



Diamond Street Early Childhood Center COVID 19 Health and Safety Plan

Diamond Street Early Childhood Center created this COVID-19 Health and Safety Plan, using the template provided by the Office of Child Development and Early Learning, which will serve as the guidelines for our facility's COVID-19 childcare activities. As with all emergency plans, the COVID-19 Health and Safety Plan developed for Diamond Street Early Childhood Center (DSECC) is tailored to the unique needs of our facility and is created in consultation of guidance and policy issued by the Office of Child Development and Early Learning (OCDEL), Pennsylvania Department of Health (DOH), and complies with the Center for Disease Control and Prevention (CDC) guidelines. Given the dynamic nature of the pandemic, our plan incorporates enough flexibility to adapt to changing conditions. This document summarizes DSECC's COVID-19 Health and Safety Plan, with a focus on training and communications, to ensure all stakeholders are fully informed and prepared for aspects of phased-in reopening and continuing to operate with a waiver during COVID 19. A DSECC's COVID-19 Health and Safety Plan will be shared with all families and staff and posted in a conspicuous area.

Diamond Street Early Childhood Center will continue to monitor our COVID-19 Health and Safety Plan throughout the year and update as needed. All revisions will be shared with all families and staff and posted in a conspicuous area. DSECC will use this plan to ensure we incorporate the following mandated elements:

1. Screening procedures,
2. Child drop-off and pick-up policies,
3. Sick policies,
4. Mask policy, and
5. Cleaning/sanitation procedures.

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COVID-19 Health and Safety Plan

Diamond Street Early Childhood Center's leadership is mindful that if there are cases of COVID-19 in the community, there are no strategies that can completely eliminate transmission risk within a childcare population. The goal is to keep transmission as low as possible to safely continue childcare activities.

This plan is intended to guide our childcare program in reopening after temporarily closure, plan how to reopen in the future and maintain operations during the pandemic. Some key questions considered while developing this COVID-19 Health and Safety Plan are:

- How do we plan to bring children and staff back to facilities, particularly if you still need social distancing in place?
- How will we develop and communicate drop-off/arrival procedures?
- How will we implement screening procedures?
- How will we implement routine disinfecting/sanitization procedures?
- How will we communicate the plan to our staff and families?

Depending upon the public health conditions in any county within the Commonwealth, there could be additional actions, orders, or guidance provided by the Office of Child Development and Early Learning (OCDEL) and/or the Pennsylvania Department of Health (DOH) impacting child care operations and causing them to cycle back and forth between less restrictive to more restrictive requirements which may occur as public health indicators improve or worsen. This means DSECC will account for changing conditions in our COVID-19 Health and Safety Plan to ensure easy transition from more to less restrictive conditions in each of the phase requirements as needed.

Health and Safety COVID-19 Coordinator

Primary Coordinator: Bethany Crane Jacke, Executive Director

Secondary Coordinator: Amanda Flory, Preschool Program Director

Responsibilities: The Health and Safety Coordinator will be responsible for facilitating the planning process, monitoring implementation of the COVID-19 Health and Safety Plan, and continued monitoring of local health data to assess implications for child care operations and potential adjustments to the COVID-19 Health and Safety Plan.

Key Strategies, Policies, and Procedures

- **Action Steps:** Identify the specific adjustments the facility will make to the requirement during the time period the programs is open or reopening. List the discrete action steps for each requirement in sequential order.
- **Lead Individual and Position:** List the person(s) responsible for ensuring the action steps are fully planned and the system is prepared for effective implementation.
- **Materials, Resources, and/or Supports Needed:** List any materials, resources, or support required to implement the requirement.
- **Professional Development (PD) Recommended:** In order to implement this requirement effectively, will staff, children, families, or other stakeholders require professional development?

In the following tables, an asterisk (*) denotes a mandatory requirement of the plan.

Face Masks

Key Questions

- How will you ensure staff have accessibility to cloth face masks?
- How will you implement staff wearing cloth face masks?
- What protocols will you put in place to ensure staff are wearing masks throughout the day?
- In circumstance where children have been identified to wear face masks, how will you implement?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD (Y/N)
<p>* Use of face coverings (masks or face shields) by all staff and visitors</p>	<ul style="list-style-type: none"> • COVID 19 policy written to reflect mandates if present • COVID 19 policy written and passed by the Board of Directors to reflect following CDC recommendation in the absence of mandates • Notice and reminder sent out to all families, staff, and other stakeholders. • Signs are placed in high visibility locations at the entrances of the building • Staff will remind families and visitors when they enter the building • Staff are required to provide their own cloth masks or face shields. Disposable masks are available as a back up 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Mask use signs Mask use policy Disposable face masks</p>	<p>Y 6/4/2020 Update 11/16/21</p>

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD (Y/N)
<p>* Use of face coverings (masks or face shields) by children 2 years of age and older (as appropriate)</p>	<ul style="list-style-type: none"> • COVID 19 policy updated to reflect mandates for face covering use by children 2 and older • COVID 19 policy written and passed by the Board of Directors to reflect following CDC recommendation in the absence of mandates • Notice and reminders sent out to all families, staff, and other stakeholders • Children will enter the building wearing a face covering or put on their face covering stored in a labeled pocket hanger at the entrance to the center • When not in use (nap, meals, social distancing outdoors) face coverings will be stored in labeled paper bags or labeled pocket hangers in the classrooms • Face coverings will be removed at the door of the building and stored in the laundry pail for cleaning or worn home • Face coverings are machine laundered each evening using <i>free and clear</i> detergent and air dried over night 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Cloth Masks provided by parents and by donation Cleaning and storage supplies to properly launder and store masks Disposable masks as a back up for cloth masks</p>	<p>Y 7/16/2020 Update 11/16/21</p>

Cleaning, Sanitizing, Disinfecting and Ventilation

Key Questions

- How often will you implement cleaning, sanitation, disinfecting, and ventilation protocols/procedures to maintain children's safety in care?
- What protocols will you put in place to clean and disinfect high-touch surfaces throughout an individual day?
- Which staff will be trained on cleaning, sanitizing, disinfecting, and ventilation protocols? When and how will the training be provided?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD (Y/N)
<p>* Cleaning, sanitizing, disinfecting, and ventilating surfaces, and any other areas used by children in care (i.e., restrooms, drinking fountains, toys, hallways, and transportation)</p>	<ul style="list-style-type: none"> Surfaces, toys, and supplies used by multiple children will be cleaned and disinfected according to the guidance between uses, at specified intervals and at the end of the day. Any toys, supplies, or furniture that cannot be cleaned and sanitized will not be used. Drinking fountains will not be used Individual, labeled reusable water bottles and cups will be used for regular access to water. They will be rinsed and air dried daily and sanitized once per week Classrooms and student restrooms will be cleaned daily by staff members and professionally cleaned twice per week Frequently touched surfaces in hallways and common areas will be cleaned at specified intervals during the day. Primary transportation will be provided by families and the school districts When Transportation is required, children and staff will wear masks. Seats and frequently touched surfaces will be cleaned between uses 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Cleaning supplies from the CDC list or labeled to kill viruses Cleaning instructions booklet Schedule of cleaning times and list of places to clean External cleaning contractor</p>	<p>Y 6/4/2020 & 7/16/2020 Updated 11/16/21</p>
<p>Other cleaning, sanitizing, disinfecting, and ventilation practices</p>	<ul style="list-style-type: none"> Windows will be opened as available, when the weather permits and when children's safety can be maintained The heating and cooling system filters will be upgraded and replaced more frequently. 	<p>Bethany Crane Jacke, Executive Director Rebeca Pereverzoff, Church Secretary (building owners)</p>		<p>N</p>

Social Distancing and Other Safety Protocols

Key Questions

- How will child care spaces be organized to mitigate spread?
- How will you group children in care with staff to limit the number of individuals who come into contact with one another throughout the day?
- What policies and procedures will govern use of other communal spaces within the facility?
- How will you utilize outdoor space to help meet social distancing needs?
- What hygiene routines will be implemented throughout the day?
- How will you adjust transportation to meet social distancing requirements?
- What visitor and volunteer policies will you implement to mitigate spread?
- Will any of these social distancing and other safety protocols differ based on age?
- Which stakeholders will be trained on social distancing and other safety protocols? When and how will the training be provided? How will preparedness to implement as a result of the training be measured?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Childcare space occupancy that allows for 6 feet of separation among children in care and staff throughout the day, to the maximum extent feasible or promotes social distancing through grouping	<ul style="list-style-type: none"> • Designated groups of children will not share spaces (Infant/toddler, Preschool and School age students will be separated from each other) • Staff cross over between groups will be limited to those who are fully vaccinated when possible. • Children will be spread out and additional table space used during meals 	Bethany Crane Jacke, Executive Director	Additional PTO to help Staff schedule vaccinations Additional tables for classrooms including mobile or temporary tables	N
Restricting the use of common areas, and consider serving meals in alternate settings such as where the childcare is being provided	<ul style="list-style-type: none"> • Common areas other than hallways and bathrooms will not be used by multiple groups of children and staff at the same time. • Cleaning will take place between groups of children 	Kelly Noll, Childcare Program Director	Common area use schedules Cleaning supplies	N

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
<p>* Hygiene practices for children in care and staff including the manner and frequency of hand-washing and other best practices</p>	<ul style="list-style-type: none"> • Handwashing procedures will follow CDC, NAYCE and DHS best practices • Staff will continue to wash their hands upon arrival, after diaper changes, after assisting children in the bathroom, after bathroom use, and before handling food • Staff will increase handwashing frequency to include washing before and after assisting children with their masks, each time they leave and return to the classroom and before handling clean toys and supplies • Children will wash their hands with staff assistance or supervision upon entering the classroom, between activities, after restroom use or diaper changes, before eating and any time they leave and return to the classroom • If handwashing supplies are not available hand sanitizer of 70% ethyl alcohol will be used by staff and kept out of the reach of children 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Handwashing procedure signs at all handwashing stations and sinks Hand sanitizer</p>	<p>N Trainings are already in place</p>
<p>Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs</p>	<ul style="list-style-type: none"> • Signs regarding COVID 19 policy and best practices will be posted at entryways, high traffic areas and classrooms 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Signs printed from health.pa.gov Printed policy interpreting CDC best practices</p>	<p>N</p>

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Identifying and restricting non-essential visitors and volunteers	<ul style="list-style-type: none"> Families will drop off their children at the classroom door and pick them up from the door. A hands free sign in option will be offered No non-essential visitors or volunteers are permitted Employees will not be permitted to be on site outside of their work hours unless arrangements have been made for approved activities Notifications were sent to families, volunteers, and staff members regarding the new restrictions 	Bethany Crane Jacke, Executive Director	Tablet with Procure installed set to a QR code always on and plugged in. Hand sanitizer	Y 6/4/2020 Updated 8/27/21
Handling outdoor play consistent with the CDC Considerations	<ul style="list-style-type: none"> Time allotted for children to play outside will be increased when weather and temperatures permit Playground and equipment will be cleaned and sanitized in accordance with CDC guidelines 	Kelly Noll, Childcare Program Director & Amanda Flory, Preschool Program Director	Outdoor safe temperatures chart Outdoor cleaning procedures	Y 7/16/2020
Limiting the sharing of materials among children in care	<ul style="list-style-type: none"> Toys will be sorted into small sets and kept in individual containers No more than two children will play with the same toys at one time Hands will be washed before and after playing with a set of toys Toys will be cleaned and sanitized between uses using a bleach solution Large and cooperative toys will be limited or removed from classrooms if they cannot be used safely or cleaned to eliminate COVID 19 virus 	Amanda Flory, Preschool Program Director & Kelly Noll, Childcare Program Director	Small and medium storage containers Bleach solution	Y 6/5/2020

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Staggering the use of communal spaces and hallways	<ul style="list-style-type: none"> Classroom groups will transition to and from outdoor spaces during different times of the day 	Kelly Noll, Childcare Program Director	N/A	N
Adjusting transportation schedules and practices to create social distance between children in care	<ul style="list-style-type: none"> Staff arrival and departure times will be staggered. Classes that have designated start times will be staggered Families in classrooms without designated start and end times will be encouraged to stick to the times they signed up for at enrollment 	Bethany Crane Jacke, Operations Director	N/A	N
Limiting the number of individuals in facility rooms and other facility spaces, and interactions between groups of children in care	<ul style="list-style-type: none"> Childcare groups will remain separate throughout the day Staff Breaks will be staggered to create space for social distancing in the designated break areas Additional break room areas will be made available to staff to allow for social distancing while eating 	Bethany Crane Jacke, Executive Director	N/A	Y 6/4/2020
Coordinating with local schools regarding transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars	<ul style="list-style-type: none"> Contact and coordination will be maintained between the Ephrata area elementary schools and DSECC As needed adjustments to schedules and calendars will be made 	Kelly Noll, Childcare Program Director	N/A	N
Other social distancing and safety practices	<ul style="list-style-type: none"> Outside professionals who serve our children will use a designated space separate from all other childcare space and meet and return children at the classroom door. Outside professionals whose work requires them to remain with the child in the classroom will follow all DSECC masking, distancing and handwashing procedures. 	Bethany Crane Jacke, Executive Director	N/A	N

Monitoring Children and Staff Health

Key Questions

- How will you screen children, staff and others who interact with each other to ensure they are healthy and not exhibiting signs of illness?
- Where will the screening take place?
- When and how frequently will you monitor the health of children, staff and others who interact with each other throughout the day to ensure that they continue to be healthy and do not exhibit new signs of illness?
- What is the policy for quarantine or isolation if a staff and/or child becomes ill or has been exposed to an individual confirmed positive for COVID-19?
- What conditions will a staff or child confirmed to have COVID-19 need to meet to safely return to the facility?
- Which staff will be responsible for making decisions regarding quarantine or isolation requirements of staff or children?
- When and how will families be notified of confirmed staff or child illness or exposure and resulting changes to the COVID-19 Health and Safety Plan?
- Which person will be responsible for reporting suspected or confirmed cases of COVID-19 to the Department of Health and Child Care Certification?
- Which persons will be trained on protocols for monitoring children and staff health? When and how will the training be provided? How will preparedness to implement as a result of the training be measured?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
* Monitoring children and staff for symptoms and history of exposure	<ul style="list-style-type: none"> • Children will be screened by their families before arriving at the center, confirmed by questions required at check in. • Staff will screen children at drop off and recheck periodically throughout the day. • Checks will consist visual observation of the child and temperature check if needed. • Staff will self-monitor for COVID-19 symptoms and call out of their shift or leave immediately if symptoms occur 	Bethany Crane Jacke, Operations Director	Intake screening questions COVID-19 Symptom check list Thermometer	Y 6/4/2020 Updated 8/27/21

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
<p>* Isolating or quarantining children, staff, or visitors if they become sick or demonstrate a history of exposure</p>	<ul style="list-style-type: none"> • If a child becomes sick or shows signs of COVID 19 while in care, the family will be notified to pick them up within one hour. • If exposure to a positive case of COVID 19 is determined, families will be notified to pick them up within one hour. • Staff will leave the center if they develop symptoms • If an exposure to a positive case is determined for staff, they will leave the center as soon as possible while maintaining legal ratios 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Family contact information lists</p>	<p>N</p>
<p>* Returning isolated or quarantined staff, children, or visitors to the facility</p>	<ul style="list-style-type: none"> • DSECC will follow the CDC recommendations for quarantine and isolation times • Official records by medical professionals will be required for release from isolation or return from shortened quarantine times with a negative test result. 	<p>Bethany Crane Jacke, Executive Director</p>	<p>Written policy to reflect the CDC guidelines for various scenarios.</p>	<p>Y Update 1/3/21</p>
<p>* Notifying staff and families of suspected or confirmed cases of COVID-19</p>	<ul style="list-style-type: none"> • When a suspected case is reported to DSECC, all families and staff members will be notified via email. To respect the privacy of the child/family, and to maintain confidentiality, only classroom name(s) will be included • The certification representative for the center is also notified of a suspected case • When a suspected case is confirmed to be COVID-19 or when a confirmed case is reported, all families and staff will be notified via email, Procure app, text message, phone or in person as appropriate • Failure to disclose a confirmed case of COVID-19 may result in termination of care or employment contracts 	<p>Deborah Sims, Executive Director</p>	<p>COVID-19 illness policy Methods of communication and contact lists</p>	<p>Y 6/4/2020</p>

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
W*Reporting to DOH and Certification	<ul style="list-style-type: none"> When a confirmed case of COVID-19 is identified, the executive director will report it to DOH, and the certification representative in a timely manner or assign another individual to make the report 	Bethany Crane Jacke, Executive Director	N/A	N
Notifying staff and families of facility closures	<ul style="list-style-type: none"> Closure notices due to COVID-19 will be sent out via email, text message and Procure app as soon as a closure is determined to be necessary 	Bethany Crane Jacke, Executive Director	Means of communication Contact lists	N

Other Considerations for Children and Staff

Key Questions

- How will you determine which staff are willing/able to return? How will you accommodate staff who are unable or uncomfortable to return?
- How will you determine which children are willing/able to return? How will you accommodate children who are unable or uncomfortable to return?
- What special protocols will you implement to protect children and staff at higher risk for severe illness?
- How will you address staff who are ill, or who have family members who have become ill?
- How will you ensure enough substitute staff are prepared in the event of staff illness? Have you considered applying for a Provisional Hire Waiver?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
* Protecting children and staff at higher risk for severe illness	<ul style="list-style-type: none"> Any staff member who chooses not to return to work due to high risk for severe illness from COVID-19 may do so until the pandemic has ended, however staff who choose not to return will not be compensated. Staff choosing to leave for health reasons will be eligible for rehire Children who are at high risk for severe illness can be removed from care without penalty and their spot relinquished or with a nominal holding fee to reserve their place until the pandemic has ended All staff members and children over age 2 will wear masks to protect those who are at risk for severe illness 	Bethany Crane Jacke, Executive Director	N/A	N
Unique safety protocols for children with complex needs or other vulnerable individuals	<ul style="list-style-type: none"> No complex needs exist currently If a need presents itself, steps will be derived and followed in consultation with the family, staff, and external support personnel 	Bethany Crane Jacke, Executive Director	N/A	N
Strategic deployment of staff	<ul style="list-style-type: none"> Staff members will be limited to working in one classroom or group per week when feasible and per day when coverage changes are needed 	Kelly Noll, Childcare program Director	N/A	Y 6/4/2020

COVID-19 Health and Safety Plan Professional Development

- **Topic:** List the content on which the professional development will focus.
- **Audience:** List the group(s) who will participate in the professional learning activity.
- **Lead Person and Position:** List the person or organization that will provide the professional learning.
- **Session Format:** List the strategy/format that will be utilized to facilitate participant learning.
- **Materials, Resources, and or Supports Needed:** List any materials, resources, or support required to implement the requirement.
- **Start Date:** Enter the date on which the first professional learning activity for the topic will be offered.
- **Completion Date:** Enter the date on which the last professional learning activity for the topic will be offered.

Topic	Audience	Lead Person and Position	Session Format	Materials, Resources, and or Supports Needed	Start Date	Completion Date
COVID-19 Cleaning Procedures	All Staff	Deborah Sims, ED	In person Lecture	Written procedures	6/4/2020	7/16/2020
COVID-19 Illness Policy	All Staff	Deborah Sims, ED	In Person Q&A	Written Policy	6/4/2020	6/4/2020
Physical Distancing & Child Groupings	All Staff in classroom groupings	Bethany Crane Jacke, OD	In Person Discussion	Written Policy, schedules	6/5/2020	6/5/2020
Face Coverings	All Staff	Deborah Sims, ED	In Person Discussion	Written Policy, official order, teaching resources	7/16/2020	7/16/2020
Policy Updates	New and returning staff	Deborah Sims, ED	In Person Discussion	Written Policy	7/16/2020	Ongoing

COVID-19 Health and Safety Plan Communications

Topic	Audience	Lead Person and Position	Mode of Communications	Start Date	Completion Date
Reopening & Check in/out process	DSECC Families	Deborah Sims, ED	Email, Zoom meeting	6/5/2020	6/11/2020
COVID Health and Safety Plan	DSECC Families and Staff	Deborah Sims, ED	Email	6/11/2020	Ongoing
COVID education resources	DSECC Families	Deborah Sims, ED	Email	6/19/2020	Ongoing
Brightwheel childcare app	DSECC Families	Kim Bell, Admin Assistant	Email, phone calls	6/19/2020	Ongoing
Change in operating hours and Drop off/pick up	DSECC Families	Deborah Sims, ED	Email	6/26/2020	6/26/2020
Face Covering and Travel Policy	DSECC Families	Deborah Sims, ED	Email	7/10/2020	Ongoing
Updates to policy and health and safety plan	DSECC families and staff	Bethany Crane Jacke, ED	Website, email	1/2/2022	Ongoing

COVID-19 Health and Safety Plan Summary:

Diamond Street Early Childhood Center

Plan Date: July 15, 2020

Face Masks

Requirement(s)	Strategies, Policies and Procedures
<p>* Use of face coverings (masks or face shields) by all staff and visitors</p> <p>* Use of face coverings (masks or face shields) by older children (as appropriate)</p>	<ol style="list-style-type: none"> 1. Use of face coverings by adults <ol style="list-style-type: none"> a. Staff members <ol style="list-style-type: none"> i. face coverings will be worn at all times when indoors unless eating. ii. Staff members will provide and care for their own face coverings. If face coverings are donated to the center for the use of staff, staff will be given the option to take and use them. Disposable masks will be made available. iii. Staff members will be given scheduled break times when they may observe appropriate physical distancing according to remove their face covering iv. Staff members who are in their 10-day recovery period after testing positive for COVID will not remove their mask indoors or outdoors. They must isolate to remove their mask for eating or drinking. v. Staff members are encouraged to remind each other to wear their face coverings correctly and administrative staff will monitor use. Disregard for the policy will result in disciplinary action. b. Visitors <ol style="list-style-type: none"> i. Essential visitors are expected to bring and use their own face coverings. Disposable masks will be made available. 2. Use of face coverings by children <ol style="list-style-type: none"> a. Children ages 2 and older will wear face coverings when indoors except when eating or sleeping b. Families will provide a minimum of two face coverings which will be kept at the DSECC for the child's use. The family may take them home to launder or they will be laundered daily by staff at DSECC c. If face coverings are donated to DSECC, they will be distributed as needed. d. Limited disposable child sized face masks will be available as a backup. (face covering is forgotten, soiled, or broken and an additional cloth mask is not available) e. DSECC will launder face coverings daily with free and clear detergent and allow them to air dry on drying racks overnight

Requirement(s)	Strategies, Policies and Procedures
	<ul style="list-style-type: none"> f. Clean face coverings will be kept in individual, labeled pocket hangers at the entrance to DSECC. Children will put on the face covering upon arrival and remove the face covering and put it in the designated spot upon pick up. Or the child will wear their mask to and from the center if the family prefers to keep it at home. One additional face covering will be kept at the center and used if the child's face covering becomes soiled or broken g. Classroom staff will teach the children about the importance of keeping everyone safe from COVID-19 and how face coverings help others be healthy using appropriate materials including books, activities, and social stories from a variety of sources. h. Staff will encourage children to wear their face coverings correctly and praise and reward children for doing so. No punishments will be used for failure to wear a face mask correctly. i. Face coverings will be removed to eat and sleep j. Medical exemptions may be submitted for a child to use a face shield instead of a face mask and a record of the exemption with a physician's signature will be kept in the child's file.

Facilities Cleaning, Sanitizing, Disinfecting and Ventilation

Requirement(s)	Strategies, Policies and Procedures
<p>* Cleaning, sanitizing, disinfecting, and ventilating learning spaces, surfaces, and any other areas used by children (i.e., restrooms, drinking fountains, hallways, and transportation)</p>	<ol style="list-style-type: none"> 1. Cleaning and sanitizing common areas <ol style="list-style-type: none"> a. Frequently touched surfaces will be cleaned at regular intervals during the day using a commercial spray labeled as effective against viruses or a .5oz:1gal bleach solution. The manufacturer's instructions will be followed b. Bathrooms will be cleaned twice per week by a professional cleaning company. They will be cleaned daily by staff and toilet stalls will be sprayed with a 1oz:1gal bleach solution and wiped down between uses c. Hallways and entryways will be cleaned twice weekly by a professional cleaning company. Any area where extended occupancy occurs will be cleaned daily using commercial products labeled to kill viruses or a .50z:1gal bleach solution. The manufacturer's instructions will be followed d. Drinking fountains will not be used. Children will use labeled individual reusable water bottles that will be rinsed and air dried daily and sanitized in the commercial dishwasher once per week 2. Cleaning and sanitizing in the classrooms <ol style="list-style-type: none"> a. Tables and counters will be cleaned using soap and water followed by a 0.5oz:1gal bleach solution after each use b. Floors and carpets <ol style="list-style-type: none"> i. Floors will be cleaned daily using soap and water followed by a 0.5oz:1gal bleach solution ii. Carpets will be vacuumed and sanitized using a commercial product labeled as effective against viruses when available iii. Rugs will be removed from classrooms if they cannot be cleaned properly c. Toys and supplies <ol style="list-style-type: none"> i. Any toy or supply that cannot be properly cleaned and sanitized will not be used ii. Each child will have their own set of school supplies which will be stored in labeled plastic containers and cleaned weekly or as needed. Supplies such as markers, paints and crayons will not be shared between children iii. Non-porous material toys will be cleaned between uses by using a 0.5oz:1gal bleach solution to spray all surfaces of the toy and allow them to air dry. Any toys that are placed in a child's mouth will be removed from circulation and sanitized in the dishwasher/sanitizer before being played with again. All toys will be cleaned in the dishwasher/sanitizer regularly iv. Porous material toys will be hand cleaned using soap and water, rinsed thoroughly, sanitized with a 0.5oz:1gal bleach solution, air dried, rinsed thoroughly and air dried a second time before returning to classroom use.

Requirement(s)	Strategies, Policies and Procedures
	<p>3. Cleaning and sanitizing transportation</p> <ul style="list-style-type: none"> a. DSECC van <ul style="list-style-type: none"> i. The designated staff member scheduled to drive the van will clean all seats and high touch surfaces using a commercial product proven to kill the COVID-19 virus according to the manufacturer’s instructions prior to and after each van use ii. The ventilation system in the van will be properly maintained iii. Van windows will be opened during use as possible b. Contracted bus <ul style="list-style-type: none"> i. Contracts will be written to reflect a requirement of proper cleaning by the bus company prior to our use

Social Distancing and Other Safety Protocols

Requirement(s)	Strategies, Policies and Procedures
<p>Child care space occupancy that allows for 6 feet of separation among children and staff throughout the day, to the maximum extent feasible or group management to limit cross-group interactions.</p> <p>Restricting the use of common areas, and consider serving meals in alternate settings such as where the child care is being provided</p> <p>*Hygiene practices for children and staff including the manner and frequency of hand-washing and other best practices</p> <p>*Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs</p> <p>Handling outdoor play consistent with the CDC Considerations.</p>	<ol style="list-style-type: none"> 1. Physical distancing <ol style="list-style-type: none"> a. Check-in/out <ol style="list-style-type: none"> i. Touch free check in procedure will be made available at the entrance to the Center. ii. Drop off will take place at the classroom door. Parents may request staff write the time of arrival and the parent's initials on the attendance sheets. Hand sanitizer will be made available. b. In the classroom <ol style="list-style-type: none"> i. Children will be distanced for all activities to the extent possible for that activity. ii. Meals will be eaten in the classrooms and children will be spaced as distantly as possible around multiple tables c. Nap time <ol style="list-style-type: none"> i. Children's nap mats or cribs will be spaced six feet apart or a physical barrier will be used where possible. Head to toe positioning will be used to help provide the six-foot distance d. Outside <ol style="list-style-type: none"> i. Children will spend extended periods of time outside when weather permits e. Transportation <ol style="list-style-type: none"> i. Children will be spread out as much as possible or grouped by family when transportation is required. Face coverings will be worn. 2. Use of indoor spaces <ol style="list-style-type: none"> a. Student groups will remain in designated classrooms and will not enter designated spaces of other groups b. Staff will remain with their designated student group during working hours whenever possible. c. Vaccinated staff will be the first choice to cross between classrooms when necessary to maintain supervision levels. d. Staff will take breaks in the designated area while maintaining six-foot physical distance from other staff members 3. Hygiene practices <ol style="list-style-type: none"> a. Handwashing <ol style="list-style-type: none"> i. Staff will increase the frequency of handwashing and wash their hands every time they return to the classroom. The posted handwashing procedure will continue to be used

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<p>Limiting the sharing of materials among children in care</p> <p>Staggering the use of communal spaces and hallways</p> <p>Adjusting transportation schedules and practices to create social distance between children</p> <p>Limiting the number of individuals in facility rooms and other facility spaces, and interactions between groups of children</p> <p>Coordinating with children regarding on site care, transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars</p> <p>Other social distancing and safety practices</p>	<ul style="list-style-type: none"> ii. Children will wash their hands any time they enter or return to the classroom, before and after eating and after using the bathroom and between shared activities using the posted handwashing procedure b. Laundry will be washed and in separate classroom loads using free and clear detergent c. Diapering procedures will remain the same and posted in all diapering areas <p>4. Posting of signs</p> <ul style="list-style-type: none"> a. Signs will be posted in high visibility locations, gathering spots and handwashing sinks <ul style="list-style-type: none"> i. Handwashing procedure signs will be posted at all handwashing sinks ii. Face covering reminders will be posted at all entrances iii. COVID-19 symptom signs will be posted at parent drop off and in staff areas iv. Best practice/healthy habits signs will be posted at parent drop off and in staff areas <p>5. Outdoor Play</p> <ul style="list-style-type: none"> a. Children will increase their time spent outdoors as much as possible while maintaining guidance for temperature and weather safety for babies, toddlers, and young children b. Staff will closely monitor children for signs of heat or cold related illnesses and act to mitigate risk <p>6. Limiting Sharing and staggering use</p> <ul style="list-style-type: none"> a. Children will have their own school supplies stored in labeled individual plastic bins with lids b. Supplies such as crayons, markers, paints, etc. will not be shared. c. Toys will be cleaned between uses (see cleaning procedures) and toys that cannot be cleaned will not be used d. Use of common spaces will be limited to one group at a time or use discontinued e. Schedules will be staggered to limit groups in hallways <p>7. Transportation</p> <ul style="list-style-type: none"> a. Primary transportation will continue to be provided by families and the Ephrata Area School District b. Arrival times will be staggered c. When DSECC provides transportation, students and staff will wear face coverings and space themselves as distantly as possible

Monitoring Children and Staff Health

Requirement(s)	Strategies, Policies and Procedures
<p>* Monitoring children in care and staff for symptoms and history of exposure</p> <p>* Isolating or quarantining children, staff, or visitors if they become sick or demonstrate a history of exposure</p> <p>* Returning isolated or quarantined staff, children, or visitors to school</p> <p>*Reporting to DOH and Certification</p> <p>*Notifying staff, families, and the public of facility closures</p>	<p>1- Monitoring Staff Symptoms</p> <ol style="list-style-type: none"> a. Staff will self-monitor symptoms and call out of work if: <ol style="list-style-type: none"> i. They have a fever of 100.4 or greater ii. have wheezing or difficulty breathing/shortness of breath iii. chronic cough iv. or have two or more of: <ol style="list-style-type: none"> 1. Sneezing not due to allergies 2. Discharge from eyes or nose 3. Red or pink conjunctiva 4. Rash or unusual discoloring on body 5. New loss of taste or smell 6. Change in appetite 7. Someone else in the immediate family has one or more symptoms 8. Anyone in the immediate or extended family has suspected or positive COVID-19 diagnosis <p>2- Monitoring Child Symptoms</p> <ol style="list-style-type: none"> a. Families will monitor children's symptoms and not bring their child to care if the child <ol style="list-style-type: none"> i. They have a fever of 100.4 or greater ii. have wheezing or difficulty breathing/shortness of breath iii. chronic cough iv. or have two or more of: <ol style="list-style-type: none"> 1. Sneezing not due to allergies 2. Discharge from eyes or nose 3. Red or pink conjunctiva 4. Rash or unusual discoloring on body 5. New loss of taste or smell 6. Change in appetite 7. Someone else in the immediate family has one or more symptoms 8. Anyone in the immediate or extended family has suspected or positive COVID-19 diagnosis b. Families will be asked to confirm that they have evaluated their child by answering the following screening questions <ol style="list-style-type: none"> i. Has your child had a fever of 100.4 or higher in the last 24 hours?

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	<ul style="list-style-type: none"> ii. Has your child had any contact with anyone who has tested positive for COVID 19? c. A visual check of the child will be completed by the designated staff member at check in to ensure the child is healthy <p>3- Temperature Tracking</p> <ul style="list-style-type: none"> a. Thermometers will be made available to all classrooms. b. Staff will take temperatures as necessary when a visual inspection of the child suggests they may have a fever. <p>4- Identified illness or COVID-19 symptoms after check- in</p> <ul style="list-style-type: none"> a. If a child falls ill or exhibits COVID-19 symptoms the family will be called and must pick up the child within one hour b. If a staff member falls ill or exhibits COVID-19 symptoms, she or he will notify the administration, ensure proper supervision is in place, clock out and leave the facility. c. If a visitor falls ill or exhibits COVID-19 symptoms, she or he will be asked to leave immediately d. Any ill person who does not exhibit COVID-19 symptoms may return 24 hours after symptoms have ended e. Any ill person who exhibits COVID-19 symptoms may return according to the CDC recommendation (see below). <p>5- Child Quarantine Requirements</p> <ul style="list-style-type: none"> a. If a <u>Non-Vaccinated</u> child has direct exposure to a confirmed COVID-19 case, the child will be kept home for 5 days. <ul style="list-style-type: none"> i. On the 5th day, the child may be tested for COVID-19 at a facility that will provide an official record of the test results. If the child is Negative for COVID-19, they may return to care. A copy of the official record of the test results should be provided for the child's file. If results are positive see isolation requirements ii. If the child develops symptoms prior to the 5th day of quarantine, they may be tested for COVID-19 at a facility that will provide an official record of the test results. However, if the result is negative, the child should remain quarantined until the 5th day and be retested. If the result is negative, and the symptoms have resolved, the child may return to care. If results are positive see isolation requirements. b. If a <u>Fully Vaccinated</u> (Two weeks after the last possible dose including boosters in available) child has direct exposure to a confirmed case of COVID-19, <ul style="list-style-type: none"> i. Without symptoms, no quarantine is required for exposure to positive cases of COVID-19 and testing on the 5th day after exposure is strongly encouraged.

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	<ul style="list-style-type: none"> ii. With Symptoms, quarantine until the 5th day after exposure <ul style="list-style-type: none"> 1. On the 5th day, the child may be tested for COVID-19 at a facility that will provide an official record of the test results. If the child is Negative for COVID-19, they may return to care once the symptoms have resolved. A copy of the official record of the test results should be provided for the child's file. If results are positive see isolation requirements c. A family will be charged 15% of their tuition to hold their child's spot during the quarantine period. Any prepaid tuition will be rolled forward towards future charges. d. A failure to report direct exposure and follow quarantine requirements will result in termination of the care contract. <p>6- Child Isolation Requirements</p> <ul style="list-style-type: none"> a. If a child tests positive for COVID-19, they must isolate for 10 days. <ul style="list-style-type: none"> i. Once symptoms have resolved, the child may return to care a minimum of 11 days after their symptoms started. ii. In asymptomatic cases, the child may return to care 11 days after the positive test. b. A family will be charged 15% of their tuition to hold their child's spot during the isolation period. Any prepaid tuition will be rolled forward towards future charges. c. A failure to report a positive case of COVID will result in termination of the care contract. <p>7- Staff Quarantine Requirements</p> <ul style="list-style-type: none"> a. If a staff member has been exposed to a positive case of COVID-19 they must report the exposure to the center as soon as possible. b. If a <u>Non-Vaccinated</u> staff member has direct exposure to a confirmed COVID-19 case, they will stay home for 5 days. <ul style="list-style-type: none"> i. On the 5th day, the staff member may be tested for COVID-19 at a facility that will provide an official record of the test results. If the staff member is Negative for COVID-19, they may return to work. A copy of the official record of the test results should be provided for the staff member's file. If results are positive see isolation requirements ii. If the staff member develops symptoms prior to the 5th day of quarantine, they may be tested for COVID-19 at a facility that will provide an official record of the test results. However, if the result is negative, the staff member should remain quarantined until the 5th day and be retested. If the result is negative, and the symptoms have resolved, the staff member may return to work. If results are positive see isolation requirements.

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	<ul style="list-style-type: none"> c. If a <u>Fully Vaccinated</u> (Two weeks after the last possible dose including boosters in available) staff member has direct exposure to a confirmed case of COVID-19, <ul style="list-style-type: none"> i. Without symptoms, no quarantine is required for exposure to positive cases of COVID-19 and testing on the 5th day after exposure is strongly encouraged. ii. With Symptoms, quarantine until the 5th day after exposure. <ul style="list-style-type: none"> 1. On the 5th day, the staff member may be tested for COVID-19 at a facility that will provide an official record of the test results. If the staff member is Negative for COVID-19, they may return to work once the symptoms have resolved. A copy of the official record of the test results should be provided for the staff member's file. If results are positive see isolation requirements d. Staff members may use PTO and EIB during their quarantine period e. A failure to report an exposure to a positive case of COVID will result in termination of employment contract. <p>8- Staff Isolation Requirements</p> <ul style="list-style-type: none"> a. If a staff member tests positive for COVID-19, they must isolate for 5 days. <ul style="list-style-type: none"> i. Once symptoms have resolved, the staff member may return to work a minimum of 6 days after their symptoms started ONLY if they will correctly wear a well-fitting mask 100% of the time they are at the center. If the staff member is unable or unwilling to correctly wear a well-fitting mask 100% of the time, they should remain isolated for 10 days. ii. In asymptomatic cases, the staff member may return to work 6 days after the positive test ONLY if they will correctly wear a well-fitting mask 100% of the time they are at the center. If the staff member is unable or unwilling to correctly wear a well-fitting mask 100% of the time, they should remain isolated for 10 days. b. Staff members may use PTO and EIB during their isolation period c. A failure to report a positive case of COVID will result in termination of employment contract. <p>9- Reporting and Notifications</p> <ul style="list-style-type: none"> a. When a confirmed case of COVID-19 is reported to DSECC, all families, staff and visitors who were in attendance anytime during prior 10 calendar days will be notified via email and all persons who are determined to be directly exposed (within 6 feet of the COVID positive for 15 or more minutes during their window of contagion) will be notified of the direct exposure via email, procare app, text, phone call or in person as is possible with instructions for quarantine and testing and information about the exposure. Anyone who was not directly exposed will not receive further information beyond the initial email.

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	<ul style="list-style-type: none"><li data-bbox="705 155 1871 220">b. The confirmed case of COVID-19 will be reported to the DOH by the executive director or designee and the list of direct exposures will be sent to the DOH within two days.<li data-bbox="705 228 1885 293">c. If a closure is called for, all families and staff will be notified via email, text, phone and/or Procare app

Other Considerations for Children and Staff

Requirement(s)	Strategies, Policies and Procedures
<p>* Protecting children and staff at higher risk for severe illness</p> <p>Unique safety protocols for children with complex needs or other vulnerable individuals</p> <p>Strategic deployment of staff</p>	<ol style="list-style-type: none"> 1. Higher risk Staff <ol style="list-style-type: none"> a. Staff who are at higher risk have the option to end their employment without penalty and be eligible for rehire when the pandemic has passed. The same position is not guaranteed to be available b. Staff who are at higher risk and choose to continue employment will be given the option to move to a lower risk work area and not move between care groups 2. Higher risk Children <ol style="list-style-type: none"> a. Families with children at higher risk have the option to suspend their enrolment with a holding fee until the pandemic has passed. b. Families with children at higher risk who choose to continue care will be asked to provide information on how best to protect their child(ren). DSECC will work with any currently enrolled family who choose to continue care to ensure health and safety for all 3. Children with complex needs <ol style="list-style-type: none"> a. DSECC will continue to follow care, education and behavior plans for children with complex needs enrolled in our programs. These plans will be adapted to ensure best practices whenever possible with the support and cooperation from families and specialists 4. Strategic deployment of staff <ol style="list-style-type: none"> a. Staff will be scheduled in one grouping of students for the day whenever possible to ensure reduced risk of cross contamination while ensuring quality care and supervision coverage

COVID-19 Health and Safety Plan Affirmation Statement

The Board of Directors for **Diamond Street Early Childhood Center** reviewed and approved the Phased Child Care Facility Reopening Health and Safety Plan on **July 28, 2020** with authorization for the Executive Director to update and modify these documents as may be required by the State and/or certification bodies in response to changing COVID-19 conditions, and with the understanding that the Executive Director will inform the Board Chair of such changes.

The plan was approved by a vote of:

 7 Yes

 0 No

Affirmed on **July 28, 2020**

By:

Gerald Meck, Chairman

Jim Shenk, Vice Chairman