

Community Action Pioneer Valley Head Start & Early Learning Programs COVID-19 Protocols as of July 1, 2021

HSELP Covid-19 Protocols are based on regulations and guidance from the Department of Early Education and Care (EEC), the Office of Head Start, and the Center for Disease Control (CDC). All staff must become familiar with and follow agency and program COVID-19 protocols and all changes to these protocols as they arise. We are committed to basing our protocols on the best available data and guidance and we are committed to carrying forward our culture of health and safety.

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CHANGES TO OUR DAILY PRACTICES

BEFORE ENTERING THE LEARNING ENVIRONMENT

Communication & Orientation

- Educators will utilize our COVID-19 Curriculum to introduce children to the changes to the environment, scaffolding children throughout the early weeks of care to help them to understand and implement changes over time.
- Through implementation of our COVID-19 curriculum, children will learn about distancing, PPE, and the role of germs in our bodies. Educators will implement simple calming strategies for young children that, to the greatest extent possible, can be implemented individually and with physical distance from others. See Mindfulness link (calming strategy) below:
<https://gateway.on24.com/wcc/eh/2304965/lp/2348858/integrating-mindfulness-into-your-early-care-and-education-program/>
- Returning and newly enrolled families will be provided an orientation to understand the changes to the program they may expect based on COVID-19.

Screening & Monitoring Children

- Each site has designated staff who are trained to perform health screenings.
- A single point of entry for families and education staff is determined per site.
- Some sites have separate entrances for non-teaching education staff (please refer to your site's protocols).
- Daily attestations will be completed by the family at the designated screening spot for their site, prior to the children entering the building.
- If the child fails the health screening, the screener will inform the family the child cannot attend care on this day. The screener will advise the parent to contact their child's health care provider for next steps. The Health Specialist will be informed of all children that do not pass health screening.
- The *Daily Health Screen* form will be kept in the child's record.

Screening & Monitoring Staff

- All staff will follow the CAPV screening protocols and will fill out an electronic attestation prior to coming on site each day. <https://www.surveygizmo.com/s3/5677024/Health-Screening-2020>
- If a staff member fails their morning screening, they will inform their supervisor and Human Resources they will not be in work and why, at least one hour prior to their shift (unless the onset of illness is sudden, in which case, they should inform their supervisor as soon as possible).

Transportation

Transporting Children

- At this time, transportation availability for children will be extremely limited.
- The HSELP Transportation Prioritization System will be utilized to determine children most in need for transport
- We are still determining health and safety practices for bus travel.

Handwashing and Cleaning

- Drivers/Monitors will keep an adequate supply of tissues, hand sanitizer, facemasks, cleaning supplies and garbage bags inside the vehicle at all times.

Daily Health Attestation Form

Children who do not pass the attestation or who appear ill after a visual check will not be transported on that day.

- Prior to boarding, the monitor will verify that each child has a signed Daily Health Attestation form (families will be given blank copies of the Daily Health Attestation to fill out before the bus arrives at the stop).
- The Monitor will review the form and verify that the child has passed the screening.

Face Coverings

- Drivers/Monitors will wear facemasks at all times.
- Staff will encourage riders age 2 and over to wear a mask in accordance with Program and CDC Guidelines.

Ventilation

- Windows will be kept open on the bus, where and when it is safe to do so. Air will not be recirculated.

Health Screening of Staff and Contractors

- All employees will follow Agency and Program guidelines; Contracted drivers are also required to follow Community Action Pioneer Valley's screening protocols by filling out a daily attestation form. Refer to protocols listed above in the "Screening and Monitoring Staff" section.

Cleaning of Bus

- Trash will be emptied and the interior of the bus will be cleaned and swept daily.
- The interior will be disinfected at least once each day including using an EPA-Registered Product for use against Novel Coronavirus SARS-CoV-2 on all high touch surfaces to included but limited to: Buttons, handholds, door handles, shift knobs, dashboard controls, pull cords, rails, steering wheels, sanctions.
- If soft porous surfaces are visibly dirty, they must be cleaned using appropriate cleaners and then disinfected using EPA Registered Antimicrobial Products for use Against Novel Coronavirus SARS-CoV-2

The program will designate staff to assist children with washing or sanitizing hands upon arrival after exiting the vehicle and again prior to departure before boarding.

IN THE LEARNING ENVIRONMENT

Reducing Contact Between Groups

- HSELP has reduced the hours of care in full-day settings to 8 hours/day in order to keep children in closed cohorts per classroom and avoid combining classrooms at the beginning and end of day.
- HSELP will, as feasible, staff classrooms with teams of 3 to allow educators to take breaks, have planning time, and clean.
- HSELP will keep cohorts of children together as much as possible. Mixing of cohorts will be evaluated on a case-by-case basis.
- HSELP will group siblings together in the same classroom, whenever suitable to the age and developmental level.
- Depending on space at individual sites, playground time will occur in shifts, or the playground will be divided to allow for multiple cohorts of children to enjoy the playground at once, while remaining in their separate groups.
- Drop-off and pick-up times will be staggered to the greatest extent possible.
- At this time, families will not enter the building at drop off and pick up time. We expect that this will be re-evaluated in the near future.
- Field trips will be evaluated on a case-by-case basis, in consultation with supervisors. Neighborhood walks are permitted.

Daily Practices

- HSELP will set up the classroom environments to reinforce physical distancing by at least three feet during times when children do not wear masks, such as meals and rest time.
- “Family style” meals are discontinued and staff will place food on children’s plates for them, rather than children self-serving as is our usual practice. Educators will continue to join children for meals and sit within visual proximity of children during meals, ensuring social interaction and food safety.
- Sensory activities may return to pre-COVID practices. For children who mouth the materials, the materials will be put in the dishwasher or disinfected and then rinsed with water to prevent the young child from ingesting residual disinfectant.
- Outdoor sensory experiences (sand box, sprinklers) may be shared.
- Educators should continue to promote frequent handwashing.
- Children may bring items from home.
- Dolls and soft toys may be reintroduced to the group. Special care must be taken that soft items are laundered if they come in contact with secretions.
- Tooth brushing is temporarily discontinued while in care.
- Weather permitting, educators will maximize outdoor time with children.

Direct Support Services (IFSP/IEP, Specialists)

- HSELP will collaborate with the Early Intervention program or Local Education Agency to facilitate delivery of services for children who have an IEP or IFSP.
- If services are delivered for an on-site child in a remote manner (i.e. telehealth), we will utilize a separate room or the child’s classroom with a laptop or tablet.
- If direct services are delivered onsite, the person will follow CAPV protocols in mask wearing and hand washing.
- Our Specialists will resume pre-pandemic supports to children, families and staff.

Personal Protective Equipment & Cleaning Practices to Reduce the Spread of COVID-19

Masks

- **Staff:** Staff must wear masks when providing a service to children or families, in accordance with CDC guidance and CAPV protocols. Educators may take “breaks” from the mask by taking turns stepping out of the classroom, as feasible. Naturally, Educators will remove their masks, at least partially, to eat and drink. When replacing masks, Educators should be careful to keep the same side facing out. **Exception:** Fully vaccinated individuals, who have provided proof of vaccination to CAPV HR, may remove their masks when on the playground or while taking neighborhood walks.
- **Children:** Children age 2 and older are encouraged to wear a mask indoors. Children under two years of age should not wear masks. Other children who should not wear masks include: children who cannot safely handle masks, those who have difficulty breathing, those with a cognitive or respiratory impairment, and children for whom it may pose a choking or strangulation hazard. Children will not wear masks while eating, drinking, or napping. If wearing a mask causes a child to touch their face more, consider whether it is helpful.
- **Families:** In alignment with CAPV protocols, Caregivers dropping children off, picking up, or coming on the program grounds for any other reason are expected to wear a mask or cloth face covering. Staff will provide a mask if a caregiver does not have one.

Face Shields: Face shields will be worn when administering nebulizers and oral medications.

Gloves: Gloves must be worn when handling disinfectants (Force of Nature, etc.). Gloves are also to be used for diapering, medication administration, applying sunscreen, handling food, handling waste and body fluids, and cleaning. Follow usual glove protocols.

Hand Washing: Individuals entering the building but not a classroom should utilize the 60%+ alcohol sanitizer stations throughout the building or wash their hands at an available handwashing sink. Any individual who enters a classroom must wash their hands with soap, water, and friction for 20+ seconds upon entry; when coming in from outside activities; before and after eating; after sneezing, coughing or nose blowing; after toileting and diapering; before handling food; after touching or cleaning surfaces that may be contaminated; after assisting children with handwashing; before and after medication administration; before entering vehicles used for transportation of children; and before/after changing gloves.

Cleaning: Cleaning will return to our stringent pre-pandemic protocols, including the below.

- Educators must clean high touch areas a minimum of 1x per day (more is ok)
- Children may share materials following pre pandemic protocols (no longer need to be sanitized between each child’s use)
- Kitchen cleaning will return to pre-COVID cleaning practices
- Common areas will return to pre-covid cleaning practices (do not have to make bleach solution for bathrooms or common areas)
- Custodians will thoroughly clean classroom floors, bathrooms, etc. in the evening.

Force of Nature Sanitizer and Disinfectant: When mixing the product, wear gloves and follow manufacturer’s instructions. Label the bottle (on tape or removable label) with the date so staff will know the solution must be disposed of after 2 weeks and a new bottle mixed. Force of Nature has to sit on the surface for 10 minutes to be effective. Force of Nature has extensive safety testing and the studies show it is safe to use as a sanitizer.

Bleach (sanitizer or disinfectant, depending on the solution). Bleach has to sit on the surface for 1 minute

Bleach as Disinfectant

8%-9% Bleach	5%-6% Bleach
2 Tablespoons per Quart Room Temperature Water	4 teaspoons per Quart Room Temperature Water
½ Cup per Gallon Room Temperature Water	1/3 Cup per Gallon Room Temperature Water

Bleach as Sanitizer

8%-9% Bleach	5%-6% Bleach
¾ teaspoon Bleach per Quart Room Temp Water	½ teaspoon per Quart Room Temperature Water
1 Tablespoon Bleach per Gallon Room Temp Water	2 teaspoons per Gallon Room Temperature Water

Food Safety: CACFP and EEC regulations will be followed for the preparation of all meals and snacks.

Vendor Deliveries: Whenever possible, non-contact deliveries will be made to sites. If deliveries are brought into the building (i.e. food), the person delivering must wear a mask and use hand sanitizer upon arrival. If they do not have a mask, one will be provided.

Caring for Infants and Toddlers and the Developmentally Young Preschooler:

- Diapering: Return to HSELP NAEYC Diapering procedures.
- Feeding: Staff may return to pre-COVID practices.

Ventilation: In order to maximize access to fresh air when indoors, doors and windows should be kept open when the temperature will not be uncomfortably hot and when it does not pose a safety risk. Second floor windows must have the safety mechanism engaged. Air conditioners may be utilized, and may be in “fan” mode to move/filter air as an alternative to producing cool air if more favorable. All air filters have been cleaned for reopening but should be rinsed frequently. Site Supervisors may put in a Facilities Dude request to ask maintenance staff do this weekly.

Medication Administration

Medical Condition	Required Medication	Protective Measures for COVID-19
Asthma	Metered-Dose Inhaler or Nebulizer when absolutely necessary	Metered-Dose Inhalers with spacers are recommended. Nebulizers will only be used when absolutely necessary, and on a case basis. If families cannot provide spacers the program will provide. Staff will wear a cloth face mask covering, gloves and a face shield when utilizing a nebulizer. Will Administer medications in a space away from children or in a separate room unless life threatening.
Allergy	Oral Medication or Epi Auto Injector for child with allergy per MD order	Staff will wear a cloth face mask covering, gloves and a face shield with oral medication. .
Seizure Disorder	Oral or rectal medication per MD order	Staff will wear a cloth face mask covering, gloves and a face shield with oral medication.
Acute Medical Condition	Oral or topical medication per MD order	Staff will wear a cloth face mask covering, gloves, and a face shield for oral medication. .

WHEN SOMEONE GETS SICK

CHILDREN

When Individuals Become Ill During the Day

- Staff must actively visually monitor children throughout the day for symptoms of any kind, including fever, cough, shortness of breath, diarrhea, nausea, and vomiting, abdominal pain, and unexplained rash. Children who appear ill or are exhibiting signs of illness will be separated from the larger group and isolated until able to leave the facility. The program will have thermometers on site to check temperatures if a child is suspected of having a fever (temperature above 100°F). Special care will be taken to disinfect the thermometers after each use.
- A child who experiences symptoms must be excluded from the group (see “Isolation” section) and the child’s family will be asked to pick up their child as soon as reasonably possible.
- If any child or staff appears to have severe symptoms, the program will call emergency services immediately. Before transferring to a medical facility, notify the transfer team and medical facility if the individual is suspected to have COVID-19. Severe symptoms include the following: extreme difficulty breathing (i.e. not being able to speak without gasping for air), bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizure or seizures that won’t stop.
- Staff will report to their supervisor if they begin to experience symptoms, and another person will take over coverage if needed.

Exclusion of Individuals:

- If a child or staff member presents with symptoms that warrant exclusion, they will be excluded from care.
- Staff will follow the CAPV protocols around exclusion from work and around returning to the office following an illness, including quarantine after travel in some circumstances.
- If a child or staff member has a previously documented condition that results in display of symptoms on the screening list, the HSELP Health Specialist will determine a decision around exclusion or recommend the individual’s health professional be consulted.

Isolation and Discharge

- Each site will determine a designated area, separate from the child care space, and when possible to include a separate bathroom, to isolate sick individuals. Please be informed of the designated area for your site.
- The Education Site Supervisor or Educators will determine who should stay with the child until the family has arrived. The designated person, wearing PPE, will stay with the child at the maximum distance feasible to the child’s care and comfort, until the family arrives to pick up the child.
- If possible, a window will be opened to provide ventilation.
- After the sick child has left, the designated person who stayed with the ill child will change their PPE, wash, and the space/s utilized by the ill person will be cleaned and disinfected. If there are not enough staff to perform this, support will be requested through the Education Manager or Director of Education.

Cleaning Instructions:

- Close off the area visited by ill persons.
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours, or as long as practical before beginning cleaning and disinfection.
- Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g. tables, touch screens, keyboards) used by the ill persons, focusing especially on frequently touched surfaces.

The program will ensure that there is adequate staff coverage to allow for supervision of sick children while maintaining required ratios in the classroom.

Confirmed Illness at a Site

If a staff member becomes aware of exposure to a communicable illness (including COVID-19), staff will immediately inform their supervisor, who will consult with our Health Specialist/Health Manager. HSELP will follow existing processes to communicate to families about illness at the program.

Returning to Care

Criteria for children returning to care are the same as for staff returning to work. See CAPV protocols below.

STAFF

CAPV Protocols:

An employee should remain home for the following reasons:

- If the employee has a temperature of 100.0 or above.
- If the employee is exhibiting COVID-19 or flu-like symptoms or reports having a cough, shortness of breath, or difficulty breathing.
- If the employee reports **two or more of the following symptoms, which are unrelated to a chronic health issue:** fever, feverish and chills, headaches, muscle pain, vomiting, diarrhea, sore throat, fatigue, or new loss of taste or smell
- If the employee has traveled out of the state in the last two weeks (unless they are fully vaccinated** or provided a negative COVID test within 72 hours upon their return).
- If the employee is not fully vaccinated** and reports having been in direct contact with someone who is presenting two or more of the following symptoms: fever, feverish and chills, headaches, muscle pain, vomiting, diarrhea, sore throat, fatigue, or new loss of taste or smell.
- If the employee has been in direct contact with someone who has tested positive for COVID-19 and is not fully vaccinated.

The employee can return to the office under the following conditions:

- The employee must remain fever free for 24 hours without fever reducing medicine to return and have NO other COVID-19 symptoms. A medical provider's statement is not required if the employee is out for less than 3 days.
- If the employee has been out sick for three consecutive days, CAPV will follow the standard policy and a medical provider's note will be required to return to work.
- If the employee has a temperature of 100.0 or higher for three consecutive days then a medical provider's statement will be required.
- If the employee's medical provider thinks or knows they had COVID-19, and had symptoms, they can be in the office after:
 - 10 days since symptoms first appeared **and**
 - 24 hours with no fever without the use of fever-reducing medications **and**
 - Other symptoms of COVID-19 are improving*
 - **Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*
- If the employee has had no known exposure and has tested negative for COVID-19, they can be in the office when they are symptom and fever free for 24 hours without fever reducing medicine.
- If the employee tested positive for COVID-19, but had no symptoms, **AND** continues to have no symptoms, and has been cleared by their medical provider, the employee can report to the office after 10 days post-test.
- Employees who have tested positive for COVID-19 and who have become seriously ill due to the virus might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. [Persons with Certain Medical Conditions](#) may require testing to determine when they can be around others. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing.
- Your doctor may work with [an infectious disease expert or your local health department](#) to determine whether testing will be necessary before you can be around others.
- If the employee was in close contact (*) with someone who had COVID-19, the employee must not report to the office for 14 days after their last exposure to that person
 - **OR**

- If the employee was in close contact with someone who had COVID-19 or someone exhibiting COVID-19 symptoms and who meets the following criteria, then no quarantine is necessary
 - Someone who has been fully vaccinated(**) and shows no symptoms of COVID-19
 - **OR:**
 - Someone who has COVID-19 illness within the previous 3 months **and**
 - Has recovered **and**
 - Remains without COVID-19 symptoms (for example: cough, shortness of breath)
- If an employee who is fully vaccinated is pending a COVID test per local Board of Health or a provider request, the employee will remain at home pending the results of the test.
- If the employee has traveled out of the approved travel areas, they must quarantine for 10 days post return **OR** provide a negative COVID test within 72 hours upon their return **OR** provide proof of full vaccination (**).

*Close contact defined by CDC as:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

*FROM CDC: Someone who has been within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (*for example, three individual 5-minute exposures for a total of 15 minutes in one day*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

**NOTE: Fully vaccinated CDC means:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Following a confirmed exposure or diagnosis of a staff, child or family member, communication to affected parties, funders and Department of Public Health will occur, as detailed in the following section.

Responding to Symptoms

1. Persons whose symptoms begin prior to a work day should fill out the CAPV Daily Health Screening if they are well enough to do so, in order to track illness agency-wide.
2. When a person experiences symptoms, they should alert the supervisor and the supervisor will engage the Health Specialist/Manager and alert the CAPV HR Director, and decisions will be made on a case-by-case basis.
3. If a symptomatic person has been in proximity to others in the workplace, the supervisor will consult with the Health Specialist or Health Manager to determine whether consultation with the Board of Health is necessary for decision making. If evaluated as low risk, the persons who had minimal risk may continue to be at the work environment if the symptomatic person is excluded. However, if more persons in that same environment begin to display symptoms, that decision will be re-evaluated.
4. If the symptomatic person has a positive COVID-19 test result, follow HSELP protocols for reporting positive cases. The Health Manager/Specialist will consult with Department of Public Health.

CLOSURES & NOTIFICATIONS

Program Closures

- All COVID-19 related program closures will be reported to the local Department of Health by Jennifer Guetti-Slocum, Health Manager or designee.
- Education Managers, Director of Education, or designee will report program closures to EEC and the Program Director or designee will report to the Regional Office of Head Start.
- Families will be informed by the Family Advocate, the Education Site Supervisor or designee.
- Staff will be informed by their supervisors.

Notifications and Local Board of Health Engagement

If a Child or Staff Member Contracts COVID-19:

- Sick children or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 will not return until they have met the criteria for discontinuing home isolation and have consulted with a healthcare provider.
- Staff will follow CAPV's protocol and will report the positive diagnosis to the Health Manager, their supervisor, and CAPV Human Resources.
- If a child or their family member is diagnosed with COVID-19, the person who learns this must inform the ESS and FA, who will report to the Health Manager. The child's educators must also be informed so that they can enter the absence reason.
- The Education Manager will report the COVID-19 diagnosis on the LEAD Portal.
- The Health Manager will determine the date of symptom onset for the child/staff and identify what days the child/staff attended/worked in order to assess if the child/staff attended/worked at the program while symptomatic or during the two days before symptoms began. The Health Manager will also determine who had close contact with the child/staff at the program during those days (staff and other children).
- We will follow CAPV protocol/CDC guidelines about when employees may return to work or when children may return to care. When uncertain, contact the Health Manager/Specialist.

RESOURCES

EEC Regulations:

<https://www.mass.gov/doc/606-cmr-700-regulations-for-family-group-school-age-child-care-programs/download>

EEC Health & Safety Guidance:

<https://www.mass.gov/service-details/eecs-health-and-safety-guidance-during-covid-19-recovery-for-child-care-providers>

OHS Performance Standards:

<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

OHS COVID-19 Updates:

<https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/ohs-covid-19-updates>

CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>