

EC3 COVID-19 Preparedness & Response Plan

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Introduction

EC3 is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Michigan Departments of Licensing and Regulatory Affairs (LARA) and Health and Human Services, in accordance with MIOSHA Emergency Rules for Coronavirus disease 2019 (COVID-19), and with everyone's well-being in mind. To limit the potential spread of COVID-19, we have made temporary changes to our programming that include robust cleaning and disinfecting procedures, and minimizing opportunities for person-to-person exposure (e.g., an infected person spreading respiratory droplets through actions such as coughing, sneezing, or talking). This plan outlines the recommended practices and strategies we are using to protect the health of our children, staff, and families while ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

The MIOSHA Emergency Rules have general safeguards applicable for all workplaces. EC3's Chief Executive Officer has read these emergency rules carefully, developed the safeguards appropriate to EC3 based on its type of operation, and incorporated those safeguards into this COVID-19 preparedness and response plan.

EC3 has designated COVID-19 safety coordinators to implement, monitor, and report on the COVID-19 control strategies developed in this plan. In addition to EC3's CEO, the worksite COVID-19 safety coordinators are members of the EC3 administrative staff. At least one of these supervisors will remain on-site at all times when children or employees are present.

This plan is available to EC3 staff, families, and all other stakeholders via EC3's website; printed copies are available upon request.

Engineering Controls

EC3 has implemented feasible engineering controls to minimize or eliminate employee and family exposure to COVID-19. Engineering controls involve isolating employees from work-related hazards using ventilation and other engineered solutions to reduce exposure to hazards without relying on worker behavior. EC3's engineering controls include:

- Installed plastic barriers on desks in the office and between workstations in the staff lounge.
- Installed air purifier devices in the central ventilation of the building.

The EC3 administrative staff is responsible for seeing that these engineering controls are maintained for effectiveness and serviced when necessary.

Administrative Controls

Administrative controls are workplace policies, procedures, and practices that minimize or eliminate employee and family exposure to hazards. The EC3 administrative staff is responsible for seeing that the correct administrative controls are maintained for effectiveness and updated as conditions require.

SOCIAL DISTANCING STRATEGIES

- Adults must remain six feet from those not in their household. Parents and staff are asked to avoid crowding at or around any classroom or doorway.
- To the greatest extent possible, we will limit the mixing of children across groups by staggering times and locations for outdoor play and other activities where children from multiple classrooms are typically combined.
- We may cancel, postpone, or modify field trips and special events that convene larger groups of children and families.
- We will limit non-essential visitors, volunteers, and activities including groups of children or adults.
- In-person meetings, whether staff or families, require that social distancing is practiced; otherwise, meetings are done electronically.
- Visual cues and barriers for social distancing have been added, such as markings on the carpet, dividers, and signs on doors.

GENERAL EXPECTATIONS FOR EC3 FAMILIES

- Only one person is allowed to accompany each child into and out of the building. Siblings or other guests will not be allowed in building.
- Only two families per class are allowed *in the building* at any one time.
- Parents must inform the office if a member of their household becomes symptomatic or receives positive COVID-19 test results.
- Parents will provide several changes of clothing for their child.
- Administrative matters (questions about billing, records requests, etc.) should be addressed through email or phone whenever possible to minimize exposure.
- Parents will bring nap items home once a week to be laundered.
- Car seats may not be stored at EC3.
- If/when necessary, EC3 will designate times for drop-off or pick-up to allow for staggering of parent arrivals.
- Family members should minimize their time in the building, and should practice social distancing when engaging staff or other parents.
- No toys from home should be brought to school. An exception to this is the allowance of a nap time comfort item, which should remain at the center with the child's bedding items not be shared with classmates.

- Minimize the number of items brought back and forth between home and school, including pacifiers, sippy cups, water bottles, backpacks, etc.

CLASSROOM EXPECTATIONS

- Whenever possible, classes will not combine or blend groups of children. Large groups will divide into smaller ones as appropriate and practical.
- Classes will maximize the amount of time spent outside. In addition to outdoor free time, each classroom will plan educational activities to be conducted outside, including these activities on weekly lesson plans. Routines such as group time, small groups, etc. may be held outdoors.
- Tooth brushing has been discontinued until further notice.
- Toys that cannot be easily cleaned and sanitized should not be used.
- The use of sensory tables and shared sensory materials such as playdough, etc. is discontinued until further notice.
- Discontinue “family style” serving until further notice, so that multiple children are not using the same serving bowls, utensils, or beverage pitchers.
- Staff members will remain aware of children in their class who have breathing issues, asthma, or compromised immune systems.

Basic Infection Prevention Measures

HAND HYGIENE

The EC3 administrative staff is responsible for seeing that adequate handwashing facilities are available in the workplace and that regular handwashing is required. Frequency of such handwashing will be determined in part by factors such as when and how often the employees' hands are potentially exposed to COVID-19. When handwashing facilities are not available, EC3 shall provide employees with antiseptic hand sanitizers or towelettes. EC3 will provide time for employees to wash hands frequently and to use hand sanitizer.

EC3 shall promote frequent and thorough hand washing, including by providing workers, families, and visitors with places to wash their hands. If soap and running water are not immediately available, antiseptic hand sanitizers containing at least 60 percent alcohol are readily available.

DISINFECTION OF ENVIRONMENTAL SURFACES

The EC3 administrative staff is responsible for seeing that environmental surfaces in the workplace are cleaned and disinfected at least daily when no people with confirmed or suspected cases of COVID-19 have been in the space. If there has been a sick person or someone who tested positive for COVID-19 in the facility within the last 24 hours, the spaces that person or persons occupied must be cleaned and disinfected. The manufacturer's instructions for use of all cleaning and disinfection products will be strictly followed.

All cleaning practices, procedures, and guidelines as they related to COVID-19 shall follow the current recommendation from the Centers for Disease Control (CDC).

CLEANING AND DISINFECTING

- Routine disinfecting of high-touch areas center-wide takes place twice each day. Items such as doorknobs, light switches, classroom sink handles, countertops, toilet training seats, desks, chairs, cubbies, and refrigerator handles are disinfected using spray disinfectant with clean rags.
- Cots are thoroughly sprayed with disinfectant solution daily, prior to each use.
- Areas and items shared by staff members (computer keyboard, shared phones, break room tables, etc.) are wiped down after each use.
- Staff members try to minimize use of items more likely to be placed in a child's mouth, such as play food, dishes, and utensils.
- Staff members will clean and disinfect contaminated toys daily.
- Staff members will limit the number of toys available at one time, and they will rotate books frequently to allow time for germs to die. Toys and books that have been directly sneezed/coughed on are promptly removed and decontaminated.

Personal Protective Equipment (PPE)

Because the engineering or administrative measures described in this plan cannot protect people who aren't vaccinated (primarily children), EC3 requires employees to use PPE to supplement these other controls.

MASKS OR CLOTH FACE COVERINGS

Wearing a face mask indoors, including vehicles, is **mandated in Michigan for unvaccinated individuals, ages 2 years and older**, per the Gatherings and Face Mask Order (June 1, 2021) issued by MDHHS. **EC3 staff working around children must continue wearing masks while indoors, even if these staff are fully vaccinated, in order to model the behavior for those who are ineligible for vaccination.** Family members, vendors, and other visiting adults are required to wear masks indoors at EC3 for the same reason, regardless of vaccination status.

Currently, the CDC recommends schools and child care organizations continue to use the following the COVID-19 prevention strategies at gatherings:

Environment	Fully Vaccinated Individuals, ages 2 years and older	Unvaccinated Individuals, ages 2 years and older
Indoors	Recommended	Required*
During transportation	CDC requires masks during transportation	CDC requires masks during transportation
Outdoors	Recommended but not required	Recommended but not required

* A good faith effort accepted as defined by the Gatherings and Face Mask Order

Exceptions:

- **Age:** Cloth face masks should never be placed on young children under age 2.
- **Medical condition:** Anyone who cannot medically tolerate a cloth face mask should not wear a face mask.
 - Providers with staff who claim the medical exemption to wearing a face mask should view MIOSHA guidance on this topic and contact MIOSHA's COVID-19 hotline with any questions: 855-SAFEC19 (855-723-3219)."
- **Eating and drinking:** Cloth face masks may be removed while eating and drinking.
- **Sleeping:** Children should never wear face mask while sleeping or resting.
- **Swimming:** People should not wear cloth face mask while engaged in activities that may cause the cloth face covering to become wet, like when swimming at the beach or pool. For activities like swimming, it is particularly important to maintain physical distance from others when in the water.
- **Communicating** with someone who is deaf, deafblind, or hard of hearing and whose ability to see the mouth is essential to communication.
- **Receiving** a medical or personal care service for which removal of the face mask is necessary.
- **Being** asked to temporarily remove a face mask for identification purposes.

GLOVES

Staff members will wear gloves in a manner consistent with existing licensing rules (for example, gloves should be worn when handling contaminants, changing diapers, cleaning, or when serving food). Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are changed between uses. Gloves are not recommended for broader use and do not replace hand washing.

Health Surveillance

DAILY SCREENING

EC3 will conduct a daily entry screening protocol for all staff, children, families, and delivery personnel entering EC3. The EC3 administrative staff is responsible for ensuring that all required health surveillance provisions are performed.

- Each person entering the building will complete a **verbal health screening** at the table in the entryway. The screening will include the following questions:
 - Has anyone in the household been ill in the last three days? A visual screening is done for each child, looking for signs of illness.
 - **Symptoms in children** include persistent cough, fever, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), rashes, inflammation of hands or feet, swollen lymph nodes, eye irritation, diarrhea, vomiting, fatigue, or extreme fussiness.
 - **Symptoms in adults** include fever, cough, shortness of breath/difficulty breathing, change in the ability to smell or taste, and/or diarrhea.
 - Has anyone in the household been in close contact with an individual who has tested positive for COVID-19? If yes, the child(ren) and family member should self-quarantine for 14 days.
 - Has any member of the household traveled internationally in the last 14 days? If so, the child(ren) and family member should self-quarantine for 14 days.
- A **temperature check** is performed by an EC3 staff member on all individuals entering the facility, using a touchless thermometer. If the individual has a fever of 100.4+ degrees Fahrenheit, or other symptoms, he/she will not be allowed to enter the facility. Thermometers are sanitized between each use, and staff members will wear a mask while taking a temperature.

MONITORING & RESPONDING TO SYMPTOMS IN CHILDREN

When Should a Sick Child Stay Home?

EC3 will strictly enforce our sick policy. The presence of any of the symptoms below generally suggests a child has an infectious illness and should not attend EC3, regardless of whether the illness is COVID-19. (For children with chronic conditions, a positive screening should represent a change from their typical health status.)

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- Cough (for children with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for children with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New onset of severe headache, especially with a fever

Children should also stay home if they:

- Are in quarantine due to exposure to an individual with a confirmed case of COVID-19, or
- Have other signs of illness described in EC3’s sick policy.

EC3 requires families to contact their healthcare provider or follow up with a local clinic/urgent care before returning the child to care.

What if a Child Becomes Sick During the Day at EC3?

Children are monitored throughout the day for illness. If a child is ill, family members will be contacted for **immediate** pick up. Parents should plan for emergencies by having several “emergency contacts” available to pick up children in the case of illness.

Sick children will be isolated in a safe location, away from others and monitored by a staff member, until a family member can pick them up.

When Can a Sick Child Return to EC3?

When a child can return to care depends on their symptoms, whether they have a high risk for COVID-19 exposure, and whether they test positive. A child has a high risk of COVID-19 exposure if they have had close contact with a person with COVID-19 within the past 14 days. Close contact includes exposures within 6 feet of a person with COVID-19 for 15 minutes or more. This includes brief exposures totaling 15 minutes in a 24-hour period. Prior to returning to EC3, an ill child should be free of symptoms (vomiting, diarrhea, or fever without fever-reducing medication) for at least 24 hours. Certain communicable diseases, including COVID-19, have disease-specific exclusion periods.

If a Child Tests Negative for COVID-19 or No Testing Was Done

No Testing Was Done

- If a child visits a healthcare provider and another cause is identified for the symptoms, the child may return to EC3 once symptoms improve, and they have been fever-free for at least 24 hours without the use of medicine that reduces fevers.
- If a test is not done, the individual should stay home until:
 - He/she has been fever-free for at least 24 hours without the use of medicine that reduces fevers, AND
 - Other symptoms have improved, AND
 - At least 10 days have passed since symptoms first appeared.

Tests Negative

- If a child was not exposed to COVID-19, a child may return to EC3 based on our illness policy.
- If a child was exposed to COVID-19 within the past 14 days, current MDHHS guidelines recommend they quarantine for at least 14 days, even with a negative test result and follow all instruction from the Ingham County Health Department (ICHHD).

- If symptoms appear, the child should be immediately isolated and contact the ICHD or a health care provider.

If a Child Tests Positive for COVID-19

EC3 will cooperate with the ICHD to determine when a child may return after testing positive for COVID-19. In general, individuals must stay home until they:

- Have been fever-free for at least 24 hours without the use of medicine that reduces fevers, AND
- Other symptoms have improved, AND
- At least 10 days have passed since symptoms appeared or the individual tested positive.

Most children can return to care based on improved symptoms and the passage of time. There is no need to get a negative test or a doctor’s note to clear the child to return to EC3.

MONITORING & RESPONDING TO SYMPTOMS IN ADULTS

When Should a Sick Staff Member Stay Home?

EC3 will strictly enforce our sick policy. Staff members should stay home, or be sent home, if they are feeling unwell or experiencing any of the symptoms of COVID-19. Staff members **who are not fully vaccinated** and are in quarantine due to exposure to an individual with a confirmed case of COVID-19 or have other signs of illness described in a provider’s sick policy should stay home.

Staff members who have been in close contact with someone who has COVID-19 are **not required to quarantine if they have been fully vaccinated** against the disease and show no symptoms.

What if a Staff Member is Sick During the Day?

If a staff member begins to feel ill during the day, they should go home. If an individual is the only caregiver, they should limit close interactions with children until they can be relieved by another staff member. Children may need to be picked up if no other caregiver is available.

Employees must promptly report any signs and symptoms of COVID-19 to the EC3 administrative staff before and during the work shift. Employees must also promptly report to the EC3 administrative staff if they have tested positive for COVID-19, even if they are asymptomatic.

When Can a Sick Staff Member Return to Work?

When a staff member can return to work depends on their symptoms, whether they have a high risk for COVID-19 exposure, and whether they test positive. An unvaccinated staff member has a high risk of COVID-19 exposure, if they had close contact with a person with COVID-19 in the past 14 days. Close contact includes exposures within 6 feet of a person with COVID-19 for 15 minutes or more. This includes brief exposures totaling 15 minutes in a 24-hour period.

If a Staff Member Tests Negative or No Testing Was Done

No Testing Was Done

- If a staff member visits a healthcare provider and another cause is identified for the symptoms, the individual may return to work once symptoms improve and they have been fever-free for at least 24 hours without the use of medicine that reduces fevers.
- If a test is not done, the individual should stay home until:
 - Has been fever-free for at least 24 hours without the use of medicine that reduces fevers, AND
 - Other symptoms have improved, AND
 - At least 10 days have passed since symptoms first appeared.

Tests Negative

- If a staff member was not exposed to COVID-19 and received a negative test result, they may return to work based on a EC3's illness policy.
- If an unvaccinated staff member was exposed to COVID-19 within the past 14 days, current MDHHS guidelines recommend they quarantine for at least 14 days, even with a negative test result, and follow all instruction from the ICHD.
 - If symptoms appear, the staff member should be immediately isolated, contact the ICHD or a health care provider.

If a Staff Member Tests Positive for COVID-19

EC3 will cooperate with the ICHD to determine when a staff member may return to work after testing positive for COVID-19. In general, individuals must stay home until they:

- Have been fever-free for at least 24 hours without the use of medicine that reduces fevers, AND
- Other symptoms have improved, AND
- At least 10 days have passed since symptoms appeared or the individual tested positive.

Most staff members can return to work based on improved symptoms and the passage of time.

EC3 will not discharge, discipline, or otherwise retaliate against employees who stay at home or who leave work when they are at particular risk of infecting others with COVID-19.

RESPONSE TO A CASE OF COVID-19

- If an EC3 family member, child, or staff member tests positive for the virus, EC3 is obligated to contact the ICHD. Based on their guidance, we will determine how to proceed: whether to close individual classrooms or our facility, the duration of such a closure, and what must occur for us to reopen. The ICHD *may* instruct us to do any or all of the following:
 - Areas used by the person who is sick may be closed off.
 - Staff members and children in the same classroom as the confirmed case may be required to quarantine.

- EC3 will cooperate with the ICHD, as requested, in contact tracing to limit the spread of the virus. We will work with family members to collect the contact information for any close contacts of the affected individual while at EC3 from two days before he or she showed symptoms or tested positive to the time when he or she was last present at EC3. The ICHD will ask for this information to support contact tracing.
- Family members and staff will be notified within 24 hours of the confirmation of a positive case of COVID-19 at EC3, and where the exposure occurred. We will respect the privacy of the individuals by not sharing health information on specific people.
- A report will be made to our licensing consultant within 24 hours of the confirmation.
- If we are notified of a confirmed case of COVID-19 more than seven days after the person visited or used the facility, additional cleaning and disinfection is not necessary.

Training, Communication, and Support

TRAINING STAFF

To support staff in effectively using best practices and making good personal decisions, EC3 will provide learning opportunities to help all of us understand:

- How COVID-19 is transmitted.
- Signs and symptoms of COVID-19.
- Drop off/pick up procedures.
- Screening procedures for children.
- Sick Child Policy.
- Steps to notify the office of suspected illness or confirmed diagnosis.
- Handwashing procedures for children and adults.
- Cleaning/sanitizing schedule and protocols.
- What to say to kids about COVID-19.

COMMUNICATING WITH STAFF AND FAMILIES

We will actively communicate with staff members and families to (1) determine when they will return to work/care if they have been out, (2) discuss concerns or questions, (3) share new policies and expectations, and (4) confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19. The staff person responsible for handling questions and outreach for staff and families is the CEO.

SUPPORTING CHILDREN'S SOCIAL-EMOTIONAL NEEDS

Staff members and families will partner to support the needs and emotional reactions of children during this time. We anticipate that children will experience a wide range of feelings during this period. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkits to assist children with emotional regulation and we will work together to support all caregivers—staff members and family members.

SUPPORTING STAFF MEMBERS' SOCIAL-EMOTIONAL NEEDS

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time. As essential workers in the COVID-19 pandemic, we understand our staff members may have worries about their own physical or psychological health, and the potential risk to members of their households. Because young children internalize the stress of the adults who care for them, we know it is vitally important to provide supports and services to ensure the emotional well-being of our staff.

PROTOCOLS FOR MONITORING THESE PRACTICES

- Daily health screenings of children and staff members are documented.

- Daily cleaning/disinfecting procedures are documented by staff.
- Reminders of rules and expectations are sent periodically via email, newsletter, white board, and posted notices.
- Feedback about our safety protocols is encouraged from staff members and families.

RECORDKEEPING

EC3 will maintain records of the following requirements:

- Training: EC3 maintains a record of all COVID-19 employee training.
- Screening protocols: EC3 maintains a record of screening for each employee and child entering the workplace.
- Attendance: EC3 maintains records of when each child and employee is in the building.

The EC3 administrative staff will ensure that the records are kept.

RESOURCES

- www.michigan.gov/coronavirus Go to “Frequently asked questions” and click on “Childcare”
- Center for Disease Control and Prevention: <https://www.cdc.gov/>
- American Academy of Pediatrics: <https://services.aap.org/en/about-the-aap/>
- Ingham County Health Department: <http://hd.ingham.org/>
- *Caring for Children in Care During COVID-19*, from the federal Office of Head Start.
- *Preventing and Managing Infectious Diseases in Early Education and Child Care*, free from the American Academy of Pediatrics
- *Crisis Parent and Caregiver Guide*, from the Michigan Children’s Trust Fund
- *Talking with Children about COVID-19*, from the CDC Helping Young Children Through COVID-19 from Zero to Thrive (includes Arabic and Spanish translations)
- *Georgie and the Giant Germ*, from Zero to Thrive and Tender Press Books