



LULAC Head Start Inc.

DEVELOPING CHILDREN, FAMILIES AND THE COMMUNITY FOR LIFE

**Guidance Manual for
Operating a Childcare
Program During a Pandemic**

(Including COVID-19 Related Policies and Procedures)

Updated: 06/01/21

Updated: 08/20/21

Updated: 08/26/21

Updated: 04/14/22

Dear LULAC Head Start Family,

This guidance manual has been developed over the last two months by our management team using professional resources such as the Centers for Disease Control (CDC) and the Connecticut Office of Early Childhood (OEC), best practices and lessons learned from other high-quality childcare providers and input from our stakeholders, especially our parents and staff.

We have put a tremendous amount of work into planning for a joyful and safe arrival back to our childcare centers. We worked as a team in the development of this manual, understanding that these policies and procedures impact our children, staff, and families – our community as a whole. Collectively, these new practices will help to keep each of us healthy and safe as we return to onsite childcare services over three phases over the next two months – Phase 1 (July 13), Phase 2 (August 3), and Phase 3 (August 31).

The policies, procedures, and resources included in this manual are intended to be reference tools for families and staff when there may be a question about how a process or procedure should be completed or implemented.

Know that these procedures will evolve so this will be a living set of documents. The most updated version of this manual will be available on our website:

www.lulacheadstart.org

Thank you for your partnership and continued commitment to our agency!

Sincerely,

LULAC Head Start Inc.'s Management Team

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PART II

Family Expectations

POLICY AND PROCEDURES

TITLE: EXCLUSION OF ILL CHILDREN, COMMUNICABLE DISEASE & COVID-19 EXCLUSION POLICY/PROCEDURE		DOCUMENT TYPE: POLICY & PROCEDURE FOR STAFF AND FAMILY
PERFORMANCE STANDARD: N/A		DEPARTMENT:
AUTHORED BY: HEALTH PROMOTION SPECIALIST	RESPONSIBILITY: ALL STAFF	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/26/2020 UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: CHILD EXCLUSION POLICY & PROCEDURE
LAST REVIEWED WITHOUT CHANGES: ANNUALLY		
DATE OF PRIOR VERSION: 2019		
POLICY MANUAL: COVID POLICIES & PROCEDURES		

PURPOSE: To ensure the safety of staff and children.

POLICY: Staff or children who are ill will be excluded from the program until they are well and without illness.

Belief/Intent/Background:

Young children experience many illnesses during the first few years of life. Children who are sick or uncomfortable deserve the comforts of home and parents. In addition, an uncomfortable child needs the full attention of a teacher, possibly compromising the care of other children in the program. Parents should anticipate episodes of illness and have plans in place for care of an ill child. Management, not the child's family, makes the final determination about whether an acutely ill child can receive care in the childcare program. If a child is too ill to remain at the program, parents will be notified and expected to pick up their child as soon as possible.

PROCEDURES:

I. Exclusion of Ill Children

Children will be excluded if:

- a. The child's illness prevents the child from participating comfortably in activities that the program routinely offers for well children or mildly ill children.
- b. The illness requires more care than the childcare teachers can provide without compromising the needs of the other children in the group.
- c. Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact. If the childcare teachers are uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a Primary Care Provider (PCP) notifies the childcare program that the child may attend.

The child will be excluded with any of the following conditions until a doctor's note clears the child to return and child is symptom-free and is 24 hours off of fever-reducing medications:

- (1) During COVID-19 Pandemic, Temperature of 100 degrees Fahrenheit any method would require exclusion and immediate medical attention.
- (2) Signs and symptoms of possible severe illness until a health professional evaluation finds the child able to be included at the program. Signs and symptoms of possible severe illness shall include:
 - o Lethargy that is more than expected tiredness
 - o Uncontrolled coughing
 - o Inexplicable irritability or persistent crying
 - o Difficulty breathing
 - o Wheezing, or,
 - o Other unusual signs for the child.
- (3) Diarrhea is defined by stools that are more frequent or less formed than usual and is not associated with changes

in the diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained frequency exceeds two stools above normal for that child during the time in the program. Children with diarrhea illness of infectious origin generally may be allowed to return to childcare once diarrhea resolves. **Four exceptions are:**

- (1) Shigella: until one (1) negative stool and diarrhea resolves
- (2) Shiga toxin-producing E. coli: two (2) negative stool cultures are required.
- (3) Salmonella serotype Typhi and Paratyphi are excluded until test results from three (3) stool cultures are negative. The stool should be collected at least 48 hours after antibiotics have stopped.
- (4) Blood/mucous in stools not explainable by dietary change, medication use, or hard stools.

The child must be cleared by their health care provider.

Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative, need not be excluded.

- (4) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated.
- (5) Abdominal pain that continues for two or more hours or intermittent pain associated with fever or other signs or symptoms.
- (6) Mouth sores with drooling, that the child cannot control unless the child's primary care provider or local health department authority states that the child is noninfectious.
- (7) Rash with fever or behavior change, until a primary care provider has determined that the illness is not an infectious disease.
- (8) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until two (2) doses of treatment have been initiated. In cases of non-purulent pink eye, exclusion shall be required only if the Primary Care Providers recommends exclusion.
- (9) Pediculosis (head lice), only if the child has not been treated after notifying the family at the end of the prior program day.
- (10) Scabies, only if the child has not been treated after notifying the family at the end of the prior program day.
- (11) Active tuberculosis, until the child's primary care provider or local health department states that child is on appropriate treatment and can return;
- (12) Impetigo, only if child has not been treated after notifying family at the end of the prior program day. Exclusion is not necessary before the end of the day as long as the lesions can be covered.
- (13) Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has two doses of antibiotic (one may be taken the day of exclusion and the second just before returning the next day).
- (14) Varicella-Zoster (Chickenpox), until all lesions have dried or crusted (usually 6 days after onset of rash and no new lesions have appeared for at least 24 hours).
- (15) Pertussis, until 5 days of appropriate antibiotic treatment has been completed.
- (16) Mumps, until 5 days after the onset of parotid gland swelling.
- (17) Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: Protection of the others in the group should be checked to be sure everyone who was exposed has received the vaccine or receives the vaccine immediately).
- (18) Measles, until 4 days after the onset of rash
- (19) Rubella, until 7 days after the onset of the rash
- (20) Unspecified respiratory tract illness
- (21) Shingles (herpes zoster)- until sores are scabbed over and the child is cleared by their PCP.
- (22) Herpes simplex- until sores are dry and not draining and the child can take food and fluids.
- (23) Kawasaki- fever, rash, fatigue, beefy red tongue, grossly enlarged lymph nodes. Multisystem involvement. Must be cleared by their PCP and be fever free off fever-reducing medication for 24 hours.
- (24) Signs and symptoms of COVID-19 (see below)
- (25) Any child determined by the local health department to be contributing to the transmission of illness during an outbreak

II. A child with uncontrolled vomiting or diarrhea or temperature greater than 100 degrees Fahrenheit shall be provided separate care apart from the other children, with extra attention given to hygiene and sanitation, until the parent arrives to remove the child. The child shall be picked up within 30 minutes.

III. If the teacher is unable to contact the parent, medical advice will be sought until the parents can be located.

- IV. Children will be allowed to return to childcare:
When symptoms have resolved or become mild enough to enable the child to participate fully in the program and when cleared by a doctor to return to the program. Diarrhea is considered resolved when the child seems well and has resumed a pre-illness stool pattern, or when the child seems well and has developed a new, but a regular pattern of non-watery bowel movements for more than a week, even if this pattern is more frequent and looser bowel movements than was usual for the child before the diarrhea episode.
- a. For all infectious diseases for which treatment has been initiated, continuing to include the child in care after treatment has been initiated will be conditional on completing the prescribed course of therapy and clinical improvement of the child's illness.
 - b. During an identified outbreak of any communicable illness at the childcare center, a child shall be excluded if a health provider determines that the child is contributing to the transmission of the illness at the program. The child shall be readmitted when the local health official or health care provider who made the initial determination decides that the risk of transmission is no longer present.
 - c. Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0157:H7, shigella or Salmonella typhi.
 - d. Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or behavior change.
 - e. Children with a rash deemed non-contagious by the healthcare provider, but no fever or change in behavior.
 - f. Children with cytomegalovirus infection, parvovirus B19, HIV, or carrier of Hepatitis b.
- V. Specific Conditions that do not require exclusion are:
- a. Alerts for communicable illnesses will be sent home to all families who had a child that was potentially exposed to a communicable illness. These include alerts for Conjunctivitis, ringworm, viral processes, Impetigo, Fifth's Disease, Coxsackie, Shingles, Varicella, and other communicable diseases.
 - b. The Director has the final decision when a child should be excluded. If a child is not feeling well and unable to participate in the program, the Director reserves the right to request that the child be picked up.

COVID-19 Exclusion Criteria

VI. Exclusion Criteria for Covid-19:

- a. Any child with 100 degrees Fahrenheit temperature (temporal, ear, thermal scan) in the morning will be excluded before entering the building.
- b. Any child that develops a temperature of 100 degrees Fahrenheit during the day will be removed to a safe, quiet area away from the other children and monitored until pickup which shall be within 30 minutes. The child shall be out for 24 hours and monitored for illness at home. The parent will notify the Primary Care Provider immediately. Positive Covid-19 children will be excluded for the amount of time deemed necessary for the exclusion by the local health department and must be symptom-free, off fever-reducing medication for 24 hours, and with a PCP note to return.
- c. Any child that is exposed (15 minutes or greater in direct contact with or without a mask and within six feet) of a known or suspected test positive Covid-19 person, shall be excluded and monitored for signs of illness for the duration of the infected person's quarantine. Siblings attending the program will also be excluded from the program if the classroom of a sibling is closed due to exposure to Covid-19 or if the child and/or any family member is pending Covid-19 results.
- d. All Covid-19 cases shall be reported to State/local Departments of Public Health for further instructions and contact tracing.

Signs and Symptoms of Covid-19 include:

- Fever, cough, shortness of breath
- Chills repeated shaking with chills-may come and go
- Muscle pain

- Headache
- Loss of taste and/or smell
- Less common symptoms include gastrointestinal symptoms such as nausea, vomiting, and/or diarrhea.
- Severe symptoms, such as trouble breathing, persistent pain or pressure in the chest, new confusion, or inability to arouse, bluish lips or face, loss of circulation to the feet (Call 9-1-1). Children typically have milder symptoms than adults. Children with underlying chronic conditions/autoimmune diseases are at higher risk.

VII. Exclusion Criteria for Pediatric Multisystem Inflammatory Syndrome (PMIS).

- PMIS has some of the same symptoms as Kawasaki disease and inflammatory syndrome
- Children with PMIS tested positive for COVID-19

Symptoms of PMIS include:

- Nausea, vomiting, diarrhea
- Pallor
- Bluish around lips and nailbeds
- Chest pain
- Skin rash
- Persistent Fever

Exclusion: will be based on symptomatology and must be symptom and fever-free with a note from their PCP to return identifying that they are no longer contagious to other children.

Application

This policy applies to all teachers, children, volunteers, and families.

Communication

This policy will be included in the staff and parent handbooks.

POLICY AND PROCEDURES

TITLE: RESPONDING TO ILLNESS POLICY & PROCEDURE		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: N/A		DEPARTMENT: HEALTH
AUTHORED BY: HEALTH PROMOTION SPECIALIST	RESPONSIBILITY: HEALTH/ FAMILY SERVICES/ EDUCATION	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/26/2020 UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To isolate potentially sick children to reduce further exposure and transmission of COVID -19 virus.

POLICY: Sick children will be isolated from the rest of the program while awaiting parent/guardian pick up.

PROCEDURE: The following procedures should be followed when responding to a child or staff suspected to be ill:

Isolation and Discharge of Symptomatic/Sick Children: when a student or staff member becomes ill or when a student or staff member develops any symptoms of illness consistent with COVID-19 (e.g., new-onset or worsening cough OR shortness of breath OR at least two of the following symptoms: fever of 100 F, chills, muscle ache, headache, sore throat, loss of taste or smell) while at the program, the program will do the following:

- A child will be immediately isolated from other children within the child’s current classroom in order to minimize exposure while awaiting parent/guardian pick up.
- Contact the child’s parent/guardian and have the child picked up as soon as possible.
- Isolated children must be supervised at all times.
- Other staff must not enter the isolation room/space without personal protection equipment (PPE).
- The child will be accompanied by a staff member to ensure supervision until the child is picked up by the parent/guardian.
- Clean and disinfect surfaces or areas after the sick child has gone home. Clean and disinfect high-touch surfaces, focusing on areas where the person is known to have been and items they have touched (e.g., individual desk, cot, recently used toys, shared equipment).
- Wear disposable gloves and personal protective equipment (PPE) when cleaning and disinfecting surfaces.
- Gloves should be discarded after each cleaning.
- Wash hands immediately after gloves are removed with soap and water for at least 20 seconds.

Notifying Required Parties: in the event that a program experiences exposure, programs must notify the following parties:

- Employees and families that have been exposed, while maintaining confidentiality
- Local Health if a child is COVID-19 positive.
- Funding and licensing agencies if a child member has tested positive.

Cleaning, Sanitizing, and Disinfecting After a Potential Exposure in the program: If a program suspects a potential exposure, the program will conduct the following cleaning and disinfecting as follows:

- Close off areas used by the person who is sick.
- Open outside doors and windows (if possible) to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection.
- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans (if possible) to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- Cleaning staff must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the ill persons, focusing especially on frequently touched surfaces.

Additional Considerations: Programs must also consider the following precautions.

- Programs must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste and PPE (29 CFR 1910.132).
- Programs shall follow CDC infection control guidelines designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease. Health precautions include, but are not limited to, the use of PPE, proper disposal containers for contaminated waste, handwashing, and proper handling of bodily waste.
 - (a) Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids;
 - (b) Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Only material saturated/dripping with blood is considered medical waste and must be stored and disposed of pursuant to the regulations. Materials such as band-aids, tissues, and others with minimal blood are not considered medical waste;
 - (c) Contaminated clothing shall be sealed in a plastic container or bag, labeled with the child's name, and returned to the parent at the end of the day;and
 - (d) Sharps waste shall be stored and disposed of in appropriate sharps containers with the word biohazard and the universal biohazard symbol.

COVID-19 PROGRAM ATTENDANCE ACKNOWLEDGEMENT AND DISCLOSURE

FAMILY/CHILD VERSION

Please read and initial each statement below.

1. _____ I understand that during the COVID-19 Pandemic, until further notice, I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact person of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering, remove my shoes, and wear a mask. While in the facility I must practice social distancing and remain 6 feet away from all other people, except for my own child.
3. _____ I understand that upon entering the facility my child and whoever brings him or her must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be isolated from other children within the classroom and monitored. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Fever of 100 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches

While we understand that many of these symptoms can also be linked to non-COVID-19 related issues we must proceed with an abundance of caution during the pandemic. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom-free without any medications for 24 hours and have written doctor's clearance before returning to the facility.

4. _____ I understand that my child's temperature will be taken upon arrival and as necessary while on facility premises.
5. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20seconds.
6. _____ I understand that I must bring my child extra clothing in case clothes get dirty.
7. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county, or local social distancing regulations, and will follow CDC regulations.
8. _____ I will immediately notify the Director if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, and/or if my child or I am advised to self-isolate or self-quarantine if had a positive test for COVID-19. Further, I will immediately notify the Director if anyone from my place of employment is presumed positive or tests positive for COVID-19 if I have had direct contact with that person.
9. _____ I understand that while present in the facility each day, my child will be in contact with children, families, and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provision listed herein or with any other policy or procedure outlined by the program

could result in the suspension of services.

RECONOCIMIENTO Y DIVULGACIÓN DE ASISTENCIA AL PROGRAMA COVID-19
VERSIÓN FAMILIA / NIÑO

Lea e inicialice cada declaración a continuación.

1. _____Entiendo que durante la pandemia COVID-19, hasta nuevo aviso, NO se me permitirá ingresar a las instalaciones más allá del área designada para dejar y recoger a los niños. Entiendo que este cambio de procedimiento es para la seguridad de todas las personas presentes en la instalación y para limitar en la medida de lo posible el riesgo de exposición de todos. Entiendo que es mi responsabilidad informar a cualquier persona de contacto de emergencia de la información contenida en este documento.
2. _____Entiendo que si hay una emergencia que requiere que ingrese a la instalación más allá del área designada para dejar y recoger, DEBO lavarme las manos antes de entrar, quitarme los zapatos y usar una máscara. Mientras esté en las instalaciones, debo practicar el distanciamiento social y permanecer a 6 pies de distancia de todas las demás personas, excepto mi propio hijo.
3. _____Entiendo que para ingresar a las instalaciones del establecimiento, mi hijo y quien lo traiga deben estar libres de síntomas de COVID-19. Si, durante el día, aparece alguno de los siguientes síntomas, mi hijo será aislado dentro del salón y monitoreado. Seré contactado y mi hijo DEBE ser recogido de la instalación dentro de los 30 minutos de haber sido notificado.

Los síntomas incluyen:

- Fiebre de 100 grados Fahrenheit o más
- Tos seca
- Dificultad para respirar
- escalofríos
- Pérdida del gusto u olfato.
- Dolor de garganta
- Dolores musculares

Si bien entendemos que muchos de estos síntomas también pueden estar relacionados con problemas no relacionados con COVID-19, debemos proceder con mucha precaución durante la pandemia. Estos síntomas generalmente aparecen de 2 a 7 días después de la infección, así que tómalos en serio. Su hijo deberá estar libre de síntomas sin ningún medicamento durante 24 horas y tener una autorización por escrito del médico antes de regresar al centro.

4. _____Entiendo que se tomará la temperatura de mi hijo al llegar y según sea necesario mientras se encuentre en las instalaciones.
5. _____Entiendo que se requerirá que mi hijo se lave las manos usando los procedimientos de lavado de manos recomendados por los CDC durante todo el día con agua corriente tibia y frotándose con jabón durante al menos 20 segundos.
6. _____Entiendo que debo llevar a mi hijo con mudas de ropa por si acaso se ensucia laropa.
7. _____Entiendo que fuera de la atención, para controlar la exposición de mi hijo en la comunidad, cumpliré con todas y cada una de las regulaciones estatales, del condado o locales de distanciamiento social, y seguiré las regulaciones de los CDC.
8. _____Notificaré de inmediato al Director si me doy cuenta de que cualquier persona con la que mi hijo o yo hemos tenido contacto presenta alguno de los síntomas enumerados en el Número 1 anterior, se recomienda que se auto aisle o se ponga en cuarentena si tuvo un resultado positivo para COVID-19. Además, notificaré inmediatamente al Director si alguien de mi lugar de trabajo se presume positivo o da positivo en la prueba de COVID-19 si he tenido contacto directo con esa persona.
9. _____Entiendo que mientras esté presente en las instalaciones todos los días, mi hijo estará en contacto con niños, familias y otros empleados que también están en riesgo de exposición a la comunidad. Entiendo que ninguna lista de restricciones, pautas o prácticas eliminará el 100% del riesgo de exposición al COVID-19 ya que el virus puede ser transmitido por personas asintomáticas y antes de que algunas personas muestren signos de infección. Entiendo que desempeñé un papel crucial para mantener seguros a todos en las instalaciones y reducir el riesgo de exposición al seguir las prácticas descritas en este documento.

Yo, _____ certifico que he leído, entiendo y acepto

cumplir con las disposiciones aquí enumeradas. Reconozco que si no actúo de acuerdo con lo dispuesto en este documento o con cualquier otra política o procedimiento descrito por el programa, podría resultar en la suspensión de los servicios.

POLICY AND PROCEDURES

TITLE: MASK WEARING FOR FAMILIES		DOCUMENT TYPE: POLICY & PROCEDURE
PERFORMANCE STANDARD:		DEPARTMENT: Health
AUTHORED BY: Health Promotion Specialist	RESPONSIBILITY: LULAC Families	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED:	EFFECTIVE DATE:06/01/21	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES:		
DATE OF PRIOR VERSION:		
POLICY MANUAL: COVID POLICIES & PROCEDURES		

PURPOSE:

The purpose of this policy is to provide guidance and procedures for families to wear a mask while at the center.

POLICY:

All parents/families must wear masks during dropping off and picking up children, while meeting with staff, etc.

PROCEDURE:

1. All parents/families are responsible for wearing face-covering over the nose and mouth.
2. Masks must fit snugly against the side of the face, completely cover the nose and mouth, be secure under the chin with ties or loops, and include multiple layers of fabric.
3. In the case that parents/families do not have a mask upon arrival, one will be provided to them by LULAC.

POLICY AND PROCEDURES

TITLE: CHILD MORNING HEALTH SCREENINGS		DOCUMENT TYPE: POLICY & PROCEDURE
PERFORMANCE STANDARD:		DEPARTMENT: HEALTH
AUTHORED BY: HEALTH PROMOTION SPECIALIST	RESPONSIBILITY: HEALTH TEAM & FAMILIES	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 04/14/22	EFFECTIVE DATE:	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES:		
DATE OF PRIOR VERSION:		
POLICY MANUAL: COVID POLICIES & PROCEDURES		

PURPOSE:

The purpose of this policy is to provide guidance and procedures for morning health screenings for children entering the center.

POLICY:

All children entering the center must complete a morning health screening before entering the building.

PROCEDURE:

1. Upon arrival, parents are asked to complete Covid-19 screening questions about their child and household using the Health Screening Form for Child Check-In via Brightwheel.
2. Children will be sent home if they answer yes to having taken fever-reducing medications, having had close contact with anyone diagnosed with Covid-19 in the past 14 days (without a negative PCR Covid-19 test conducted after 72 hours of self-quarantine), having traveled out of state for longer than 24 hours internationally, including Hawaii (without a negative PCR or rapid Covid-19 test conducted after 72 hours of self-quarantine).
3. If the child has any symptoms of a cold or illness, they will be evaluated on a case-by- case basis to determine if they may stay for the day.
4. During screenings, all families must remain at least six feet apart while in line, and all must wear masks that fit snugly against the side of the face, that completely cover the nose and mouth, and that are secure under the chin. Exceptions for mask-wearing extend to those under 2 years of age and those with a diagnosed medical condition, documented disability, or special need for whom wearing a mask or face covering would be contrary to their need.

PART III
Staff Expectations

POLICY AND PROCEDURES

TITLE: TEACHING STAFF UNIFORM AND DRESS CODE		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: OEC AND CDC GUIDELINES		DEPARTMENT: EDUCATION
AUTHORED BY: EDUCATION/ DISABILITIES COORDINATOR	RESPONSIBILITY: SUPERVISORS	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: ANNUALLY UPDATED: 8/17/2021	EFFECTIVE DATE: 06/10/20	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: GUIDANCE DOCUMENT FOR OPENING DURING THE COVID-19 PANDEMIC		

PURPOSE: To maintain the health and safety of the children in our care during COVID-19, LULAC is following the CDC and OEC guidelines to help reduce the spread of any infectious diseases. LULAC will provide adequate protective equipment such as face coverings, uniform shirts, smocks, and indoor shoes or shoe coverings for staff.

POLICY: LULAC teaching staff should wear protective attire to protect themselves and others. The attire includes wearing a face covering, smock, indoor shoes or shoe coverings, and wearing hair up off the collar in a ponytail or other updo in order to reduce the potential for viral spread.

PROCEDURES:

1. Staff must arrive at work wearing a face covering or mask. If they do not have one, a mask will be provided by LULAC.
2. Immediately upon entry into the classrooms, teaching staff will follow the handwashing procedures and put on the recommended smocks. The teaching staff shall wipe down the smock to remove any visible dirt or secretions or remove it if it is heavily soiled. Staff will wash their hands and put on a clean smock to continue with the daily routine.
3. Contaminated smocks shall be placed in a plastic bag or soiled bins out of reach of children. They are to be washed in a washing machine on-site following the proper cleaning procedure.
4. Smocks shall be available to teaching staff and LULAC will ensure multiple changes of smocks are on-hand.
5. Staff should wear cleaned smocks daily. At the end of the day, the teaching staff will remove smocks, place them in soiled bins to be later laundered, and wash hands thereafter.
6. Updo hairstyles are to be worn throughout the day. When not feasible, proper hair equipment may be used to keep hair off the face.
7. Staff participating in health checks at arrivals or when with a sick child may wear more equipment such as gloves and a face shield.

POLICY AND PROCEDURES

TITLE: ARRIVAL PROCEDURES		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: N/A		DEPARTMENT: HUMAN RESOURCES
AUTHORED BY: HUMAN RESOURCES	RESPONSIBILITY: HUMAN RESOURCES	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: JUNE 2020 UPDATED: 8/17/2021 UPDATED: 8/26/2021 UPDATED: 4/14/2022	EFFECTIVE DATE: 07/01/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: The purpose of this policy is to ensure all staff are practicing safe and healthy behaviors upon arrival to reduce the spread of all infectious diseases, at any of the LULAC centers.

POLICY: All employees are required to follow State guidelines and CDC recommendations pertaining to the COVID-19 pandemic and onsite procedures. As new guidelines emerge relating to health & Safety measures, this document may be modified to reflect new changes.

PROCEDURES:

All staff must abide by the following guidelines in order to work at any LULAC centers:

1. Upon entry into the building daily, staff are to answer all Covid-19 screening questions using the Brightwheel app. Visitors will be screened by front desk staff.
2. If an employee arrives at any of the facilities and their body temperature is at or above 100 degrees Fahrenheit and/or an employee does not pass the Brightwheel screening questions, the employee must notify a manager on site, and the employee will be sent home. The manager who was informed must notify the employee's supervisor and Human Resources by phone or writing immediately in order to address staffing
3. Only employees scheduled to work in the building will be allowed on premises after successfully completing the screening process in accordance with State Guidelines. Common space areas will be limited for use - signs will be posted with capacity.
4. Upon arrival, all employees are required to wear a mask at all times prior to entry into all centers. If the staff does not have a mask, one will be provided by the onsite manager.
5. Employees must wash their hands before reporting to their assigned work areas (classroom, office, etc.). Hand sanitizer may be used if access to handwashing upon entry is not accessible.
6. All personal belongings will be disinfected upon entry into the building. All non-essential personal belongings should be left in your vehicle or can be placed in lockers.
7. Employees will be required to change to wear their indoor shoes or put shoe coverings on upon arrival.
8. Teaching staff in classrooms will be encouraged to wear a smock provided by LULAC while interacting with children.
9. Employees and anyone else entering the building must maintain social distancing (6 FT. apart) as recommended by the CDC.
10. Employees who leave the building and return may need to repeat these procedures.
11. Should an employee develop symptoms and test positive for COVID-19 after reporting to work, whether on the weekend or in the evening hours, the employee must immediately notify the HR department and provide a copy of the positive COVID-19 test results.
 - a. The employee must provide a copy of the negative COVID-19 test results to return to work or a medical note releasing them to return to work.

The HR department will record the date when the employee is allowed to return to work and notify the employee's supervisor.

POLICY AND PROCEDURES

TITLE: HEALTH & SAFETY CHECKLIST FOR MANAGEMENT		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: STATE OF CT GUIDELINES		DEPARTMENT: HUMAN RESOURCES
AUTHORED BY: HUMAN RESOURCES	RESPONSIBILITY: HUMAN RESOURCES	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: EXECUTIVE DIRECTOR Updated: 8/19/21 Updated: 4/14/22	EFFECTIVE DATE: 06/01/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES:		
DATE OF PRIOR VERSION: N/A; NEW POLICY/PROCEDURE		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: The purpose of the Health & Safety Checklist is to ensure LULAC employees are safeguarded from the potential spread of the COVID-19 virus. The checklist is completed through Brightwheel daily by staff.

POLICY: Employees will be required to complete a Health & Safety check-in daily upon entry to a LULAC center. Any findings on this check-in will result in the staff being sent home. Staff can return to work once they are cleared by a physician to return to work.

PROCEDURES: Please see the steps below for this procedure.

Upon entry to any LULAC center, staff will take their own temperature using a thermometer on site to ensure their temperature is below 100 degrees. Staff will then check-in on Brightwheel and complete the daily Healthy & Safety Checklist.

The Assigned Manager must complete the following steps before the staff can start work for the day:

- A. Face Covering:
1. Ensure that all staff have a mask or face covering when entering the building.
 2. Provide a mask if they do not have one.
 3. Staff answers Healthy & Safety questions upon check-in on Brightwheel.
 4. If staff are not able to check off all questions on the Health & Safety questions, they must notify a manager on-site. The manager will inform the staff that they will need to be sent home for the day and staff will be sent home immediately. The manager will notify the staff member's supervisor and Human Resources by phone or writing immediately to address staffing.
 5. If staff is able to check off all the Health & Safety questions, staff must wash their hands before proceeding to their workstation (i.e., classroom, desk, office) and then can proceed with the workday.

B. Recording & HR Notification

6. Keep information collected confidential and in a secure place during the day.
7. Notify the supervisor and HR of any findings on this check-in immediately.
8. Submit the form to HR at the end of each day.

POLICY AND PROCEDURES

TITLE: HAND HYGIENE POLICY & PROCEDURE		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: DPH - 19a-79-6a (a) (11) ,19a-79-10 (d)(1) NAEYC -5A.5, 5A.6, 5A.7, 5A.8, 5A.9, 5A.19		DEPARTMENT: HEALTH
AUTHORED BY: HEALTH ADVOCATE	RESPONSIBILITY: ALL STAFF	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 07/01/2020 UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: HANDWASHING POLICY & PROCEDURE
LAST REVIEWED WITHOUT CHANGES: ANNUALLY		
DATE OF PRIOR VERSION: 2019		
POLICY MANUAL: LULAC'S GUIDANCE DOCUMENT FOR OPERATING DURING A PANDEMIC		

PURPOSE: Head Start staff must follow best practices in handwashing to prevent the spread of infectious diseases. Staff will also be responsible for teaching children the importance of handwashing. All children will be required to wash their hands throughout the day.

POLICY: Staff should follow health and safety procedures to ensure the safety of themselves and others.

PROCEDURE: Children and adults are required to wash their hands with warm water and liquid soap according to the following:

A staff hand washing procedure and signage will be posted at each sink with the appropriate times when hand washing is required and the steps to follow.

1. All teachers, volunteers, and children will wash their hands at the following times (as applicable):
 - a. Upon entrance to the building and after breaks
 1. Staff and visitors must confirm with the front desk that hands were washed before proceeding any further in the center. Upon entrance to each classroom and with movement from one childcare group to another (before coming into contact with any child)
 - b. Before and after:
 - i. Eating, handling food, handling bottles or feeding a child
 - ii. Giving medication
 - iii. Playing in water including water table (not recommended during COVID)
 - iv. Screening children
 - v. Playing on the playground
 - vi. Diapering a child
 - c. After:
 1. Removing gloves that were used for:
 - i. Diapering and/ or toileting
 - ii. Handling bodily fluids

(mucus, blood, vomit,
stool) and wiping noses
and mouths and/ or sores

- iii. Handling garbage
- 2. Sneezing, coughing, or nose blowing
- 3. Using the bathroom or helping a child use the bathroom
- 4. Coming into contact with any bodily fluids
- 5. Touching or cleaning surfaces that may be contaminated
- 6. Using any shared equipment, like toys, computer keyboards, or mouse
- 7. Handling pets or other animals

8. Touching and or dirt including playing in sandboxes
3. When soap and water are not available, hand sanitizer with 60% alcohol or greater will be provided.
 - a. Hand sanitizer is to be kept out of children's reach.
 - b. Children are only to use hand sanitizer under the supervision of an adult to prevent ingestion, as hand sanitizer may be toxic if ingested.
 - c. Hand sanitizer is to be kept next to sign-in sheets along with sanitary wipes for cleaning pens in between use.
 - d. Hand sanitizer should be available outdoors for if a child sneezes, blows their nose, etc.
 - e. Childcare programs should follow the manufacturer's instructions for use of hand sanitizer and check instructions to determine how much product and how long the hand sanitizer needs to remain on the skin surface to be effective.
 - f. Where alcohol-based hand sanitizer dispensers are used:
 - i. The maximum individual dispenser fluid capacity should be as follows: 0.32 gal (1.2 L) for dispensers in individual rooms, corridors, and areas open to corridors and 0.53 gal (2.0 L) for dispensers in suites of rooms.
 - ii. Wall-mounted dispensers should be separated from each other by the horizontal spacing of not less than 48 in. (1,220 mm) and should not be installed above or adjacent to ignition sources such as electrical outlets.

PROCEDURE:

How you wash your hands is as important as when you wash them, especially when it comes to eliminating germs.

All staff, volunteers, parents, and children will wash their hands as follows:

- i. Use soap and warm, running water. A 60%+ alcohol-based hand sanitizer will only be used if soap and water are not available.
- ii. Lather and rub hands (to create friction) with soap and water for at least 20 seconds. Include backs of hands, wrists, between fingers, under and around any jewelry, and under fingernails. Staff are to assist children, including infants who cannot wash their hands alone, and then staff will wash their own hands after.
- iii. Rinse off all soap under the warm running water. Run water from the wrists to the fingertips. Leave the water running.
- iv. Dry hands-off with a paper towel.
- v. Turn the faucet off with the paper towel. (This will prevent just-cleaned hands from coming into contact with any germs on the handle of the faucet.)
- vi. Use the towel to open the door if applicable. Discard the paper towel into the trash can.
- vii. Apply hand lotion if needed (This will prevent hands from becoming dry, chapped, or cracked-a perfect place for germs to hide).

All staff, volunteers, parents, and children will use hand sanitizer (if necessary) as follows:

- i. For visibly dirty hands when soap is not available, rinsing under running water or wiping with a water-saturated towel should be used to remove as much dirt as possible before using a hand-sanitizer.
- ii. Apply the product to the palm of one hand (read the label to learn the correct amount).
- iii. Rub hands together.
- iv. Rub the product over all surfaces of the hands and fingers until hands are dry.

POLICY AND PROCEDURES

TITLE: ON-SITE PROCEDURES		DOCUMENT TYPE: STAFF/VISITOR POLICY & PROCEDURE
PERFORMANCE STANDARD: STATE GUIDELINES		DEPARTMENT: HUMAN RESOURCES
AUTHORED BY: HUMAN RESOURCES	RESPONSIBILITY: HUMAN RESOURCES	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/01/2020 UPDATED: 8/20/2021 Updated: 04/14/22	EFFECTIVE DATE: 06/01/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: The purpose of this policy is to ensure all staff and visitors are practicing safe behaviors while at any of the LULAC centers during the COVID-19 pandemic.

POLICY: All employees and visitors are required to follow State guidelines and CDC recommendations pertaining to the COVID-19 pandemic. With the ongoing situation, this document may be modified at any time.

PROCEDURES:

All staff must abide by the following guidelines in order to work at any LULAC centers:

1. Only employees or visitors permitted to access the building will be allowed on premises in accordance with Connecticut State Guidelines.
2. All people on-site over the age of 2 are required to wear a mask at all times while indoors unless working alone in an office. If anyone does not have a mask, one will be provided. Mask wearing outside is not required.
3. Questions may be asked by staff or via the Brightwheel application.
4. Upon entry to the building, employees/visitors must wash hands with warm water and soap for 20 seconds or more.
5. Employees must wash their hands before reporting to their assigned work areas (classroom, office, etc.)
6. Employees/visitors must maintain social distancing at all times (at least 6 FT. apart) as recommended by the CDC.
7. Employees must wear gloves during the distribution of supplies.

8. Common space areas will be limited for use - signs will be posted with capacity.
9. All meetings containing more than 5 individuals will be conducted virtually unless otherwise previously approved by upper management.
10. Should an employee develop symptoms and test positive for COVID-19 after reporting to work, whether on the weekend or in the evening hours. The employee must immediately notify the HR department and provide a copy of the positive COVID-19 test results.
 - a. The employee must complete the required quarantine period and provide a copy of the negative COVID-19 test results or a doctor's note in order to return to work.

The HR department will record the date when the employee is allowed to return to work and notify the employee's supervisor.

POLICY AND PROCEDURES

TITLE: RETURNING TO THE PROGRAM AFTER TRAVEL		DOCUMENT TYPE: POLICY & PROCEDURE
PERFORMANCE STANDARD:		DEPARTMENT:
AUTHORED BY: HEALTH PROMOTION SPECIALIST	RESPONSIBILITY: STAFF AND FAMILIES	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED and Updated: 04/14/22	EFFECTIVE DATE: 06/01/21	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES:		
DATE OF PRIOR VERSION:		
POLICY MANUAL: COVID POLICIES & PROCEDURES		

PURPOSE:

The purpose of this policy is to provide guidance and procedures for staff and families as to when they can return to the program after travel and to ensure the health and well-being of our children, families, and staff.

POLICY:

All staff and families must adhere to the travel recommendations set forth by the state and written in this policy.

PROCEDURE:

- Staff and parents/guardians are responsible for informing staff upon morning check-ins when they themselves or someone within the household has traveled out of the continental United States for more than 24 hours. Staff and parents/guardians must also inform staff upon morning check-ins if they have any visitors that have been visiting for over 24 hours from out-of-state. Staff and families must also follow quarantine and testing procedures listed below regarding travel.
- For travel that accumulates out of state, no Covid-19 testing or quarantine is required. Testing is currently not required, but recommended.
- Any test kits should be purchased or acquired by staff. LULAC is not responsible for providing test kits for staff.
- For international travel (including Puerto Rico and Hawaii), staff and families must quarantine for 72 hours upon return to Connecticut. When 72 hours conclude, families and staff must be tested for Covid-19 and wait for receipt of negative results in order to return to the program. Staff and families can return upon receipt of negative test results and must present results to one's supervisor (for staff) or to Health staff (for families).
- If staff and families have visitors from outside the USA (this includes Puerto Rico and Hawaii), for more than 24 hours, staff and families must quarantine for 72 hours after encountering their visitors. When 72 hours conclude, families and staff must be tested for Covid-19 and wait for receipt of negative results in order to return to the program. Staff and families can return upon receipt negative test results and must present results to one's supervisor (for staff) or to Health staff (for families).
- If a child in the program has traveled outside of the continental United States Acceptable types of Covid-19 tests for travel-related testing where no Covid-19 symptoms are present are either PCR, rapid tests (including at home testing kits).

- This travel policy can change if recommendations and guidance from the state or other regulatory bodies deem change necessary. Should there be a change, LULAC will notify employees and families.
- LULAC encourages all staff to follow CDC and state guidelines to stay healthy and safe.

PART IV
Classroom Practices

POLICY AND PROCEDURES

TITLE: FOOD DELIVERY, PREPARATION AND SERVING POLICY & PROCEDURE		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: N/A		DEPARTMENT: NUTRITION
AUTHORED BY: HEALTH ADVOCATE	RESPONSIBILITY: HEALTH /NUTRITION/ EDUCATION	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/26/2020 UPDATED: 8/17/2021 UPDATED: 4/14/2022	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To ensure children remain safe and healthy and to promote social interaction and connections during mealtimes

POLICY: Head Start staff must follow best practices in preparing and serving food to the children that attend our centers to ensure children remain safe and healthy and to promote social interaction and connections.

PROCEDURE: Staff are required to adhere to the following:

Food delivery

- Meals are delivered once daily.
- Meals will be delivered to the entrance of the building and received by a Food Service Worker or Site Manager/FA at smaller sites.
- Cambrios will be cleaned and sanitized before handling food. Remove gloves and wash hands after cleaning and apply a new set of gloves before handling food.
- Meals are delivered at serving temperature and are kept in Cambro containers to maintain safe serving temperatures.
- The caterer is required to take food temperature before leaving their facility.
- Staff handling food will wear a hairnet, gloves, and a mask at all times.
- LULAC staff will take temperatures of the food upon arrival and will log it on the daily delivery sheet.
- Food that is not up to proper temperature (41°-135°F) will be reheated in the kitchen to the appropriate temperature.
- At off-sites where there are no ovens, if food is delivered outside the safe food zone (41-135°F), the caterer will be contacted and the food will be replaced.
- Any missing items will be replaced by the caterer before the meal service.

Food Safety

- All foods and beverages provided at our program comply with federal, state, and local food safety and sanitation regulations.
- The caterer is required to follow HACCP guidelines.
- The caterer provides LULAC with all health inspections and corrective action if needed.
- The caterer delivers food in temperature protected carriers to ensure food remains in the safezone.
- LULAC staff uses proper hand-washing techniques, gloves, and masks while handling food and bottles and while helping children eat.
- Children wash their hands before and after eating.
- The program will implement physical distancing of children while seated for meals.

- Children do not share any utensils.
- Food preparation is not done by the same staff who diapers children.
- Sinks designated for food preparation in both the classrooms and the kitchens are not used for any other purposes.

- All food is discarded at the end of meal service each day, with the exception of sealed, shelf-stable foods that are kept in labeled containers in the refrigerator and with the exception of whole containers of unopened milk. Any food that has been served (taken out of the packaging and put in a serving bowl) cannot be saved.
 - In order to reduce waste, each classroom has plastic food storage containers. The food that is allowed to be kept in these containers are canned fruit, sliced cheese, and leftover crackers. Loaves of bread can also be kept in the classroom as long as they are tied off bread bags.
 - If staff keep any canned fruit or crackers in the classroom, staff must put a piece of tape (clear or masking) on the top of the container and write the date that the food was received in permanent marker. For loaves of bread, staff must use a permanent marker and write the date that the bread was received directly on the bag.
 - Shelf-life for foods commonly given at the program are below. Please note that Saturdays, Sundays, and days when classes are not in session count as days to count when storing food
 - Canned fruit- 3 days
 - Crackers- 10 days
 - Cheese- 5 days
 - Bread- 4 days
- Staff checks the date on food and discards if past date.
- All dishes and utensils used are washed and sanitized appropriately following the cleaning and sanitizing policy guidelines.
- Staff allows food to cool to 110 degrees before serving to children to assure they do not get burned.
- To the extent possible, when washing, feeding, or holding very young children, childcare providers can protect themselves by wearing an over-large button-down, long-sleeved shirt or smock and by wearing long hair up off the collar in a ponytail or other up-do.

Allergy protection

- Allergy-free meals are provided for children in this program.
- All foods are clearly marked when used as a substitute to the offending foods.
- The caterer takes care not to cross-contaminate food for children with allergies or intolerances.
- All allergies are documented in the child's medical file by the physician utilizing the CACFP medical statement for children with or without disabilities, as well as on the EMS board in each classroom.
- Nutrition Consultant and Health Staff review the child's food allergies and provide a nutrition care plan for each child.
- The health/nutrition team notifies the caterer of all food allergies as soon as possible to assure safe food is served to the child.
- Staff are instructed on dealing with children with special nutritional needs.
- Children with food allergies are carefully supervised during meal service.

Meal Service

- Our program schedules meal and snack periods at appropriate times so that children's hunger doesn't overwhelm their ability to self-regulate food intake. The program provides breakfast, lunch, and afternoon snack.
- Our mealtimes allow adequate time for children to eat and socialize. Scheduled meal times provide children at a minimum 30 min for each meal after the children are sitting at their table.
- Breakfast is served between 7:30 am and 9:00 am, lunch is served between 11:30 am and 12:00 pm and snack is served at 3:00 pm
- Staff members do not use food or beverages as a reward for performance or good behavior.
- Staff members never withhold foods or beverages as punishment.
- Children are encouraged to try all foods but are never forced.
- Children are not encouraged to clean off a plate.
- Meals are spaced between 2 and 3 hours apart.
- Infants are fed according to the written feeding pattern provided by parents.
- Infants are fed on demand following cues for hunger and fullness.

- Infant's teeth and gums are cleaned with a fingertip toothbrush after each feeding.

Promotion of Social Interactions/Connection during Mealtime

- Teachers encourage children to talk about their interests with them and amongst their classmates.
- Teachers also expose children to many descriptive and meaningful words, asking and answering questions, and taking turns talking to provide for a language-rich environment.
- Teachers emphasize words and sentences that describe a food's flavor, appearance, and temperature to enrich a child's vocabulary.
- Teachers label children's emotions and encourage them to identify how they are feeling (e.g., When your tummy is filled, you are happy.)
- Teachers encourage interactions that are engaging while being socially distant, such as playing the "I can find the..." game.
 - Example: The teacher thinks of foods or utensils that can be described by either a characteristic, color, or texture. They ask the child if he/she can find it. Then the teacher asks the child to say what it is, or if the child does not know the word, the teacher responds with, "Yes, that is a red fruit, it is an apple."
 - Other potential questions:
 - Can you find the red fruit?
 - Can you find something that is round and small?
 - Can you find something that has a seed inside?
 - Can you find something that is sticky?
 - Can you find something that makes it easy to pour milk?
 - Can you find something you "really like"?
 - Can you find something your mother likes?

POLICY AND PROCEDURES

TITLE: MEAL, BEVERAGE, AND MENU POLICY & PROCEDURE		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: N/A		DEPARTMENT: HEALTH/NUTRITION
AUTHORED BY: HEALTH ADVOCATE	RESPONSIBILITY: HEALTH & NUTRITION AND EDUCATION STAFF	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/26/2020 UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: ANNUALLY		
DATE OF PRIOR VERSION: 2019		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To ensure safety with meals, beverages, and menu options for children.

POLICY: Head Start staff must follow best practices in nutrition and safety to ensure that children receive the proper, adequate nutrition.

PROCEDURE: Staff are required to adhere to the following food and beverage guidelines:

- No food that is brought in from the outside will be served to children without specific written permission, except for breast milk which should be handled with gloves.
- Meals will be served at a consistent time each day, which is posted in each classroom (no closer than 2 hours apart, no further than 3 hours).

Solid foods

- No solid food will be offered to a child before 6 months of age without written orders from the child's physician
- Children 6 to 11 months old (not younger) will receive iron-fortified infant cereal. Cold cereal (ready-to-eat cereal) may be offered for this age range at snack only.
- All baby food will come from a jar as a single food and served from a bowl.
- Baby food is not to be heated in the microwave, as hot spots occur and the child can be burned.
- Each food is to be served individually, not mixed, so the child can learn to enjoy each taste.
- Staff is to check expiration dates on all foods before serving to children.
- Each child will follow his own eating plan according to what foods have been tried at home and how well tolerated.

Beverages

- Infants under 1 year of age will only receive breast milk or infant iron-fortified formula unless specified by the physician.
- Bottles will not be heated in a microwave, as hot spots occur and the child can be burned.
- Only pasteurized full strength 100% fruit juice, vegetable juice, or a combination of fruit and vegetable juices can be served, and juice can be served only one meal or snack per day. No more than 4 oz per child 1-3 years of age and no more than 4-6 oz per child 4-5 years of age will be served. No juice will be served to children under 1 year of age.
- All children under 2 years of age are served whole unflavored milk unless instructed otherwise by the child's physician.
- After age 2, children are served 1% low-fat unflavored milk.
- Staff is to check expiration dates on all beverages before serving to children.

Drinking-Water

- Safe, fresh drinking water will be clearly visible and available to children at all times indoors and outdoors, including during all mealtimes, breakfast, lunch, and snack.

- Water will not be offered as a choice to replace the CACFP meal pattern components of milk and juice but will be served in addition to the required CACFP meal pattern components.
- The program has drinking water available to children at all times. Children must ask to be served water in order to prevent contamination and the spreading of germs.
- The program provides pitchers of water and disposable cups in the classrooms and outdoors.
- Staff members will offer and encourage children to drink water throughout the day, but water may not be used as a substitute for milk during meal service.

Menus

- Our program provides healthy and safe meals and snacks that meet the nutrition requirements established by federal and state laws and regulations.
- All food is supplied by our contracted caterer who follows federal state laws and regulations.
- The caterer, in conjunction with the Nutrition Consultant, writes the menus to meet the requirements of the CACFP and USDA standards for infants, toddlers, and preschool children.
- Quarterly menu planning meetings are held at a program and include input from families and staff members through meeting discussions.
- Menus are written quarterly and reflect the cultural differences among our students.
- Menus are distributed monthly to the classrooms for posting. Menus are posted in each classroom and on Parent Boards throughout the centers. Individual copies for families are available upon request. Copies of menus can be obtained at the Health Office.
- Copies of menus are also posted in the kitchen in each facility.
- Menus emphasize nutrient-rich foods, including fruits, vegetables, low-fat, low-sugar, and low-sodium menu items.
- Binders of all menus and meal modifications are on file in the Health office.
- If the food served is different from what is stated on the menu, FSW or Site Manager/FA receiving food upon delivery and a teacher in each classroom receiving food upon delivery documents changes on “Menu Substitution Form”, which is turned in at the end of the month to the Health Office.

POLICY AND PROCEDURES

TITLE: DIAPER CHANGING POLICY & PROCEDURE		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: OEC 19a-79-10 (3)(e) NAEYC 5.A.1,A.2,A.3,A.5.A.4,5.a.17,5.a.18		DEPARTMENT: HEALTH
AUTHORED BY: HEALTH PROMOTION SPECIALIST	RESPONSIBILITY: HEALTH	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/16/2020 UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: DIAPER CHANGING POLICY & PROCEDURE
LAST REVIEWED WITHOUT CHANGES: 01/01/2020		
DATE OF PRIOR VERSION: 01/01/2020		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To provide a safe, clean diapering experience for the child utilizing Universal Precautions.

POLICY: For children who are unable to use the toilet and require diaper changing, the staff is to ensure that:

1. They wear the prescribed Personal Protective Equipment (PPE) provided by LULAC Head Start.
2. The hands of staff and the child shall be washed before and after each diaper change
3. Commercially available, disposable diapers or pull-ups will be used unless the child has a medical reason that does not permit their use
4. For children who require cloth diapers, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both diaper and the outer covering will always be changed as a unit
5. Cloth diapers that are soiled by urine or feces are immediately placed in a plastic container (without rising or avoidable handling) and sent home that day for laundering
6. Children are checked for signs that diapers or pull-ups are wet or contain feces at least every two hours when children are awake and also when children first awaken
7. Diapers, training pants, and children who have accidents in underwear are always changed when soiled or wet
8. Children's diaper or soiled underwear are changed in the designated changing areas and not elsewhere in the facility
9. Each changing area is separated by a partial wall or at least three (3) feet from other areas that children use and is assigned for exclusive use to one group of children
10. Staff will have one hand on the child when the child is being changed on an elevated surface
11. Surfaces used for changing and for placing changing materials are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding. Staff members, whose primary function is preparing food, do not change diapers until their food preparation duties are completed for the day. Remaining classroom staff members will equally assign themselves to change the same children throughout the shift to ensure safety and security for infants/toddlers
12. Containers that hold soiled diapers and diapering materials have a lid that closes tightly and opens using a hands-free device. These containers are kept closed and are not accessible to children
13. This Diaper Changing Policy & Procedure is posted in all diapering areas.

PROCEDURE:

1. Wear all Personal Protective Equipment (PPE) provided by LULAC Head Start.
2. Clean and sanitize following sanitation procedures and place the clean paper on the changing table
3. Gather all supplies, including but not limited to: wipes, diaper creams, diaper, clothes, etc.
4. Wash your hands and the hands of the child, teaching staff will put on gloves before a diaper change

5. Support the child's head while placing the child gently down on the table to change the diaper
6. Remove the diaper and dispose of in diaper pail, leaving one hand on the child at all times

7. Always clean the child from front to back
8. Remove dirty gloves and place the clean paper on a changing table before putting a clean diaper on the child
9. Put on new gloves if applying diaper cream or ointments. If applying diaper cream, put cream on tissue paper, then apply.
10. Remove gloves after applying creams or ointments and changing table paper
11. Put on new diaper and clothing
12. Remove the child from the changing area, and wash your hands and the child's hands
13. Clean and sanitize changing table according to procedures
14. Put all items used for the diaper change (wipes box, gloves box, etc.) back in the locked cabinet. Gloves and wipe boxes that have a cover and that are not accessible to children can remain on the diaper change table.

POLICY AND PROCEDURES

TITLE: STAFFING WITH CONSISTENT AND SEPARATE GROUPS		DOCUMENT TYPE: STAFF POLICY/PROCEDURE
PERFORMANCE STANDARD:		DEPARTMENT: EDUCATION
AUTHORED BY: EDUCATION/ DISABILITIES COORDINATOR	RESPONSIBILITY: SUPERVISORS	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 06/22/2020 UPDATED: 8/17/2021 UPDATED: 4/14/2022	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To ensure that children and staff adhere to health and safety recommendations due to COVID-19

POLICY: Ensure staff assignments to child groups are consistent to avoid cross-contamination between staff and children.

PROCEDURES:

- The teacher staff will be assigned to work with the same age group of children daily.
- Children will be in the care of the same group of staff and will not be combined with other children or classrooms.
- Teachers will wear face-covering at all times and use gloves when necessary per agency policy.
- All people on-site over the age of 2 are required to wear a mask at all times while on-premise unless working alone in an office. If anyone does not have a mask, one will be provided.
- Teachers will arrive before the entry time of students in order to complete their health screening and set up the classroom.
- Children will have health screenings at drop off and throughout the day as needed.
- Groups of children will be kept separated during activities like art, music, and exercising.
- Classroom materials used by children that require individual use will be stored separately.
- Teaching staff will position themselves and practice zoning with social distancing guidelines.
- Staff will be in communication with classrooms regarding parent pick up and drop off times so that children are transported safely to and from the classroom.

POLICY AND PROCEDURES

TITLE: ASSURING PHYSICAL CONTACT TO MEET CHILD NEEDS		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: CDC AND OEC GUIDELINES		DEPARTMENT: EDUCATION
AUTHORED BY: EDUCATION DEPARTMENT	RESPONSIBILITY: EDUCATIONTEAM	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: ANNUALLY UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/20	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING PANDEMIC		

PURPOSE:

To maintain the health and safety of the children in our care during COVID-19. LULAC is following the CDC and OEC guidelines to help reduce the spread of any infectious diseases through smaller group size and social distancing in the classroom

POLICY:

According to OEC and CDC guidelines, social distancing must be maintained at all times, with the exception of emergency situations where universal precautions will be taken.

PROCEDURES:

LULAC staff will create classroom spaces with designated centers for no more than three children at a time. While appropriately following social distancing procedures, teaching staff will use their voices, body language, and gestures to let children know they are safe and welcome in the classroom

Staff will be provided with face coverings and front coverage smocks. This will allow the teacher to have contact with children while also allowing them to wipe off where children have touched.

Children will be encouraged to stay a safe distance from each other while the teacher, with smock and face shield (if desired), can be closer to the children to provide physical closeness.

Teachers are always encouraged to remind preschool children about the spread of germs and practice good hygiene in the classroom.

Infant and toddler teachers who need to hold children to feed, change, and for general safety purposes, are reminded to wipe down their smock after holding or being in close contact with children to prevent the spread of germs through bodily secretions that may be on the smock. Additionally, infant and toddler teachers will be assigned primary individualization for two to three children, and these children should only be in physical contact with their assigned teacher.

POLICY AND PROCEDURES

TITLE: INFANT FEEDING PROCEDURES DURING COVID-19		DOCUMENT TYPE: STAFF POLICY & PROCEDURE
PERFORMANCE STANDARD: N/A		DEPARTMENT: EDUCATION
AUTHORED BY: EDUCATION/ DISABILITIES COOR.	RESPONSIBILITY: EDUCATION TEAM	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: 6/26/2020 UPDATED: 8/17/2021	EFFECTIVE DATE: 07/13/2020	PREVIOUS TITLE: INFANT FEEDING
LAST REVIEWED WITHOUT CHANGES: ANNUALLY		
DATE OF PRIOR VERSION: 2019		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To ensure health and safety precautions are implemented to avoid the contraction or spread of COVID-19

POLICY: Staff will use safety measures during the feeding of infants.

PROCEDURES:

1. Teachers will wear protective smocks during all feedings.
2. Teachers will wear long hair up off the collar in a ponytail or other updo to keep hair out of the way
3. Teachers will wash their hands and assist washing infant hands before and after feedings take place.
4. Teachers will use washable bottles that will be cleaned and sanitized after every use.
5. All infant bottles will be used by the same child and must be labeled with the child's name.
6. Teachers will wear a face mask at all times while working.
7. Children will be asked to have an abundant supply of change of clothing in case visible body secretions get on their clothing and need to be changed to avoid contact with secretions.
8. Teachers will remove children's clothing with body secretions and place them in individual zip lock bags to send home to the family's dailies.
9. Teaching staff are encouraged to have at least 2 additional changes of clothing in case body fluids get on their clothing. Soiled clothes should be changed or sanitized immediately.
10. The teaching staff will follow current food policies for licensing regulations for center-based care.

POLICY AND PROCEDURES

TITLE: ON-SITE TRACKING OF ILL CHILDREN		DOCUMENT TYPE: HEALTH POLICY & PROCEDURE
PERFORMANCE STANDARD:		DEPARTMENT: HEALTH & EDUCATION
AUTHORED BY: Kelly Davis	RESPONSIBILITY : Health Advocate/Education Staff	APPROVED BY :
REVIEWED:	EFFECTIVE DATE:	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES:		
DATE OF PRIOR VERSION:		
POLICY MANUAL: LULAC'S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: To ensure that all relevant staff is aware of children who are out due to illness. The tracking document should be completed by the Health Advocate, Family Advocate, or Education Coordinator as they become aware of a child's absence due to illness, or if a child is sent home due to illness. All information should be documented in COPA as well.

POLICY: Following LULAC's sick child policies and guidelines, a child who is ill will not be allowed into the building. If a child begins to display symptoms of illness after they are at school, the procedures will be followed for staff to notify management and the family as appropriate. This will be documented on the "On-Site Illness Tracking Form" by the Health Advocate, Family Advocate, or Education Coordinator who is present.

The "On-Site Illness Tracking Form" will be maintained in "Google Docs" so that all staff can have access to the sheet to input information. Once the information has been entered into the Google Doc, it should also be added to the child's COPA notes.

If a child is being sent for a COVID-19 test, that must be clearly documented in the tracking form and COPA, as well as sent via email to the Health Promotion Specialist and Social Services Manager.

POLICY AND PROCEDURES

Title: STAFF FACE-COVERING ON-SITE PROCEDURE		DOCUMENT TYPE: Health and Safety
PERFORMANCE STANDARD: CDC GUIDELINES		DEPARTMENT: Education
AUTHORED BY: Education Coordinator	RESPONSIBILITY: MANAGEMENT	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED:	EFFECTIVE DATE:	PREVIOUS TITLE: N/A; New Policy/Procedure
Last reviewed without changes: N/A; New Policy/Procedure		
DATE OF PRIOR VERSION: N/A; New Policy/Procedure		
POLICY MANUAL: Guidance Document for Opening During Covid-19 Pandemic		

PURPOSE:

To ensure all staff, students and visitors are practicing safe behaviors while at any of the LULAC centers during the Covid-19 pandemic.

POLICY:

All individuals are required to wear face coverings in LULAC centers to avoid transmitting the Covid-19 virus to others.

PROCEDURES:

All LULAC staff at LULAC centers must abide by the following guidelines in order to work at LULAC centers:

1. All individuals who are permitted to access the building must enter wearing a face covering over the nose and mouth.
2. Face masks must fit snugly but comfortably against the side of the face, completely cover the nose and mouth, be secure under the chin with ties or loops, and include multiple layers of fabric. They must allow for breathing easily without restriction and be able to be washed and dried without being damaged and without changing in shape of the mask. They should be free of valves, as this allows for release of air droplets.
3. Staff face coverings will not be removed in the presence of others on the premises unless the staff member is alone i.e. working in an office, in the bathroom or exiting the building.
4. Should a face-covering become unusable while the person is in the building, a new face-covering will be provided for that person immediately. Extra face coverings will be available.
5. Staff may choose to wear their own face-covering provided that it is in good condition, free of offensive statements/graphics and advertisements for drugs or alcohol.

This policy will also apply to volunteers, consultants, contractors, or anyone else who is allowed into the centers.

Note: These procedures may be subject to changes based on findings from OEC or CDC official notification. Any requests for exclusions to this policy will be reviewed by the Health Manager and upper management based on the safety of others in the building.

POLICY AND PROCEDURES

TITLE: Indoor and Outdoor MASK WEARING FOR CHILDREN 2 AND OLDER		DOCUMENT TYPE: HEALTH & SAFETY
PERFORMANCE STANDARD: OFFICE OF EARLY CHILDHOOD – STATE GUIDANCE		DEPARTMENT: HEALTH & EDUCATION
AUTHORED BY: PROGRAM MANAGER	RESPONSIBILITY: EDUCATION STAFF & HEALTH	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED and Updated: 04/14/2022	EFFECTIVE DATE: 9/15/2020 Update: 06/01/21	PREVIOUS TITLE: N/A; NEW POLICY/PROCEDURE
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: 9/15/2020		
POLICY MANUAL: GUIDANCE DOCUMENT DURING THE COVID-19 PANDEMIC		

PURPOSE:

The purpose of this policy is to provide guidance and procedures for children over the age of 3 to wear a mask while at the center.

POLICY:

All children over the age of two must wear masks indoors while attending the program.

- The only exceptions to this policy are if the child has a diagnosed medical condition or otherwise documented disability or special need for whom wearing a mask or face covering would be contrary to their needs.
- Children will be permitted to take their masks off for eating, sleeping, and resting. Additionally, children who are participating in speech and language services will be permitted to remove their masks for services.
- Children will not be required to wear masks while outside.

PROCEDURE:

- Children will need to arrive on-site with their own mask. If the child does not arrive with a mask, one will be provided by LULAC. Face coverings not permitted include those with valves and facial coverings attached to lanyards. They must fit snugly but comfortably against the side of the face, completely cover the nose and mouth, be secure under the chin with ties or loops, and include multiple layers of fabric. They must allow for breathing easily without restriction and be able to be washed and dried without being damaged and without changing in shape of the mask.
- Children will be reminded throughout the day of the importance of wearing a mask in keeping ourselves and our friends safe.
- If a child’s mask falls on the ground, the child’s mask will be replaced with a new, clean mask. This mask may be a mask that the family has provided as a back-up or a new mask provided by the program.
- Children will not be reprimanded, isolated, or excluded from the program for not wearing their masks. Children will be reminded that masks are worn to keep us all safe.
- Each child will have a zip-lock bag for their mask. The zip-lock bag will be labeled with the child’s name. When the child is eating, taking a “mask break”, or otherwise not wearing their mask, the mask should be placed in the child’s individual zip-lock bag. Education staff will assist children in placing their masks in the bag. All bags will be kept out of reach of children for safety and sanitation purposes.
- Masks will be sent home daily for cleaning or disposal.

POLICY AND PROCEDURES

TITLE: MASK WEARING FOR CHILDREN 2 AND OLDER		DOCUMENT TYPE: HEALTH & SAFETY
PERFORMANCE STANDARD: OFFICE OF EARLY CHILDHOOD – STATE GUIDANCE		DEPARTMENT: HEALTH & EDUCATION
AUTHORED BY: PROGRAM MANAGER	RESPONSIBILITY: EDUCATION STAFF & HEALTH	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: EXECUTIVE DIRECTOR	EFFECTIVE DATE: 9/15/2020 Update: 06/01/21	PREVIOUS TITLE: N/A; NEW POLICY/PROCEDURE
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: 9/15/2020		
POLICY MANUAL: GUIDANCE DOCUMENT DURING THE COVID-19 PANDEMIC		

PHASE-IN GUIDANCE:

- Families will be contacted by their Family Advocates to inform families that, beginning June 1st, children over the age of 2 will be only required to wear masks while on-site indoors. Children do not have to wear a mask while outside.
- Family Advocates will discuss options for face coverings for children, including masks and other face coverings. Any family that does not want their child to wear a mask will be referred to the Family Community Partnership Manager for further discussion. Any family that does not have access to child-sized masks will be referred to community resources to obtain them.
- Coordinators will meet with teaching staff in-person and individually in order to review the Office of Early Childhood guidance requiring children over the age of 3 to wear masks indoors.
- Coordinators will ensure that teaching staff are aware that this is going to be a “phase-in” approach, and at no time will children be excluded, isolated, or otherwise punished for not wearing their masks.
- Teaching staff will be responsible for children to be safely wearing their masks and for reminding children to wear their masks.
- Teaching staff will be asked to set up an area in their classroom where one or two children can safely take a “mask break” while still appropriately distanced from the group and each other.
- Teaching staff will be provided with zip-lock bags for children to store their individual masks when the children are eating, sleeping, taking a mask break, or otherwise not wearing their masks.
- The zip-lock bags for mask storage will need to be kept out of reach of children and should only be handled by staff after they have washed their hands.

- Teaching staff will encourage children to wear their masks to keep their friends and themselves safe.
- Children's masks will be sent home daily for cleaning or disposal.

POLICY AND PROCEDURES

Title: ESCORTING CHILDREN TO AND FROM THE CLASSROOM		DOCUMENT TYPE: Health and Safety
PERFORMANCE STANDARD: CDC GUIDELINES/NEW HAVEN DEPARTMENT OF PUBLIC HEALTH		DEPARTMENT: Education/PROGRAM
AUTHORED BY: PROGRAM MANAGER	RESPONSIBILITY: ALL STAFF	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED BY: UPDATED: 8/17/2021 UPDATED: 4/14/2022	EFFECTIVE DATE: 10/7/2020	PREVIOUS TITLE: N/A; New Policy/Procedure
Last reviewed without changes: N/A; New Policy/Procedure		
DATE OF PRIOR VERSION: N/A; New Policy/Procedure		
POLICY MANUAL: Guidance Document for Opening During Covid-19 Pandemic		

PURPOSE:

To ensure there is limited cross-contamination between staff members, children, and classrooms.

POLICY:

Staff will be assigned to pick up and drop off children specific to their age group weekly. Staff will not be permitted to enter the other age group classrooms for any reason, including to escort children to and from other age groups classrooms.

PROCEDURES:

Drop-Off -

1. One staff member from each age group will pick up children at the parent drop off area. Staff will sanitize or wash hands upon arriving in the parent drop off area and each time they enter the area to receive children.
2. At the drop-off area, staff receiving children will ensure that the child is wearing a mask if the child is over 3 years old. If the child does not have a mask, one will be provided by the program in the parent drop off area.
3. If the staff is waiting for children from their classroom to arrive at the drop-off area, they must stay a minimum of 6 feet away from other staff and follow the policy of properly wearing their mask.

Pick-Up -

1. When children are being picked up from the building, the classrooms will be called by the staff at the parent pick up area, and staff from the child's age group will be responsible for bringing the child to the pick-up area.

2. Staff must sanitize or wash their hands before and after they bring each child to the pick-up area.

3. If staff are unavailable to receive children or bring children to the door at pick up, another staff member in the same age group or a manager must be notified. If necessary, a manager or family advocate will be assigned to one classroom for that day to assist in escorting children to and from the classroom.

Note: Any breach of these policies can result in disciplinary action, up to and including termination. These procedures may be subject to changes based on findings from OEC or CDC official notification.

PART V
Program Information

POLICY AND PROCEDURES

TITLE: CONTACT TRACING PROCEDURES FOR HUMAN RESOURCES		DOCUMENT TYPE: POLICY & PROCEDURE
PERFORMANCE STANDARD: STATE GUIDELINES		DEPARTMENT: HUMAN RESOURCES
AUTHORED BY: HUMAN RESOURCES	RESPONSIBILITY: HUMAN RESOURCES	APPROVED BY: EXECUTIVE DIRECTOR
REVIEWED: UPDATED: 8/20/2021	EFFECTIVE DATE: 06/01/2020	PREVIOUS TITLE: N/A
LAST REVIEWED WITHOUT CHANGES: N/A		
DATE OF PRIOR VERSION: N/A		
POLICY MANUAL: LULAC’S GUIDANCE MANUAL FOR OPERATING DURING A PANDEMIC		

PURPOSE: The purpose of this Contact Tracing Procedure is to ensure LULAC employees are safeguarded from the potential spread of the COVID-19 virus. Contact tracing is an investigative process that allows the organization to identify, notify, and track those who may have been potentially exposed to coronavirus in an effort to prevent the spread.

POLICY: The Human Resources department to implement a tracing process, should an employee test positive for COVID-19 who may have possibly exposed other employees. *All staff must abide by the following guidelines in order to work at any LULAC centers:*

PROCEDURES: The Human Resource Department will follow the procedures below:

1. Should an employee develop symptoms and test positive for COVID-19 after reporting to work, the employee should immediately notify the HR department and seek immediate medical attention. A **Health & Safety Checklist Form** will be used to track information of who was on the premises when the employee reported to work.
2. The infected employee will be required to self-quarantine for the length of time based on the local health department recommendations and will not be able to return to work until producing a negative test result or until cleared by a doctor to return. Those results must be submitted to the HR department for documentation purposes.
3. Employees who test positive for COVID-19 will be granted 14 paid days while in quarantine, without the use of their accrued balances.
4. Should the employee require additional time off exceeding the 14 days, they will be required to fill out an FMLA application for the extended time and accrued hours will be used.
5. The HR department will document the information on the **Contact Tracing Form** documenting the name of the infected employee, and all the necessary pertinent information.
6. The HR department will then begin contact tracing. This will be done by first informing any staff, families, or other individuals (“contacts”) that were in direct contact of the infected employee. This will be done as rapidly and as sensitively as possible. All notified “contacts” will then be required to self-quarantine based on local health department recommendations. This will also be communicated in writing by the Human Resource department.
7. “Contact” employees who self-quarantine may continue to work remotely. In the event they are unable to work remotely, they may utilize their accrued balances.

8. To protect the employee's privacy, "contact" employees are only informed that they may have been exposed to someone who tested positive for COVID-19. They are not informed or given the identity of the employee who exposed them.

The HR department will record the date of when the employee is allowed to return to work and notify the employee's supervisor.

PART VI
Other Training and Resources

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

b. <https://www.ctoec.org/covid-19/>
NAEYC

Cleaning² – Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.

- > **Sanitizing**³ – Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food service tables, high chairs, toys, and pacifiers.
- > **Disinfecting** – Destroying or inactivating most germs on any inanimate object, but not bacteria spores. Disinfecting may be appropriate for diaper tables, door and cabinet handle, toilets, and other bathroom surfaces.
- > **Detergent** – A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.
- > **Dwell time** – The duration a surface must remain wet with a sanitizer/disinfectant to work effectively.
- > **Germs** – Microscopic living things (such as bacteria, viruses, parasites, and fungi) that caused disease.

Cleaning, Sanitizing and Disinfecting Frequency Table¹

Relevant to NAEYC Standard 5 (Health), especially Topic C: Maintaining a Healthful Environment

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Food Areas						
Food preparation surfaces	Clean, and then Sanitize	Clean, and then Sanitize				Use a sanitizer safe for food contact
Eating utensils dishes		Clean, and then Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize
Tables & highchair trays	Clean, and then Sanitize	Clean, and then Sanitize				
Countertops		Clean	Clean, and then Sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean, and then Sanitize			
Mixed-use tables	Clean, and then Sanitize					Before serving food
Refrigerator					Clean	
Toilet & Diapering Areas						
Changing tables		Clean, and then Disinfect				Clean with detergent, rinse, disinfect
Potty chairs		Clean, and then Disinfect				Use of potty chairs is not recommended, but if used should be cleaned and disinfected after each use.
Hand washing sinks & faucets			Clean, and then Disinfect			

Countertops

Clean
, and
then
Disinfect

Toilets

Clean,
and then
Disinfect

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Diaper pails			Clean, and then Disinfect			
Floors			Clean, and then Disinfect			Damp mop with a floor cleaner/disinfectant
Child Care Areas						
Plastic mouthed toys		Clean	Clean, and then Sanitize			
Pacifiers		Clean	Clean, and then Sanitize			Reserve for use by only one child; use dishwasher or boil for one minute
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, and then Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
Carpets ⁵ and Large Area Rugs			Clean		Clean	Daily: Vacuum ⁶ when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present until the carpet is dry Monthly: Wash carpets at least monthly in infant areas and at least every three months in other areas, or when soiled
Small Rugs			Clean	Clean		Daily: Shake outdoors or vacuum Weekly: Launder
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Drinking Fountains			Clean, and then Disinfect			
Computer keyboards ⁷		Clean, and then Sanitize				Use sanitizing wipes, do not use spray
Phone receivers			Clean			
Sleeping Areas						
Bedsheets & pillowcases				Clean		Clean before use by another child
Cribs, cots, & mats				Clean		Clean before use by another child
Blankets					Clean	

1 Definitions and table adapted from: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. <http://cfoc.nrckids.org>.

2 Routine cleaning with detergent (see definition above) and water is the most useful method for removing germs from surfaces in the child care setting. Safer cleaning products are not only less-toxic and environmentally safer, but they also often cost the same or less than conventional cleaners. **Green Seal** and **UL/EcoLogo** are non-profit companies that research and certify products that are biodegradable and environmentally friendly.

3 Sanitizing and disinfecting can be achieved with a solution of chlorine bleach and water. However, the use of chlorine bleach for disinfecting and sanitizing is not a requirement; there are other EPA-approved sanitizing and disinfecting agents that can be used instead of chlorine bleach/water solutions. When purchasing products, look for an EPA registration number on the product label, which will describe the product as a cleaner, sanitizer, or disinfectant. When using sanitizing and disinfecting agents, it is important that manufacture instructions for 'dwell time' (see definition above) is adhered to.

When sanitizing or disinfecting is warranted, staff use EPA-registered least-toxic disinfecting and sanitizing products. The easiest way to find least-toxic cleaning products is to use products that have been tested and certified by a third party group such as Green Seal, UL/EcoLogo, and/or EPA Safer Choice. For alternative methods and products to be used in lieu of chlorine bleach, please refer to the [Green Cleaning Toolkit for Early Care and Education](#), a set of resources developed by the EPA.

Follow manufacturer instructions for how to mix chlorine bleach / water solutions for sanitizing and disinfecting. Refer to *Caring for Our Children*, Appendix J, (http://cfoc.nrckids.org/files/CFOC3_updated_final.pdf) for instructions on how to identify EPA-registered sanitizing and disinfecting products (including chlorine bleach), and how to safely prepare chlorine bleach solutions.

4 In addition to the frequencies listed here, all items should be cleaned when visibly dirty.

5 It is best practice to use alternatives to installed carpets in the child care environment.

6 All area rugs and carpeted areas should be vacuumed with a HEPA filtered vacuum and according to instructions for the vacuum. Use proper vacuuming technique: (1) push the vacuum slowly; (2) do a double pass—vacuum in 2 directions, perpendicular to each other; (3) start at the far end of a room and work your way out (to avoid immediate re-contamination); (4) empty or replace vacuum bags when 1/2 to 2/3 full.

7 "Each Use" of computer keyboards should be defined as use by each group of children, not each individual child. Keyboards connected to computers should be cleaned daily if one group is in the room all day, or after each different group of children uses the room. These guidelines do not apply to keyboards that are

unplugged and used for dramatic play.

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Revised July

PART VII
Agency Forms

PART VIII

Frequently Asked Questions

1) FAQs for Parents

2) FAQs for Staff

3) FAQs about Reopening

Frequently Asked Questions (Parents)

Will my child have the same teacher and be with his/her classmates? While not guaranteed, every effort has been made to ensure that your child has familiar faces with whom to connect when returning to school. Safety protocols limiting the number of children in each classroom, along with adjustments for staff availability left us no choice but to redesign class groups.

Will my child remain in the same classroom until September? Your child will remain in the same classroom until the new school year begins in September. No transitions will occur until that time.

Will our family work with the same Family Advocate? Yes, in order to maintain trusted relationships and continuity of supports, Family Advocates will remain connected to the same families with whom they regularly work, even if children's classroom assignments have changed.

How will regular classroom activities change? When we begin to welcome your children back to school, things will be different than when we left in March. We must make changes to many parts of our typical school day including how children are dropped-off and picked-up, how we will supply you with the proper protective gear, and teach you how to use it correctly. During this time, the activities that children do will be modified to maximize wellness, but the loving and caring environment that we have always provided will remain constant.

What mental health services and supports are available from LULAC for our family?

Our mental health consultant has provided support throughout this crisis and will continue with telehealth counseling for families as needed.

I/my child/spouse is exhibiting symptoms. If a child or their family member is experiencing symptoms, the child will not be able to attend school that day. Please contact the school and speak with your Family Advocate or a member of our Health and Social Services team.

- If a child has a fever between 99.2 and 99.9F, they will be allowed to come to school and will be monitored more frequently throughout the day.
- If a child develops symptoms during the day, a family member will be contacted for immediate pickup. Symptoms that will trigger isolation and removal from school include:
 - Cough
 - Shortness of Breath
 - Body Aches
 - Fever of 100 F or higher
 - Fatigue
 - Chest Tightness

What will happen in the event any LULAC staff, children who have returned to school or their immediate families become ill with a suspected or confirmed case of COVID19? Will the entire operation be shut down? For how long? Any decision involving another closure of the school will be made if the local Department of Public Health (DPH) advises it would promote others' well-being. We may also opt to close for at least 3 days for a thorough cleaning and disinfecting of the premises. Exposed persons will be asked to self-isolate until definitive test results confirming positive or

negative are available. Parents and staff will be notified in the event of possible exposure

Where can we get medical treatment?

If you or anyone in your family experiences symptoms **away from school**, please seek medical attention by calling or emailing your primary care provider.

Also, and very importantly, we need and want to know how you and your children are doing during this period of time, and in fact, we are required to keep local and federal health organizations informed of suspected and confirmed cases of the coronavirus within our community. As always, your personal information will be treated with the highest level of privacy and dignity. If you, your child(ren), or others in your immediate family are feeling ill, know that you have been exposed, or have tested positive, **please reach out to your Family Advocate, Health Team, or Social Services team by calling 203-836-5850.**

What procedures will be in place to make sure my child's health is protected while at LULAC? A team of staff members have been working through numerous details of our health-and-safety-first reopening, representing all areas of our organization. Prior to our first phase of reopening on July 13, this team has been engaged in an extensive planning process for five weeks, covering everything from detailed staff training, the procurement and proper use of PPE, social distancing requirements, daily health screenings, and new procedures for virtually everything that happens at school. Although we are opening with exceptionally rigorous protocols, we expect to continue to refine our practices as new information from local health authorities becomes available.

Will staff and children be required to wear masks? All people on-site over the age of 3 are required to wear a mask at all times while on-premise unless working alone in an office. If anyone does not have a mask, one will be provided. Children will be permitted to remove masks while eating, sleeping, resting/taking a mask break, and while outside.

How will LULAC staff ensure that families are forthcoming about health reporting during check-in?

In addition to health screenings of children and staff upon arrival, we ask that we all support the health and wellbeing of everyone at school with complete honesty. If a child's temperature is normal when checked at drop-off, but elevates during the day, the child will be isolated within their classroom while their parent is contacted. A child with a temperature of 100 F or higher must be picked-up.

How will staff comfort children in times of stress? While our staff will be careful to maintain an appropriate distance from their adult peers, we know that caring for young children requires close contact. Staff will continue to provide comfort and support to children as they always have-- by holding, rocking, and hugging them. Frequent hand washing and changing of PPE will always follow any physical contact.

Will we have to provide our own masks, gloves? Parents will be expected to wear masks when dropping off/picking up their children, and we will have masks available for this purpose. We also have masks for children if needed.

How will meals be served to ensure safety? Children will be seated with increased distance from one another at each table, and meals will be served individually by teachers on disposable plates rather than our typical family-style dining. We will continue to provide high-quality meals, addressing all special dietary needs.

Have attendance policies changed? Regular attendance is expected, except for absences excused by the illness of the child or their family.

Drop-off/Pick-up restrictions? Drop off and pick up procedures have been changed to include daily health screenings and limit access to the building only to children, teachers, and staff. Specific procedures will be shared in detail with parents during their required reorientation sessions.

What if I am late to pick-up my child at the end of the day? Please be on time when picking up your child at the end of the day. We cannot begin to clean and sanitize the classrooms until children have left the building, and we need your cooperation to provide a healthy environment for the next day.

Visitors? No visitors or tours will be permitted to any of our centers until further notice. Anyone that enters the buildings for official reasoning must adhere to all health and safety protocols.

Will my child play outside? Yes, in fact we will spend quite a bit of time outdoors. While the playground equipment will not be available, we will encourage learning through active play with classmates. The Moonbeam Gardens were recently planted and children will continue experiential learning in that outdoor environment, as well.

How long can we expect this plan of operations to last?

We will continue this plan of operations indefinitely, and until we receive specific guidance from official sources including:

- State of Connecticut
- Local and state Departments of Public Health
- Centers for Disease Control
- New Haven and East Haven Mayor's Office
- Office of Head Start
- Office of Early Childhood
- School Readiness Council of New Haven

What if LULAC is required to close again? How will we be notified and how much notice will we get?

Any decision involving another closure of the school will be made if local, state, or federal decisions advise it to promote others' well-being. Exposed persons will be asked to self-isolate until definitive test results confirming positive or negative are available. Parents will be notified in the event of possible exposure. To ensure you can receive important notices quickly, please double-check that you are set-up to receive text messages from LULAC through Brightwheel.

Frequently Asked Questions (Staff Returning to Work)

What if I observe another employee not following safety standards? Our new protocols are designed to keep everyone safe, and we all need to work cooperatively to learn these new habits. Safety first, always, but let's be kind and patient with each other as we make this transition. If you believe there is an ongoing non-compliance issue, please contact your supervisor and Human Resources.

For questions regarding individual employment situations and personal health and safety on the job, please refer to the following information from Human Resources:

<i>What If I...?</i>		<i>What Do I do?</i>	<i>Who to Contact?</i>	<i>Next Steps?</i>	<i>When May I Return to Work?</i>
<i>Have a Fever...</i>	<i>While @home in the morning?</i>	<i>*Follow normal call-in procedures and stay home</i>	<i>Supervisor & HR</i>	<i>HR will explain process to isolate and benefits available</i>	<i>Fever free for 24 hours w/out medication, with clearance from the doctor to return or a negative covid test result, and having completed the required length of quarantine</i>
	<i>When I arrive @work?</i>	<i>*Return home</i>	<i>Supervisor & HR</i>		
<i>Experience COVID-19 Symptoms...</i> <i>Cough</i> <i>Shortness of Breath</i> <i>Body Aches</i> <i>Fever</i> <i>Fatigue</i> <i>Chest Tightness</i>	<i>While @home in the morning?</i>	<i>*Follow normal call-in procedures and stay home</i>	<i>Supervisor & HR</i>		
	<i>While I am @work?</i>	<i>*Contact supervisor and arrange for coverage in role and return home</i>	<i>Supervisor & HR</i>		
<i>Was exposed to or believe I was exposed to COVID-19...</i>			<i>HR</i>		

Frequently Asked Questions About Reopening

PART IX

Additional Forms

COVID-19 SPECIAL WORK CONDITION ACKNOWLEDGMENT AND DISCLOSURE

EMPLOYEE VERSION

Please read and initial each statement below:

1. _____ I understand that to enter upon the facility premises I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify my Director:

Symptoms include:

- Fever of 100 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

2. _____ I understand that my temperature may be taken upon arrival and during the day while on facility premises.

3. _____ I understand that I must wear a mask at all times while in the facility and on facility premises. (Exception: "If doing so would be contrary to his or her health or safety because of a medical condition.")

4. _____ I understand that the facility has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.

5. _____ I will wash my hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

6. _____I understand that I will leave a pair of shoes to the facility that will ONLY be worn inside the classrooms and will be left here each evening. I MUST remove the shoes I wear coming to work at the door of the classroom, change into my work shoes, and place my outside shoes in the designated area and wash my hands immediately.

7. _____I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county, or local social distancing orders, and will follow any recommendations from the CDC that limits my risk for exposure.

8. _____I will immediately notify my supervisor and Human Resources if I become aware of any person with whom I have had contact exhibits any of the symptoms listed in Number 1 above, and is advised to self-isolate, quarantine, or has tested positive for COVID-19.

9. _____I understand that while working in the facility each day I will be in contact with children, families, and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

10. _____I understand that due to LULAC's commitment to employee safety in light of the COVID-19 (coronavirus) outbreak, effective immediately, all nonessential past or future travel plans outside of the state and/or country must be reported to my Supervisor until further notice . This will allow the program to reasonably evaluate the risk to other employees, our children, customers, and community. LULAC will uphold any local, state and federal travel restrictions regarding requirements such as but not limited to quarantine and testing.

I, _____(print name here) certify that I have read, understand and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the LULAC Head Start will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another employee, a child, or their family member to COVID-19.

Employee Signature

Date

Reception Area Cleaning Checklist-To be done by

the front desk staff

Date: _____ **Center** _____

To be cleaned upon opening each day or when a new person covers for breaks.

	MON			TUE			WED			THUR			FRI		
Telephone	Cleaning Times	Done Y/N	Initials												
Key board	Cleaning Times	Done Y/N	Initials												

Front desk (inside seating area)	Cleaning Times	Done Y/N	Initials												
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		MON		TUE		WED		THUR		FRI		
To be cleaned 2 times daily	What time	Done Y/N	Initials									

Cleaning Schedule for the Common Areas Page 2-to be done by the Custodians

Date: _____
 Center: _____

The following areas are to be cleaned four times daily.

	MON			TUE			WED			THUR			FRI		
	Cleanin g Times	Done Y/N	Initials												
Door Knobs:															
Staff Lounge															
Conference Room															

	MON			TUE			WED			THUR			FRI		
	Cleanin g Times	Done Y/N	Initials												
Staff Lounge Refrigerator Door Handle															

