

Child Care COVID Response & Preparedness Plan

Program Information

Child care program name:

Wee Love Daycare and Learning Center

Introduction

Our Commitment to Health & Safety

Wee Love Daycare and Learning Center is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Michigan Departments of Licensing and Regulatory Affairs (LARA) and Health and Human Services, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind. To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure (e.g., an infected person spreading respiratory droplets through actions such as coughing, sneezing, or talking). The following plan outlines the recommended practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

Changes to Our Physical Spaces

We will use the following strategies in our classrooms and facilities to minimize the spread of illness:

1. Where possible, dividing large group spaces to allow more children to safely use the space (e.g., using child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children).
2. Where possible, limiting or eliminating use of common spaces in the classrooms/facility. When common spaces must be used, we will rotate use of the space and clean between groups.
3. Rearranging classroom areas to seat children as far apart as reasonably possible and limiting the number of children sitting together.
4. Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
5. Ensuring ventilation systems operate properly and increasing circulation of outdoor air as much as possible (e.g., keeping windows and doors open to the extent that this does not pose safety risks).
6. Before re-opening we will ensure all water systems and drinking fountains are safe following CDC guidelines.

Availability of Toys and Classroom Materials

At this time, we will make the following changes to the toys and materials in our classrooms:

1. We will remove toys and objects which cannot be easily cleaned or sanitized between use.
2. Given that cloth toys are not recommended at this time, we will remove these from classrooms.
3. We will temporarily suspend use of water and sensory tables.
4. Toys will be washed and sanitized before being moved from one group of children to another.

Other policies related to toys and materials include:

Toys from home will not be permitted, except a "comfort" toy for nap time only, or to be used as such.

Mealtimes

To limit opportunities for exposure during mealtimes, we will engage in the following recommended practices:

1. We will space seating as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging seating.
2. We will serve meals in the classroom instead of group dining spaces.
3. We will modify our family-style meal service and have staff plate each child's meal so that multiple children are not using the same serving utensils.
4. Staff and children will wash hands before and immediately after children have eaten.

Naptime

To reduce potential for viral spread, we will engage in the following recommended practices:

1. Using bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
2. Bedding that touches a child's skin will be cleaned weekly or before use by another child.
3. Storing each child's bedding in individually labeled bins, cubbies, or bags.
4. Labeling each child's cot/mat.
5. Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, ideally 6 feet apart.
6. When possible, children will be placed head-to-toe (i.e., one child with their head at the top of the mat, the next child over with their head at the bottom of the mat).

Items Brought From Home

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items from home as much as possible. However, we recognize that placing limits on children's comfort items may increase stress for children and staff as they may be especially needed during this time of transition.

We ask that families and staff follow these guidelines with regard to children's comfort items:

1. To avoid these items coming into contact with many children, efforts will be made for these items to be placed in a cubby or bin and be used at naptime or as needed.
2. If possible, comfort items should remain at the child care facility to avoid cross-contamination.
3. Items should be washed weekly (at our facility or the child's home) and daily if the comfort item is a soft material (e.g., blanket, stuffed animal, clothing).

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, staff and families are required to report if they or anyone in their household:

**have received positive COVID-19 results;
been in close contact with someone who has COVID-19; and/or
have experienced symptoms such as persistent cough, fever, difficulty breathing, chills,
change in smell or taste, diarrhea, and/or vomiting.**

The procedures we will use to screen staff for symptoms and exposure include:

Staff will report to the Director if they have been exposed to or have been diagnosed with COVID-19 symptoms. If they, or any one in their home, have experienced any symptoms listed above they are required to stay home for 72 hours after symptoms clear up (without medication) and will be urged to get tested. Temperatures of staff will be taken at entry and recorded on daily sheets.

The procedures we will use to screen children/families for symptoms and exposure include:

Families will report to the Director if they have been exposed to or have been diagnosed with COVID-19 symptoms. If anyone in the family home have experienced any symptoms listed above they are required keep their children home for 72 hours after symptoms clear up (without medication) and will be encouraged to be seen by a doctor. If diagnosed with COVID-19, they will have to obtain a doctor's release to return to the Center. Temperatures of children and person dropping off will be taken at entry and recorded on daily sheets.

If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact:

Peggy Brady, Director at 586-933-6777

Daily Temperature Checks

Temperature Checks

As fever is the key indicator of COVID-19 in children, we will check each child's temperature upon daily arrival to the program. Staff will also be asked to take their own temperatures upon arrival to work. Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).

When children arrive to the program, temperature checks will occur

before children enter their classroom.

Each child's temperature will be taken by:

program staff.

To minimize potential spread of illness, staff will:

1. wear a face mask while taking the child's temperature.
2. **disinfect non-disposable thermometers between uses (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab).**

Responding to Symptoms and Confirmed Cases of COVID-19

Responding to COVID-19 Symptoms On-Site

If a child or staff member has a temperature above 100 degrees and/or symptoms such as persistent cough, difficulty breathing, chills, diarrhea, or vomiting, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops symptoms during care hours:

- Parents will be contacted for prompt pick-up.
- The child will be isolated from other children and as many staff as possible (the child will not be left alone).

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- Children may need to be picked up if no other caregiver is available.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location: Designated "sick" room

Reporting Exposure

Reporting Exposure

If a child, staff member, family member, or visitor to our program shows COVID-19 symptoms or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine whether to close individual classrooms or our facility, the duration of the closure, and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

Our local health department can be contacted at:

586-783-8190

Returning to the Program After Experiencing Symptoms and/or a Positive COVID Test

If a staff member or child has a fever OR a cough (but no other symptoms):

We will follow our regular health care policy, with the exception of not returning until symptom-free for 72 hours as opposed to 24 hours.

If a staff member or child exhibits multiple symptoms of COVID-19, possible exposure is expected, OR an individual tests positive for COVID-19, the individual must stay home until:

They have been fever-free for at least 72 hours without the use of medicine that reduces fevers AND
Other symptoms have improved AND

At least 10 days have passed since their symptoms first appeared.

As per [Executive Order 2020-36](#), if staff or their close contacts have possible or confirmed cases of COVID-19, staff will be allowed to remain home without penalty of discharge, discipline, or other retaliation.

To accommodate for the potential need to quarantine staff or allow for longer absences from work than normal, we will implement the following staffing plan to ensure we can meet staff to child ratios:

Administrators and substitutes will be used to staff rooms when/if necessary. In the event we are not able to staff properly, care will be suspended until staff returns.

Because child care staff members are part of Michigan's essential workforce, they are eligible to be tested for COVID-19.

Staff can visit [this resource](#) to locate a nearby test site.

Maintaining Consistent Groups

During this time, we will maintain the following group sizes:

Leave blank if this age group does not apply to your program.

Infants and Toddlers, birth until 30 months of age

8

Preschoolers, 30 months until 3 years of age

8

Preschoolers, 3 years of age until 4 years of age

16

Preschoolers, 4 years of age until school-age

16

School-agers

16

To support these smaller group sizes, we will implement the following policies:

No new students will be added to the student population until September 2020 unless a student drops. Hours will be reduced to 8-5 pm daily until September 2020, as well. During that time, students currently enrolled but not attending will not be charged. September 1, 2020 is the last date to re-enroll for the new school year. The tentative plan is for hours will resume to 6:30 - 6 pm when the school year begins September 6, 2020. At that time, if parents choose to stay enrolled but will not be attending will be charged 1/2 rate to save their spot, for a maximum of 3 months.

To minimize potential spread of COVID-19, we will engage in the following best practices:

1. To the extent possible, classrooms will include the same group of children and providers each day.
2. Each group of children will be kept in a separate room.
3. We will adjust staffing patterns to have children dropped off and picked up in their classrooms rather than a combined before-/after-care space.
4. We will limit the mixing of children across groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.
5. Canceling or postponing field trips and special events that convene larger groups of children and families.
6. Limiting non-essential visitors, volunteers, and activities including groups of children or adults.
7. Any in-person staff meetings will be limited to 10 people and social distancing requirements will be followed as much as possible.

Other policies related to minimizing exposure risks include:

Parents will drop off and pick up at the door. All people entering the building shall wear face masks. (Teachers and students will not be required to wear masks in the classroom or hallways. Rooms will be disinfected daily.

Drop-Off and Pick-Up Procedures

We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.

1. Only one adult per family should be present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though we recognize this is not always possible.
2. We will have a hand hygiene station at the entrance to our building so children and parents can clean their hands.
3. We will ask parents and other visitors to wear masks while in the building.

Hand Washing

We will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:

- Staff and children will wash hands often with soap and water for at least 20 seconds.
- Soap and water are the best option, especially if hands are visibly dirty. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Staff and children should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
- Staff should assist children with hand washing (especially infants who cannot wash hands alone) and use of hand sanitizer to ensure proper use and prevent ingestion.
- Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.
- Wearing gloves does not replace appropriate hand hygiene.
- Hand hygiene is especially important after blowing one's nose, going to the bathroom, before eating or preparing food (or helping children do any of these actions).

Cleaning and Disinfecting

Cleaning and Disinfecting Surfaces

We will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

1. Daily cleaning/disinfecting of **high-touch surfaces** (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs).
2. Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
3. Regular cleaning of **electronics** (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
4. Use of a **schedule** for regular cleaning and disinfecting tasks.
5. Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection.
6. Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
7. Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
8. Keeping cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** during use to prevent inhalation of toxic fumes.

Cleaning and Disinfecting Toys

We will engage in the following best practices to clean and disinfect toys:

1. We will clean toys frequently, especially items that have been in a child's mouth.
2. We will set aside toys that need to be cleaned (e.g., out of children's reach in a dish pan with soapy water or separate container marked for "soiled toys").
3. We will clean toys with soapy water, rinse them, sanitize them with an EPA-registered disinfectant, rinse again, and air-dry.
4. We will clean toys in a dishwasher.

Safety Equipment

Face Mask/Coverings for Staff

Our plan for staff around face masks/coverings is as follows:

Given that we are maintaining consistent groups, staff do not need to wear a mask when with their consistent group, but should wear their face covering at all other times when at the facility.

Use of Gloves

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

Face Masks/Coverings for Children

Our plan regarding children wearing cloth face coverings during care is:

Children in our care will not wear face coverings, unless they become ill in our care. In that case, we would provide any child over the age of 2 with a face covering, if they can comfortably and/or effectively wear it.

Partnering and Communicating with Families & Staff

Communicating with Staff and Families

We will actively communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.

The staff responsible for handling questions and outreach for **staff** is : Peggy Brady

The staff responsible for handling questions and outreach for **families** is : Peggy Brady

Training Staff

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, and our new policies and procedures as outlined in this plan.

Supporting Children's Social-Emotional Needs

Staff and families will partner together to support the needs and emotional reactions of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the "disappearance" of their child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation and we will work together to support all caregivers.

Supporting Staff Members' Social-Emotional Needs

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

Contact Information

Email address

weelovedaycare@gmail.com

weelovedaycare@gmail.com

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