

Community Action Pioneer Valley Head Start & Early Learning Programs COVID-19 Protocols as of February 15, 2022

HS & ELP is required by the Office of Head Start to follow the strictest of regulations from the Department of Early Education and Care (EEC), Office of Head Start, and the Center for Disease Control (CDC). HS & ELP protocols meet or exceed all minimum requirements and guidance. All staff must become familiar with and follow agency and program COVID-19 protocols and all changes to these protocols as they arise. We are committed to basing our protocols on the best available data and guidance and we are committed to carrying forward our culture of health and safety.

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CHANGES TO OUR DAILY PRACTICES

BEFORE ENTERING THE LEARNING ENVIRONMENT

Communication & Orientation

- Educators will utilize our COVID-19 Curriculum to introduce children to the COVID-19 strategies in the environment, scaffolding children throughout the early weeks of care to help them to understand and implement COVID-19 strategies over time.
- Through implementation of our COVID-19 curriculum, children will learn about distancing, personal protective equipment (PPE), and the role of germs in our bodies. Educators will implement simple calming strategies for young children that, to the greatest extent possible, can be implemented individually and with physical distance from others. Family Services Staff in collaboration with Educators will partner with families to provide an orientation to understand the current COVID-19 Protocols (via phone, zoom or in person).

Screening & Monitoring Children

- Each site has designated staff who are trained to perform health screenings.
- Daily health screens will be completed by the family, prior to the children entering the building or staff entering the home for a home visit (see [Home-Based In Person Service Protocols](#)).
- If the child fails the health screening, the screener will inform the family the child cannot attend care on this day. The screener will advise the parent to monitor the child's illness and to contact their child's health care provider for next steps.
- Site staff will inform the Health Specialist of all children that do not pass health screening.
- All children need to be symptom free and fever free for 24 hours without fever reducing medication to return and have no other COVID-19 symptoms (see below for more information)
- The *Daily Health Screen* forms will be on site for each child.
- See Quarantine and Isolation chart for children who develop symptoms during the day in care and who have a signed parent consent for testing. (See below)

Screening & Monitoring Staff

- All staff will follow the CAPV screening protocols and will fill out an electronic health screening daily whether working remote or onsite. <https://www.surveymonkey.com/s/5677024/Health-Screening-2020>
- If a staff member fails their morning health screening, they will inform their supervisor and Human Resources for next steps.
- Staff will follow [CAPV COVID-19 Protocols](#).

Transportation

Transporting Children

- At this time, transportation availability for children is extremely limited.
- The HS & ELP Transportation Prioritization System will be utilized to determine children most in need for transport

Daily Health Screening Form

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

- Prior to boarding, the monitor will verify that each child has a signed daily health screening form (families will be given blank copies of the daily health screening form to fill out before the bus arrives at the stop).

- The Monitor will review the form and verify that the child has passed the screening.
- If a child has had an on-site exposure, and with parental consent, the parent will conduct a rapid antigen test at home prior to the bus arriving and show negative test to bus monitor before boarding bus.
 - In the event that an asymptomatic child is not able to test at home and takes transportation to school, a HS & ELP staff person will test the child upon arrival with parent consent.

Face Coverings/Universal Masking (For additional information, refer to Universal Mask section below.)

- Drivers/Monitors will wear facemasks at all times.
- Riders age 2 and over must wear a mask in accordance with Program Protocols.

Ventilation

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

Sanitation

- Drivers/Monitors will keep an adequate supply of tissues, hand sanitizer, facemasks, cleaning supplies and garbage bags inside the vehicle at all times.
- Trash will be emptied and the interior of the bus will be cleaned and swept daily.
- The interior will be disinfected at least once each day including using an EPA-Registered Product for use against Novel Coronavirus SARS-CoV-2 on all high touch surfaces to included but not limited to: Buttons, handholds, door handles, shift knobs, dashboard controls, pull cords, rails, steering wheels, sanctions.
- If soft porous surfaces are visibly dirty, they must be cleaned using appropriate cleaners and then disinfected using EPA Registered Antimicrobial Products for use Against Novel Coronavirus SARS-CoV-2
- Bleach should never be used on cloth surfaces such as seatbelts and it can deteriorate the fabric.

IN THE LEARNING ENVIRONMENT

Reducing Contact Between Groups

- HS & ELP has reduced the hours of care in full-day settings to 8 hours/day in order to keep children in cohorts per classroom and to avoid combining classrooms at the beginning and end of day as much as feasible.
- If there is reason to mix cohorts, this will be evaluated on a case-by-case basis.
- At this time, families are not entering the building unless they have a scheduled appointment. If parents are interested in volunteering, they will need to follow CAPV/HS & ELP processes for volunteering and follow federal and State COVID guidelines, including mandated vaccination.
- Field trips will be evaluated on a case-by-case basis, in consultation with supervisors. Neighborhood walks are permitted.

Daily Practices

- HS & ELP will set up the classroom environments to reinforce physical distancing as needed.
 - Physical distancing is not appropriate for infants and toddlers.
- At this time, “family style” meals are discontinued and staff will place food on children’s plates for them, rather than “family style” as is our usual practice.
- Follow HS & ELP handwashing procedures.
- Special care must be taken that soft items are laundered if they come in contact with secretions.
- Tooth brushing is temporarily discontinued while in care. We are supporting families by sending home dental information and toothbrush kits.
- Weather permitting, educators will maximize outdoor time with children.

Direct Support Services and Volunteers (IFSP/IEP, Specialists, Contractors, Outside Providers, Volunteers)

- HS & ELP will collaborate with the Early Intervention program or Local Education Agency to facilitate delivery of services for children who have an IEP or IFSP.
- If services are delivered for an on-site child in a remote manner (i.e. telehealth), we will utilize a separate room or the child’s classroom with appropriate equipment.
- If direct services are delivered on site, the person will follow CAPV protocols in vaccination, universal mask wearing, and hand washing.
 - OHS requires vaccination for staff, contractors, volunteers whose activities involve contact with or providing direct services to children and families.

Vaccine Requirements and Exemptions for Staff

- Refer to [CAPV Vaccination Policy](#).

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

Universal Masking

- Staff: See [CAPV Personal Protective Equipment Protocol](#)
 - HS & ELP Staff and children who are outside on the playground may remove their mask if they are not in a crowded outdoor setting or during activities that involve sustained close contact with other people.
 - Staff and children will always have masks available if needed in the outdoor setting.
 - Masks will be required for staff and parents during welcome and reunion (pick up/drop off).

- **Children:** Children age 2 and older are required to wear a mask indoors. Children under 2 years of age should not wear a mask.
 - Exceptions to wearing masks are when children are eating, drinking, or napping; the narrow subset of individuals who cannot safely wear a mask because of a disability as defined by the American with Disabilities Act (ADA), consistent with CDC guidance on disability exemptions; or when a child's health care provider advises an alternative face covering to accommodate the child's special health care needs.
 - There may be times when a child may experience a safety risk in wearing a mask. In these situations the health and safety of the child is considered and for the time of the safety risk the mask may be removed.
 - Examples include: children who cannot safely handle masks, those who have difficulty breathing, those with a cognitive or respiratory impairment, and children for whom it may pose a choking or strangulation hazard.
 - Like all new skills, children will need to be taught the proper way to put a mask on and keep a mask on. While children are adaptable, they are still in their early stages of development and may need reminders and reinforcements to comply with this new practice.
- **Families:** Caregivers dropping children off, picking up, or coming on the program grounds for any other reason are expected to wear a mask or cloth face covering. Staff will provide a mask if a caregiver does not have one.
- **Mask Wearing:** Mask must cover one's mouth, nose and chin. It can fasten around the ears or back of the head, as long as it stays in place when one talks and moves. Masks with vents or exhalation valves are not allowed because they allow unfiltered breath to escape the mask (can wear a surgical mask over the valve).

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

Gloves: Follow Universal Precautions and wear gloves when diapering, medication administration, applying sunscreen, handling food, handling waste and body fluids, and cleaning.

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

Cleaning:

- Educators must clean high touch areas a minimum of 1x per day (more is ok)
- Children may share materials (no need for sanitizing between each child's use)
- Cooks will clean kitchens throughout the day as needed
- Custodians will thoroughly clean classroom and kitchen floors, bathrooms, etc. in the evening
- All other areas of the building are cleaned on a routine schedule, including adult bathrooms and common areas

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

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

Bleach as Disinfectant

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

Bleach as Sanitizer

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

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

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

Caring for Infants and Toddlers and the Developmentally Young Preschooler:

- Diapering: Follow HSELP NAEYC Diapering procedures.
- Feeding: Follow HSELP feeding practices.

Ventilation: In order to maximize access to fresh air when indoors, doors and windows should be kept open when the temperature will not be uncomfortably hot/cold and when it does not pose a safety risk. Second floor windows must have the safety mechanism engaged. Air conditioners may be utilized, and may be in “fan” mode to move/filter air as an alternative to producing cool air if more favorable. Classrooms and applicable shared office spaces have air purifiers. All air filters are cleaned and replaced on a routine basis as indicated by equipment used.

Medication Administration

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

WHEN SOMEONE GETS SICK

Confirmed Illness at a Site

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

When a Child is Symptomatic, Tests Positive and/or is Exposed to COVID-19

If child is symptomatic		
Child will wait in the isolation room with certified adult wearing PPE	➔	While symptomatic child is in isolation room encourage to wear a mask (2 years and older)
Call the parent or guardian and arrange for the child to go home or child can be tested by HS&ELP staff if parent consent is given	➔	If child is picked up by parent. Provide parent with a rapid antigen test (children 2 years and older) if proper parental consent is obtained at pick up or on hand
	➔	If a child is tested by HS&ELP staff member and is negative with mild symptoms (refer to non-bolded items below), the child can stay. If the child is positive, follow steps below.
Inform the parent to get their child tested for Covid if they are not participating in the Test & Stay Option or if child was exposed outside of school (Note: Also applies for children under 2 because they cannot take part in Test & Stay due to age)	➔	Families can also contact their child's health care provider for further evaluation
	➔	Program will provide rapid antigen test (2 years and older) as available with consent from families
	➔	Note: We cannot provide rapid antigen tests for children under 2 years of age
Staff will clean, disinfect, and ventilate areas that the ill child occupied.		
If test negative, the child can stay in care if symptoms are mild or return to care once they have been fever free for 24 hours and symptoms have improved.		

If a child tests positive for COVID 19 (Isolate)		
The child will stay home for 5 days		
After 5 days	➔	If they are able to mask consistently while in care they can return to care on day 6 (PCR or antigen test recommended, but <u>not required</u>)
	➔	If the child has mild to no symptoms, they can return to care, but if symptoms have not improved, they should remain out of care until symptoms improve and check in with HS&ELP Health Specialist for consultation as needed Children must be fever free for 24 hours before returning to care and be able to pass the Daily Health Screen

If the child cannot mask consistently while in care	➔	Child can test (PCR or antigen) on day 5 or after:
		<ul style="list-style-type: none"> When test negative (PCR or antigen) and asymptomatic or symptoms are subsiding: can return to care the day after negative test, returning no later than day 11
		<ul style="list-style-type: none"> When test positive, continue isolating until negative test or asymptomatic or symptoms subside through day 10, returning no later than day 11
If the child cannot test (PCR or antigen)	➔	Stay home for a total of 10 days and return on day 11

If a child was exposed to someone with COVID-19

The child will stay home for 5 days OR		
If the exposure occurred at an HS & ELP site and the child is asymptomatic and passes the Daily Health Screen	➔	HS & ELP will provide rapid antigen tests with appropriate consent daily to families for 5 consecutive days for children 2 years and older
If the exposure did not occur at an HS & ELP site	➔	Then the parent is responsible to use their own resources (in some cases HS & ELP may have tests available from non-EEC sources)
If child is exposed and becomes symptomatic	➔	Follow above for “If Symptomatic”

Note: A positive test will follow isolation guidance above

When a child stays home for 5 days		
Test (PCR or antigen) on day 5, 6 or 7	➔	When negative test-child can return to care
	➔	When positive test-follow isolation guidance above
If a child cannot test (PCR or antigen)	➔	Stay home for a total of 10 days, returning on day 11

If a child is vaccinated or had COVID-19 in the past 90 days

If the child has had COVID-19 in the past 90 days, they can be in care and they are exempt from quarantine and testing
If child is fully vaccinated-follow above when exposed or become symptomatic

Travel for Children

- If the child is not “up to date” with COVID-19 vaccine or is not vaccinated:
 - Upon return: self-quarantine and get tested (PCR) 3-5 days after returning and stay home and self-quarantine for a full 5 days after travel.
- Follow [CAPV Travel Protocol](#)

Staff Returning to Work

Staff will follow CAPV protocols. See [CAPV Health & Safety Protocols](#).

HSELP Additional Resources for Illness (Staff/Children)

For a complete list of illnesses and when to stay home, see [HS & ELP Parent Handbook Policies and Procedures](#).

Related to Covid-19

A child should remain home for the following reasons:

- If the child has a temperature of 100.0 or above.
- If the child is exhibiting COVID-19 or flu-like symptoms or has a cough, shortness of breath, or difficulty breathing.
- New loss of taste or smell
- Muscle aches or body aches
- If the child has **two or more of the following symptoms, which are unrelated to a chronic health issue:** cough, fever, feverish and chills, headaches, muscle pain, vomiting, diarrhea, sore throat, fatigue, nasal congestion or runny nose not due to other known causes, such as allergies
- **Bolded** items below require immediate exclusion from care:
 - **Fever 100* or higher, chills**
 - **Difficulty breathing or shortness of breath**
 - **New loss of taste or smell**
 - **Muscle aches or body aches**
- Non-Bolded items should be managed on a case-by-case basis depending on severity, combination of symptoms and child illness policies for the program.
 - Cough (not due to other known cause, such as chronic cough)
 - Sore throat, when in combination with other symptoms
 - Nausea, vomiting, or diarrhea when in combination with other symptoms
 - Headache when in combination with other symptoms
 - Fatigue when in combination with other symptoms
 - Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms

*NOTE: Close Contact CDC means:

*Someone who has been within [6 feet of an infected person](#) (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (*for example, three individual 5-minute exposures for a total of 15 minutes in one day*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for [discontinuing home isolation](#). People who are exposed to someone with COVID 19 after the infected person completed at least 5 days of isolation are not considered close contacts.

**NOTE: Fully vaccinated CDC means:

A person who has received their primary series of COVID 19 vaccines.

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

**NOTE: Up-To-Date means:

- A person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

CLOSURES & NOTIFICATIONS

Anticipated Program Closures

- Education Managers, Director of Education, or designee will report program closures to EEC and the Program Director or designee will report to the Regional Office of Head Start.
- Families will be informed by the Family Advocate, the Site Director or designee.
- Staff will be informed by their supervisors or designee.
- See HS & ELP Contingency Plans for Program Closures.

Notifications and Local Board of Health Engagement

- The program will follow all HS & ELP/CAPV protocols in place. If a situation arises that needs further guidance then a member of the health team will reach out to the local BOH for further guidance.

RESOURCES

EEC Regulations:

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

EEC Health & Safety Guidance:

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

Office of Head Start Resources:

- [Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs](https://eclkc.ohs.acf.hhs.gov/safety-practices/article/vaccine-mask-requirements-mitigate-spread-covid-19-head-start-programs)
<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/vaccine-mask-requirements-mitigate-spread-covid-19-head-start-programs>
- [Preamble to the Final Rule on Vaccine and Mask Requirements](https://eclkc.ohs.acf.hhs.gov/publication/preamble-final-rule-vaccine-mask-requirements)
<https://eclkc.ohs.acf.hhs.gov/publication/preamble-final-rule-vaccine-mask-requirements>
- [Revised Head Start Program Performance Standards on Staff Vaccination and Universal Masking](https://eclkc.ohs.acf.hhs.gov/publication/revised-head-start-program-performance-standards-staff-vaccination-universal-masking)
<https://eclkc.ohs.acf.hhs.gov/publication/revised-head-start-program-performance-standards-staff-vaccination-universal-masking>
- [Summary of Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs](https://eclkc.ohs.acf.hhs.gov/about-us/article/summary-vaccine-mask-requirements-mitigate-spread-covid-19-head-start-programs)
<https://eclkc.ohs.acf.hhs.gov/about-us/article/summary-vaccine-mask-requirements-mitigate-spread-covid-19-head-start-programs>
- [Universal Masking and COVID-19 Vaccine Requirement FAQs](https://eclkc.ohs.acf.hhs.gov/about-us/article/universal-masking-covid-19-vaccine-requirement-faqs) <https://eclkc.ohs.acf.hhs.gov/about-us/article/universal-masking-covid-19-vaccine-requirement-faqs>

CDC Guidance:

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