# Tucker Maxon School Health & Safety Guidelines for Preschool Childcare and Early Education Operating During COVID-19 (Aug 28, 2020 Draft)

#### **Based on Guidance from:**

Health and Safety Guidelines for Childcare and Early Education Operating During COVID-19

> Early Learning Division, Oregon Department of Education Version 1, Published August 14, 2020

For more information and the latest updates: https://oregonearlylearning.com/COVID-19-Resources. Questions? Email ProviderContact@state.or.us.

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## **Introduction and Purpose**

The purpose of Tucker Maxon's Health and Safety Guidelines for Preschool Childcare and Early Education Operating During COVID-19 is to address policies and practices in our preschool childcare and early education programs that ensure safe operations, and help reduce the transmission of COVID-19. Safe and quality childcare and early education is fundamental to the state's recovery efforts, and the short- and long-term well-being of children and families.

In issuing these guidelines, Tucker Maxon School (TMS) seeks to support the availability of essential childcare and early education services while also protecting the health and well-being of staff, children, and families. Initial guidance was first released in spring 2020. These Guidelines reflect ongoing developments regarding COVID-19, such as increased scientific understanding of the most effective strategies for reducing the risk of transmission and the continued presence of COVID-19 throughout Oregon. As the situation regarding COVID-19 evolves, and new information is available, the State's Early Learning Division (ELD) and Oregon Health Authority (OHA) expect to revisit their guidance and Tucker Maxon will update accordingly.

Health & Safety Guidelines that follow the State's guidance are required for all licensed programs, including Tucker Maxon as a Certified Center (CC) and all childcare and preschool provided in public school settings.

#### **Effective Date**

These Guidelines took effect on September 1, 2020.

The State's guidelines this document is based on took into account the following:

- The science of COVID-19.
- The science of child development.
- Cost and burden to families, childcare and early education programs.
- Experiences and perspectives of families and of childcare and early education providers.
- Racial, cultural, linguistic and other systemic inequities that impact childcare and early education.
- The historically under-resourced conditions of childcare and early education programs.
- The importance of simplicity, transparency, and ease of administration.

# 1. Drop-off and Pick-up Requirements

- 1.1 Require parents or caregivers to drop off and pick up children from program staff outside of the buildings.
- 1.2 Require parents or caregivers to wear a face shield or face covering during drop-off and pick-up.
- 1.3 Require parents or caregivers during drop off or pick up to maintain physical distancing of a minimum of six feet when not engaged in handing off children to staff or vice versa.
- 1.4 Provide hand hygiene stations in classrooms and buildings, outside or immediately inside, so that children and staff can clean their hands as they enter. Tucker Maxon classes in use all have sinks. Students and staff will wash their hands in a sink with soap and water, immediately on entry, rather than hand sanitizer. If a sink with soap and water is not available for any reason, Tucker Maxon will provide hand sanitizer between 60%-95% alcohol at the entrance. Hand sanitizer will be kept out of children's reach and staff will supervise its use by children.
- 1.5 Sanitize or switch out writing utensils used for drop-off and pick-up between uses by different people.
- 1.6 Encourage families to have the same person drop off and pick up the child every day.
- 1.7 Talk with families about those at higher-risk of contracting COVID-19 not serving as the designated person for drop-off or pick-up. People with serious underlying medical conditions are more at risk for severe illness from COVID-19. See https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complica- tions.html
- 1.8 Require staff complete all required documentation, rather than parents or caregivers, to minimize potential spread of disease from sharing writing utensils, etc.
- 1.9 Maybe stagger drop off and pick up times for families.
- 1.10 Consider low or no contact sign-in and sign-out methods such as a different sheet, pen, or clipboard for each child, or have staff complete the sign-in and sign-out process.

# 2. Daily Health Check Requirements

During COVID-19, Tucker Maxon School's preschool, childcare and early education programs will:

- 2.1 Conduct a daily health check for any child, staff, and any other person (specialist, maintenance, etc.) coming into the program. (See <u>Recordkeeping</u> section below re documenting the health check.)
- 2.2 Require designated staff to take touchless temperature of all entering children and any individual coming into contact with a stable group. If anyone has a temperature of 100.4 Fahrenheit or over, they will be excluded. Staff will self-screen and attest to their temperature on a daily basis.
- 2.3 Ask all entering adults and children (if a child is not able to answer reliably, TMS will ask the adults who are dropping off the child):
  - 1. Has the adult or child been exposed to anyone with a positive case of COVID-19 in the past 14 days?
  - 2. Has the adult or child been exposed to anyone with a presumptive case of COVID-19 in the past 14 days?
    - A "presumptive" case means the person was exposed to someone with COVID-19 and the presumptive adult or child showed symptoms in the past 10 days.

If the answer is yes to either question 1 or 2, the adult or child must quarantine for 14 days. The 14-day quarantine starts on the day that child or adult last had contact with the COVID-19 case.

- The 14-day quarantine cannot be shortened by getting a negative COVID-19 test, or by getting a note from a medical professional.
- 3. Is the adult or child experiencing unusual cough, shortness of breath, or fever?

"Unusual cough" means something not normal for this person (e.g., allergies, asthma).

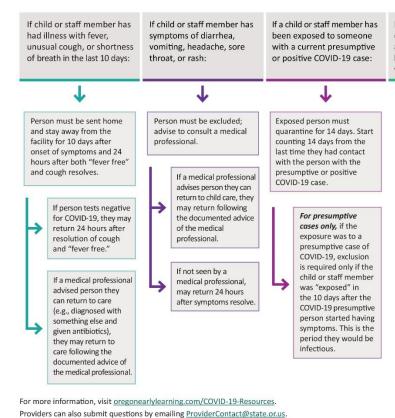
If the answer is yes to question 3, that person will be excluded from the program for 10 days, and 24 hours symptom-free without medication.

- With regard to cough and shortness of breath only, if the person has been checked by a
  medical professional and is cleared, they can remain in or return to the program following
  the documented direction of the medical professional. Anyone with a fever of 100.4
  Fahrenheit, however, will be excluded. See additional information on exclusion and return
  to care under direction of a medical professional in the section Responding to Possible and
  Confirmed Cases of COVID-19 below.
- 4. Does the child or adult have symptoms of diarrhea, vomiting, headache, sore throat, or rash? If the answer is yes to question 4, that person will be excluded as follows.
  - If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.
  - If not seen by a medical professional, they may return 24 hours after resolution of symptoms.
- 2.4 Staff members may self-screen and attest to their own health on a daily basis.
- 2.5 Document that a daily health check was completed on every person entering and write down pass or fail only. Do not record symptoms or temperature in order to maintain privacy.

- 2.6 Refer to Exclusion Chart, found below, while completing daily health checks.
- 2.7 Wear appropriate face coverings and Personal Protective Equipment, as indicated in the <u>Personal Protective Equipment for Children and Adults</u> section of this document.



**AUGUST 14, 2020** 



If a child or staff member develops these symptoms while at the facility or learns they have been exposed to a positive case while at the facility:

Separate the child or staff

soon as possible.

member until they can leave

the facility and send home as

If a child or staff member has a household member with symptoms of COVID-19 that is not confirmed or presumptive:

Carefully monitor the child or

staff member for symptoms

Encourage the ill household

member to get tested.

#### **Important Definitions**

"Unusual cough" means out of the ordinary for this person – e.g., not usual asthma, allergies, common cold.

"Fever" means 100.4 degrees Fahrenheit or more.

"Fever free" means a temperature less than 100.4° Fahrenheit without the use of fever reducing medication.

"Exposure" means close contact (less than six feet) for longer than 15 minutes with a COVID-19 case.

"Presumptive case" means a person who was exposed to a positive COVID-19 case and has developed symptoms.

"Quarantine" means you stay away from other people when you may become sick, even if you have no symptoms.

# Children cannot be denied care because of the fear of transmission of COVID-19:

In addition to Oregon laws prohibiting discrimination, a provider cannot refuse to enroll a child in the program based on a belief that the child is more susceptible to contracting COVID-19 due to the child's or parent's occupation, race, ethnicity, geographic location, disability, or pre-existing health condition.

# 3. Recordkeeping Requirements

- 3.1 Keep daily logs separated by or indicating each stable group (people in that group or people who came in contact with that group). In addition to the reasons for recordkeeping under childcare rules, additional requirements support potential contact tracing.
- 3.2 Indicate in each daily log:
  - Child name
  - Adult name(s) completing drop-off and pick-up (no signature is required)
  - Arrival and departure date and times
  - Name of any staff/person coming in contact with a stable group, arrival and departure date and times
  - Document daily health checks on all children, staff, and any person coming into the program (see <u>Daily Health Check</u> requirements for further guidance). Staff record only that the check was a pass or fail not specific information.
- 3.3 Daily logs must be retained for 2 years for all children (the usual amount of time per childcare rules).
- 3.4 Since Tucker Maxon preschool is part of a K-5 school, this information will be incorporated into the school's records for contact tracing.
- 3.5 To minimize potential spread of disease from sharing writing utensils, staff should complete all required documentation, rather than parents or caregivers.

# 4. Family Engagement Requirements

- 4.1 Inform families of the requirements for operating during COVID-19, how programs are operating differently during this time, and any other program policies that are specific to COVID-19.
- 4.2 Communicate requirements that families must follow, including drop-off and pick-up procedures.
- 4.3 Provide information related to the facility and COVID-19 to families in a manner that they can understand.
- 4.4 When engaging families in formal activities that are normally conducted in-person such as parentteacher conferences, meetings, or other typically in-person activities, conduct virtually or via telephone.
- 4.5 Conduct any visits to the home for services or other programmatic reasons virtually.
- 4.6 If families cannot engage in virtual or telephonic visits, or for parents who enter the program to access audiology or to breastfeed, Tucker Maxon has a protocol for in-person family engagement that, at minimum, requires:
  - Following physical distancing requirements with staff and children not in their household.
  - Use of face shields or face coverings.
  - Use of outdoor space if appropriate and available.
  - Engage with only one family, and any other necessary individuals, such as translators, at one time.
  - Pre-schedule (whenever possible).
- 4.7 Allow family members to enter the facility only if there is a concern for the health and safety of their child. Family members entering the facility must follow all requirements for other adults (staff) in the facility.
- 4.8 Ensure breastfeeding parents, or parents or caregivers whose children have special feeding needs and who choose to come to the program to feed their child, are provided an appropriate space where other children are not present. The space will be cleaned and sanitized between visits.
- 4.9 Permit families seeking enrollment to visit the facility only when children are not present. Only one family may visit the facility at a time, and the family must comply with daily health check and recordkeeping requirements, wear a face shield or face covering, and maintain physical distancing.
- 4.10 Limit the number of items that go from the facility into the home and from the home to the facility, especially those items that are not easily washed or sanitized (i.e., backpacks, stuffed animals, plush toys).

### 5. Group Size and Stable Groups Requirements

During COVID-19, Tucker Maxon School's preschool, childcare and early education programs will:

- 5.1 Assign and keep children in stable groups with the same assigned adults.

  A new child may be added or moved to a different stable group if it is a permanent change.
- 5.2 Require staff to practice physical distancing (i.e., six feet) at all times within the facility with adults, as well as other staff who are not usually with the same stable group.
- 5.3 Require staff assigned to a stable group to practice physical distancing with children from other stable groups and take precautions to ensure children do the same.
  - Staff and children are not required to physically distance from adults or children <u>within their stable</u> group.
- 5.4 Only staff assigned to a stable group may be inside of classrooms with the following exceptions:

Additional adults outside of the stable group will be allowed into the classroom in order to provide:

- Specialized services to children such as those associated with Early Intervention, Early Childhood Special Education, and Deaf Education.
- Meet monitoring requirements of publicly funded or regulated programming.
- Maintain ratios during staff breaks (e.g., subs, floaters).
- Service to the facility that cannot take place outside of program hours.
- 5.5 When providing outdoor activities, there cannot be more than one stable group of children in one outside area at a time. Programs may have separate areas as long as stable groups are kept apart and there is at least 75 square feet per child in that area.
- 5.6 Programs may use a visual barrier to define the space used outside.
- 5.7 No facility may serve more than 250 children under State guidelines.
- 5.8 Tucker Maxon is a licensed Certified Center (CC) in the State of Oregon. Staff-to-child ratios and maximum group sizes will adhere to those specified in State licensing rules by provider type, and by the provider's actual license.
- 5.9 For children ages 36 months to Up to Attending Kindergarten: As a licensed childcare Certified Center (CC), for as long as Multnomah County remains under Phase 1 or 2 restrictions, Tucker Maxon School will have a minimum ratio of caregivers to children of 1:10 and a maximum number of children per group of 20.
- 5.10 For Kindergarten, Tucker Maxon School will have a Minimum Ratio of Caregivers to Children of 1:15 and a Maximum Number of Children per Group of 20.
- 5.11 Note these maximum numbers will be further limited by the size of classrooms and Limited Inperson Instruction by ODE. Each group of children will be in a space that has a minimum of 35 square feet per child.
- 5:12 Tucker Maxon may enroll up to four additional children enrolled in a stable group, provided the children in attendance at the same time in a classroom do not exceed the maximum number allowed per group. (For example if TMS allowed some children to come to school only a few days per week).

- 5:13 For Preschool, the gyms/cafeteria, library, and STEAM Lab (very large spaces) are limited to one group of 20 (or split into two groups of 10).
- 5:14 If Multnomah County returns to Baseline restrictions, Tucker Maxon School will have a minimum ratio of caregivers to children of 1:10 and a maximum number of children per group of 10 for children ages 36 months up to attending Kindergarten. For Kindergarten, Tucker Maxon School will have a minimum ratio of caregivers to children of 1:15 but a maximum number of children per group of 10 (which is somewhat contradictory in the State's guidelines, ratio would be 1:10 in Baseline).

# 6. <u>Personal Protective Equipment for Children and Adults</u> <u>Requirements</u>

- 6.1 Require all staff, contractors, other service providers, or visitors or volunteers who are in the facility to wear a face shield or face covering. Face coverings and face shields must follow CDC guidelines.
  - An exception to the requirement to wear a face shield or face covering will be made if a staff member has a medical condition or disability, as documented by a doctor's order that prevents them from wearing a face covering.
- Require all children age 3 and up who are in the facility to wear a face shield or face covering. Face coverings or face shields will follow CDC guidelines.
- 6.3 Ensure adults and children who are age 3 and up wear a face shield or face covering outside, if six feet of physical distance cannot be maintained.
- 6.4 Children must be able to remove the face covering or face shield themselves without assistance.
- 6.5 If a child removes a face covering or face shield, or demonstrates a need to remove the face covering or face shield for a short period of time, staff will supervise the child to maintain six feet or more of physical distancing from all adults and children while the face shield or face covering is removed. If needed, staff will show the child how to effectively wear a face shield or face covering and guide the child to re-engage in safely wearing a face shield or face covering. Children will not be disciplined for the inability to safely wear a face shield or face covering.
- Tucker Maxon will exempt a child from wearing a face shield or face covering if they experience a disability that prevents them from wearing one, as documented by their doctor's order or if they are unable to remove the face shield or face covering independently.
- 6.7 Ensure children never wear a face shield or face covering while sleeping (during naps).
- 6.8 Require staff or child to wash hands before putting on a face shield or face covering, after taking face shields and face coverings off, and anytime the face shield or face covering is touched. (Handsanitizing products with 60-95% alcohol content may be used as an alternative to washing hands.) Children will be supervised when using hand sanitizer, and hand sanitizer will be stored out of reach of children when not in use.
- 6.9 Require families to <u>wash or replace their child's face coverings daily</u>. After removal of a soiled face covering, the face covering should be put into a secure place that is not accessible to others. For example, it could be placed into a plastic bag or plastic container that is inaccessible to children prior to being sent home to be cleaned by the family.
- 6.10 Face shields will be wiped down with disinfectant at the end of the day after use.
- 6.11 Require disposable face coverings to be worn only once.
- 6.12 Face coverings will be <u>changed</u> after a daily health check if an adult interacts with a sick child.
- 6.13 Face shields will be sanitized after the daily health check if the adult interacted with a sick child.
  - Tucker Maxon face shields will be sanitized after health checks are completed each morning.
- 6.14 Require adults who engage in health and safety checks to wear a clean, outer layer of clothing (e.g., a larger size, long sleeve button down shirt, a smock, or an apron) during the daily health checks.

- Require adults, such as floaters or early interventionists, interacting with multiple, stable groups to wear a clean, outer layer of clothing when moving to a new group.
- 6.15 Ensure any childcare staff providing direct contact care and monitoring of children or other staff displaying COVID-19 symptoms, prior to their exclusion from the childcare setting, to maintain six feet of physical distancing and to wear a face shield or face covering.
- 6.16 Require clothing be changed after being soiled by any bodily fluids (i.e., mucus).
- 6.17 Any staff providing direct contact care and monitoring of a child or staff member displaying COVID-19 symptoms (waiting for pickup in isolation), prior to their exclusion from the childcare setting, will be provided and wear a medical-grade face mask (a surgical mask or N-95 respirator mask). A face covering or face shield will be worn if a mask is not immediately available. During isolation and monitoring, physical distancing will occur while a face mask, face covering, or face shield is worn.
- 6.18 Plexiglas or clear plastic barriers will be used for additional protection at the front desk. This barrier will be at least three feet wide and four feet tall from the ground, centered at the level of the mouth and nose level.

# 7. Daily Requirements

- 7.1 Eliminate all field trips, unless, under special exception by the Principal, they are conducted fully outdoors. TMS will not allow field trips to indoor venues. No transportation will be permitted. If going on outdoor field trips, adults and children will wash their hands or use hand sanitizer before and after, and programs will maintain stable groups separated from each other and away from other children.
- 7.2 Maintain at least 36 inches between mats in preschool and nap head-to-toe.
- 7.3 Limit sharing materials and toys between children during an activity. If sharing occurs, children will wash their hands with soap and water or use hand sanitizer at the end of the activity and prior to starting a new activity.
- 7.4 Clean and sanitize classroom materials between uses.
- 7.5 Discontinue the use of classroom areas or materials where children interact with common materials while engaging, such as shared sand and water tables, or outdoor sandboxes.
- 7.6 Reduce time spent in whole or large group activities.
- 7.7 Minimize time standing in lines and take steps to ensure distance between the children is maintained.
- 7.8 Incorporate additional daily outside time, with no more than one stable group of children in one outside area at a time.
- 7.9 Sanitize outdoor play equipment as needed between groups of children.
- 7.10 Increase the distance between children during any "table work."
- 7.11 Plan activities that do not require close physical contact between multiple children.
- 7.12 Provide children with their own materials and equipment if possible (e.g., writing utensils, scissors).

# 8. Handwashing and General Hygiene Requirements

During COVID-19, Tucker Maxon School's preschool, childcare and early education programs will:

- 8.1 Require staff and children to wash hands for at least 20 seconds:
  - Before and after eating, preparing food, or bottle preparation.
  - Before and after administering medication.
  - After toileting or assisting with toileting. Before and after diapering.

While soap and water are always preferred, hand sanitizer with alcohol content between 60-95% will be allowed:

- After wiping a nose, coughing, or sneezing.
- After coming in from outside.
- Upon entering and leaving the facility.
- If staff are moving between stable groups.
- After sharing toys, learning materials, etc.
- 8.2 Make handwashing materials easily accessible to each stable group.
- 8.3 Hand sanitizer will be stored out of reach of children when not in use.

# 9. Food and Nutrition Requirements

- 9.1 Eliminate children serving themselves from communal platters in the manner of family-style meals. Have one staff member serve everyone from communal dishes.
- 9.2 Staff will wash their hands before and after assisting children with eating.
- 9.3 Closely supervise all meal times, to prevent children from sharing and/or touching each other's food.
- 9.4 Allow breastfeeding parents or those whose children have special feeding needs to enter the program for the purposes of feeding.
- 9.5 Discontinue use of drinking fountains except for filling other containers such as water bottles.
- 9.6 Families will provide all food, snacks, and lunches for their children individually.
- 9.7 Children will only eat in their classrooms with their stable cohort.

# 10. Cleaning and Building Maintenance Requirements

During COVID-19, Tucker Maxon School's preschool, childcare and early education programs will:

10.1 Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. TMS has a brand new HVAC system with MERV 13 filters that will be replaced every 90 days. TMS will not use fans if doors and windows are closed and the fans are recirculating the classroom air.

#### 10.2 Surfaces in General. Staff will:

- Wear disposable gloves when cleaning and disinfecting surfaces.
- Wear reusable (e.g., rubber) gloves, except when cleaning and disinfecting areas around a sick person or when in contact with diapers, stool, blood and other bodily fluids.
- Wash hands with soap and water as soon as removing gloves.
- Keep all disinfectants locked up and keep hand sanitizers out of the reach of children.
- Clean dirty surfaces using a detergent or soap and water prior to disinfection.
- Use products approved by the EPA for use against SARS-CoV-2 for household disinfectant and follow instructions on the label (e.g., concentration, application method, contact time).
- Use diluted household bleach solutions when appropriate for the surface. Mix water (not hot water) with bleach using instructions on the bleach bottle. Leave diluted bleach mixture on the surface for at least one minute.
- TMS staff will not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe.
- If using bleach, TMS staff will make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- For children or adults with asthma, use bleach products sparingly and, when possible, when children are not in the facility or room. If possible, use wipes or apply product directly to a dampened towel, rather than using spray when there are children or adults with asthma nearby.

#### 10.3 Childcare Areas

Toys. Staff will:

- Collect "mouthed" toys in preschool after each use by a child.
- Collect all other toys daily or as they become dirty.
- Sort wood, plastic, cloth, etc. toys into separate containers. Store cloth and stuffed toys away during COVID-19 risk because they are harder to keep clean.
- Sort the toys ahead of time to make it easier to wash and sanitize them.
- At the end of the day, or at a specified time (i.e., naptime), clean, rinse, and sanitize toys.
- Toys may be cleaned in a washing machine, dishwasher, or by hand.
- If washing toys in a dishwasher:
  - Use the proper amount of dishwasher detergent recommended by manufacturer.

- o Run toys through the complete wash and dry cycle.
- Do not wash toys with dirty dishes, utensils, etc.
- Some hard toys such as wood, plastic or metal may be washed in a dishwasher. Check instructions for the toy.
- If washing toys by hand, use the following process:
  - Step 1: Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces.
  - Step 2: Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.
  - Step 3: Sanitize toys. Sanitizing reduces the germs from surfaces to levels that are considered safe.
  - Dip the toys in a sanitizing solution, or cover the toys sufficiently with spray. Staff will
    protect their hands by wearing household rubber gloves.
  - Allow toys to dry completely (i.e. overnight) or allow a 2-minute contact time before wiping toys dry with a towel.
- When using a bleach solution for sanitizing, chlorine from the sanitizing bleach solution evaporates off the toys, so no residue remains, and further rinsing is not necessary.

#### Objects Intended for the Mouth

• Thermometers and similar objects will be cleaned and reusable parts sanitized between uses. Pacifiers and teething toys are not allowed at the school.

#### **Soft Surfaces**

- For soft (porous) surfaces, such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean and disinfect with appropriate cleaners indicated for use on these surfaces.
- Vacuum carpeted floor and rugs daily when children are not present.

#### After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely
- Otherwise, use products that have been approved by the EPA for use against SARS-CoV-2 that are suitable for porous surfaces.

#### High Touch Surfaces

• High touch surfaces, such as doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets will be disinfected daily, including at the end of the day.

#### Sleeping Areas –schedule and method of cleaning.

- Clean and sanitize mats and blankets before use by another child.
- Wear disposable gloves when handling dirty laundry from a person who is sick.

• Bag or contain all soiled linens, clothing, and other items that go in the laundry before removing from the area.

#### **Toileting and Diaper Areas**

Disinfect handwashing sinks, counters, toilets, toilet handles, floors, changing tables, potty chairs, trashcans, and bathroom floors at the frequency established in Table 5.

#### Food Areas

Sanitize food area items including refrigerator, freezer, eating utensils, bottles, dishes, kitchen
counters, food preparation surfaces, food preparation sinks, kitchen equipment (blenders, can
openers, pots and pans, cutting boards), tables and highchair trays, highchairs, and kitchen
floors at the frequency established in Table 5.

#### Electronics

- Follow manufacturer's instructions for cleaning and disinfecting.
- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly.
- 10.4 Required Cleaning Schedule (see requirements above for details)

Note: At times, it may be necessary to clean, rinse, sanitize and/or disinfect more frequently. The 3-Step Method is 1. Wash 2. Rinse and 3. Sanitize or Disinfect

Sanitizing solution may be used to reduce germs from surfaces but will not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe. The sanitizing 3-Step Method is most often used for food surfaces, kitchens, and classrooms.

Disinfecting solution is used to destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA). The disinfecting 3-Step Method is most often used for body fluids and bathrooms/diapering areas.

<u>Please see Table 5 below</u> from the State Early Learning Division's Health and Safety Guidelines for Childcare and Early Education Operating During COVID-19

ltem	Sanitize or Disinfect?		Frequency  Note: At times, it may be necessary to clean, rinse, sanitize, and/or disinfect more frequently			Notes
	Sanitize	Disinfect	Daily	Weekly	Before/ After Each Use	
Child Care Areas Toys	х		x		х	Collect "mouthed" toys after each use by a child.
Objects indended for the mouth	х				х	<ul> <li>Collect all other toys daily or as they become dirty.</li> <li>Thermometers, pacifiers, teething toys, and similar objects must be cleaned and reusable parts sanitized between uses.</li> <li>Pacifiers may not be shared.</li> </ul>
Soft surfaces (e.g., carpeted floor, rugs, and drapes)		х	x			<ul> <li>Vacuum carpeted floor and rugs daily.</li> <li>Disinfect if soft surfaces are contaminated, using products approved by EPA for use against SARS-CoV-2.</li> </ul>
High touch surfaces (e.g., doorknobs, light switches, non- food countertops, handles, desks, phones, keyboards, and toilets)		х	х			Disinfect at the end of each day.

Specific additional requirements for Registered Family (RF) and Certified Family (CF) Providers:

- Spaces must be cleaned between the times when household members utilize the space and the times when a group of children utilize the designated child care space.
- Items used for child care must be washed separately from items used by family or household members.

Sleeping Areas						
Linens, clothing, and other items that go in the laundry				х		Clean at least weekly and in between use by another child.
Bed sheets, pillow cases, cribs, cots, mats, and blankets	x			х		Clean and sanitize bed sheets, pillow cases, cribs, cots, mats, and blankets before use by another child and at least weekly.
<b>Toilet and Diapering</b>	Areas					
Handwashing sinks and faucets		х			After each use	
Changing tables		х			After each use	
Potty chairs		х			After each use	
Diaper trash cans		х	х			
Bathroom floors		х	х			At the end of the day.
Countertops			х			At the end of the day.
Toilets			x			
Food Areas						
Food preparation surfaces	х				x	
Eating utensils and dishes	х				After each use	

Item	Sanitize or Disinfect?		Frequency  Note: At times, it may be necessary to clean, rinse, sanitize, and/or disinfect more frequently			Notes	
	Sanitize	Disinfect	Daily	Weekly	Before/ After Each Use		
Food Areas, Continu	Food Areas, Continued						
Tables and high chair trays	x				x		
Countertops	x		At end of day		After each use clean		
Food preparation appliances	x		x		After each use		
Mixed use tables	х					Before serving food.	
Refrigerator	х					Clean monthly.	
Food preparation sinks	х		х				
Kitchen floors	х		х				
Electronics							
Electronics		х				Follow manufacturer's instructions.	

# 11. Responding to Possible and Confirmed Cases Requirements

- 11.1 Make a plan for a confirmed case and the possibility that the facility may need to close.
- 11.2 Decide about closure in conjunction with Early Learning Division staff and the Multnomah County Health Department.
- 11.3 Have a plan for a child with particular health needs. If an enrolled child has particular health needs or susceptibility to disease, including COVID-19, TMS and their parent(s) will develop a care plan for the child. TMS will ensure all staff engaged with the child understand the plan.
- 11.4 In addition to Oregon laws prohibiting discrimination, TMS will not refuse to enroll a child in the program based on a belief that the child is more susceptible to contracting COVID-19 due to the child's or parent's occupation, race, ethnicity, geographic location, disability, or pre-existing health condition.
- 11.5 TMS will exclude staff and children for COVID-19 symptoms or cases as follows:
  - The adult or child has had an illness with fever, unusual cough, or shortness of breath in the last 10 days. Unusual cough means out of the ordinary for this person e.g., not usual asthma, allergies, common cold. Fever means 100.4 degrees Fahrenheit or more, without the use of fever reducing medication.
  - The individual must stay away from childcare for 10 days after onset of symptoms and 24 hours
    after both fever and cough resolve, without the use of a fever reducing medication. The 10-day
    rule for exclusion applies if the persons tests positive, or does not get tested.
  - If a child or staff member with symptoms of COVID-19 tests negative, they may return 24 hours after resolution of cough and fever without the use of fever-reducing medication.
  - If a child or staff member with symptoms of COVID-19 is advised by a medical professional they can return to care (e.g., diagnosed with something else and/or given antibiotics), TMS will allow them to return. TMS will require documentation from the medical professional. The person returning must be fever-free for at least 24 hours.
  - If child or adult has been exposed to someone with a current presumptive or positive COVID-19 case. An exposure is defined as an individual who has close contact (less than six feet) for longer than 15 minutes with a COVID-19 case. A presumptive case is defined as a person who was exposed to a positive COVID-19 case and developed symptoms.
  - The exposed person must quarantine for 14 days. Start counting 14 days from the last time they had contact with the person with the presumptive or positive COVID-19 case.
  - For presumptive cases only, if the exposure was to a presumptive case of COVID-19, exclusion is required only if the adult or child was exposed in the 10 days after the COVID-19 presumptive person started having symptoms. This is the period they would be infectious.
  - If a person develops these symptoms while at Tucker Maxon or they learn they have been exposed to a positive case while at campus, TMS will send them home as soon as possible, and separate them from others until they can leave the campus.

- If a child or staff member has symptoms of diarrhea, vomiting, headache, sore throat, or rash, they must be excluded and advised to consult a medical professional immediately.
- If seen by a medical professional and cleared, the person can remain in or return to the program following the documented direction of the medical professional.
- If not seen by a medical professional, they may return 24 hours after resolution of symptoms.
- 11.6 Anyone who comes into the campus who has a household member with symptoms of COVID-19 that is not confirmed or presumptive will be carefully monitored for symptoms. The ill household member will be strongly encouraged to be tested as soon as possible.
- 11.7 Notify the local public health authority and the State's Office of Childcare if anyone who has entered the campus, including household members within a family childcare facility, is diagnosed with COVID-19. Tucker Maxon will immediately contact the Multnomah County Health Department and its licensing specialist.
- 11.8 Communicate, in coordination with local public health authority, with all families and other individuals who have been in the facility in the past 14 days about the confirmed case.
- 11.10 Ensure, in the event of a confirmed case of COVID-19 in a facility, all children and staff in the stable cohort, and anyone who came in contact with the group, do not come to the program and are informed about the need to be quarantined at home for 14 days.
- 11.11 Decisions about required closure will be made in conjunction with the Multnomah County Health Department and Early Learning Division of ODE.

## 12. Transportation Requirements

Tucker Maxon School will not transport children off campus during COVID-19 crisis for any purpose other than an emergency that requires immediate medical treatment. During COVID-19, Tucker Maxon School's preschool, childcare and early education programs will:

- 12.1 As feasible, require staff from outside the school to follow health protocols using the <u>Daily Health</u> <u>Check</u> included in this guidance. For example, School District bus drivers.
- 12.5 As feasible, require any outside transportation staff to adhere to exclusion rules.
- 12.6 As feasible, require any outside transportation staff to wear face shields or face coverings.
- 12.7 Ensure TMS staff follow all Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) guidance for the safe and appropriate transport of children.
- 12.8 Require our staff to bring children to a vehicle; staff adult will remain until after the daily health check is completed and the child is safely in the vehicle.
- 12.9 Conduct a daily health check as described in <u>Daily Health Check</u> section of this guidance prior to the child getting on the bus. Verification of the daily health check will be recorded.
- 12.10 Develop and implement procedures to require physical distancing between staff and adult(s) dropping off children.
- 12.14 Staff will use hand sanitizer (containing between 60-95% alcohol) in between helping each child and when getting on and off the vehicle.
- 12.15 Staff and children will wash hands as they enter the facility.

# 13. Professional Development Requirements

- 13.1 Ensure all necessary staff have first aid and CPR training. Online-only training will be accepted through July 2021 for recertification.
- 13.2 Provide access to professional development that contributes to staff's professional learning goals and to meet childcare licensing or program requirements.
- 13.3 Ensure staff have resources necessary to participate in online courses or remote training.
- 13.4 Strongly discourage in-person professional development such as conferences, etc. If considering inperson training, make sure the person or organization providing the training has received prior approval from the ELD for 1) any in-person training, and 2) meets professional development requirements. However, prior approval is not required for in-person training if all participants work at the same facility (such as a staff orientation or training) and:
  - The training happens within the facility where staff work.
  - Does not disrupt stable groups of children and staff.
  - Attendance does not exceed the state's requirements for group gatherings relevant to that county, or, for coaching or in-class/program observations, only one additional adult enters the room.
  - Physical distancing is maintained throughout the entire experience.
  - Face shields or face coverings are worn by participants.
- All staff will review ELD's guidelines, <u>Health & Safety Guidelines for Childcare and Early Education</u>

  <u>Operating During COVID-19</u>, as well as any updates to the guidelines that occur, prior to implementation, including new hires prior to first day of work or during employee orientation.

# 14. COVID-19 Health and Safety Plan Requirements

- 14.1 Create THIS written <u>COVID-19 Health and Safety Plan</u>. (This is different from, or in addition to, an emergency preparedness or other plan already required by licensing rules. i.e. *Operating Blueprint for Reentry* for K-12 schools that is posted on the School's website)
- 14.2 Ensure any information related to the facility's COVID-19 Health and Safety Plan is provided to families in a manner that they can understand.
- 14.3 Focus on training and communication with staff and families associated with the facility and share this Plan with all families and staff and post it in an easily visible area on the website.
- 14.5 Monitor this COVID-19 Health and Safety Plan throughout the year and update as needed, with revisions shared with all families and staff and posted on the website.
- 14.6 This COVID-19 Health and Safety Plan will be completed within 45 days of ELD's issuance of the template for the COVID-19 Health and Safety Plan (TBD, template not issued as of Sept 1, 2020).