PREGNANT

Women who are pregnant should follow staff/volunteer procedures, wash hands often, maintain proper physical distance from others, and wear a face masks at all times. A shield is recommended but not required. It is recommended that women who are pregnant avoid high traffic areas as often as possible to prevent exposure.

CARING FOR SOMEONE WITH COVID-19

Limit Contact

- Staying away from others helps stop the spread of COVID-19
- If possible, have the person who is sick use a separate bedroom and bathroom.
- If you have to share space, make sure the room has good air flow.
 - Open the window to increase air circulation.
 - Increased air circulation helps in removing respiratory droplets in the air.

Caregivers should Quarantine if exposed to someone with COVID-19

Caregivers and anyone who has been in close contact with someone who has COVID-19 should stay home, follow their health care providers plan of care, while also following the guidance provided within this procedure and that which is provided by their Supervisor.