



COVID-19 Health & Safety Plan
Rev. 4.20.2021

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Communication of Plan

The COVID-19 Health and Safety Plan is available for viewing on-site in our Health & Safety Binder, as well as on our center website (www.revillagebend.com). Updates will be added as needed and families and staff informed of any changes via email.

The following individuals are responsible for the creation, implementation and maintenance of the COVID-19 Health and Safety Plan:

Rebecca Ellis, Director
Joslyn Walker, Head Teacher
Luke Hogstad, Teacher

Drop-Off & Pick-Up

Parents / Caregivers will drop off their children no earlier than 9am and pick up their child no later than 5pm for regular care and no later than 6pm for aftercare.

Parents / Caregivers will be asked to bring their child into the Heritage Hall doors (signs are posted) where they will be greeted by a ReVillage staff member in the hallway at the center doorway (not coming into the center itself), checking each child in and conducting the daily health screening. Each child should only have one parent / caregiver coming into the heritage hall hallway and the adult should be masked.

For pick up, parents / caregivers will return to the center. They will be asked to drive to the lower lot where children will be playing in our outdoor area. Parents will come to the gate where they will be met with a ReVillage staff member for signing their child out. Each child will only be dismissed to a verified adult previously authorized for pick up.

During COVID, there will be cones and / or markers reminding families to physically distance when forming a line to pick up from the playground. Parents will not be allowed to enter the playground fenced area and will be asked to wear a mask while picking their child up at the playground gate from a ReVillage staff member.

Daily Health Check

ReVillage members will conduct a daily health check for any children and parents / caregivers coming into the program.

ReVillage “on site” parents / caregivers that are providing care for that day will be required to check for a fever (verbally asking) all entering children and adults that will be in contact with each other. If they have a temperature of 100.4 Fahrenheit or over, they must be excluded.

Ask all entering adults and children (or, if the child is not able to reliably answer, ask the adults who are dropping off the child):

1. Has the adult or child been exposed to a person with a positive case of COVID-19 in the past 14 days? If so, was the exposure during the time from 2 days before until 10 days after the person with COVID-19 started having symptoms? (This is the time they would have been infectious.) If the person with COVID-19 never had symptoms, use the time period of 2 days before the test was taken until 10 days after as the infectious period.

2. Has the adult or child been exposed to a person with a presumptive case of COVID-19 in the past 14 days? If so, was the exposure during the time from 2 days before until 10 days after the person with presumptive COVID-19 started having symptoms? (This is the time they would have been infectious.)

A “presumptive” case means the person was exposed to someone with COVID-19 and the presumptive adult or child showed symptoms in the past 10 days. If they answered yes to either question 1 or 2, the child or adult must quarantine for 10-14 days. The 10-14-day quarantine starts on the day that child or adult last had contact with the COVID-19 case. The 10-day quarantine could be shortened to 7 days if:

1. The person takes a COVID-19 test between days 5 and 7 of their quarantine period, AND
2. The person is asymptomatic, AND 3. The COVID-19 test comes back negative. • The 14-day quarantine cannot be shortened by getting a negative COVID-19 test, or by getting a note from a medical professional.

3. Is the adult or child experiencing new loss of taste or smell, unusual cough, shortness of breath, or fever? “Unusual cough” means something not normal for this person (e.g., allergies, asthma). If yes to question 3, that person must be excluded from the program for at least 10 days, and be 24 hours symptom-free for at least 24 hours. If they get a negative COVID-19 test that was taken before the 10 days is up, they can return once they have been symptom-free for 24 hours. • With regard to people who only have a cough and shortness of breath/fever (without any cough or difficulty breathing), if the person has been checked by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional and fever-free for at least 24 hours. Anyone with a fever of 100.4 Fahrenheit is excluded. See additional information on exclusion and return to care under direction of a medical professional in the section “Responding to Possible and Confirmed Cases of COVID-19.”

4. Does the child or adult have symptoms of diarrhea, vomiting, headache, sore throat, or rash? If yes to question 4, that person must be excluded as follows. • If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional. • If not seen by a medical professional, they may return 24 hours after resolution of symptoms.

*Remember: The illnesses you would be looking for during normal (non-COVID) times will continue to show up. As always, know when to send a child home, such as for symptoms of diarrhea, vomiting, headache with a stiff neck, “pink eye,” rash, etc. Then, the child may return 24 hours after symptoms resolve (48 hours for vomiting or diarrhea), or with approval from a doctor or other medical professional.

A ReVillage member will document that a daily health check was completed on every person entering and make note of answers in the HiMama app for each child and staff member.

Recordkeeping

Using the HiMama management software, ReVillage staff & members will use the classroom tablet (or personal cell-phone) to check in/out children, visitors, staff & adults in center. This log will include:

- Child name
- Adult name(s) completing drop-off and pick-up (no signature is required)
- Arrival and departure date and times
- Name of any staff or person coming in contact with a stable group, arrival and departure date and times.
- Daily health checks on all children, staff, and any person coming into the program (only pass/fail required).

Attendance logs will be kept on file for a minimum of 2 years.

Family Engagement

Families will be informed of all requirements for operations during COVID-19 and updated regularly as needed. Families & staff will have access to these safety guidelines via our website, www.revillagebend.com

Requirements for families to follow, such as drop-off and pick-up procedures, health screening and more, will be clearly communicated regularly through email and texts, as well as posted in our center and available for download/viewing via our website. Visual reminders, such as 6 ft distance markings on the floor, will also be utilized.

When engaging with families, virtual options will always be our first choice. If parents/caregivers are unable to engage in virtual visits, or for parents who enter the program to breastfeed, the below requirements will be followed:

- Follow physical distancing requirements with staff and children not in their household
- Wear a face covering
- Necessary staff will engage with only one family unit and any other necessary individuals, such as translators, at a time.
- Pre-scheduling in-person engagements when necessary to avoid unnecessary contact.

Family members will be allowed to enter the facility if there is a concern for the health and safety of their child. All family members must follow requirements for adults in the facility. Breastfeeding parents/caregivers or those who have children with special feeding needs, will be provided a space without children present while in the facility, which will be cleaned and sanitized between visits. Families seeking enrollment will only visit the facility when children are not present and only one family may visit at a time. The visiting family must comply with daily health check and recording requirements, wear a face covering and maintain physical distance from present staff.

Group Size & Stable Groups

Staff Member(s) responsible: Rebecca Ellis (Director), Joslyn Walker (Head Teacher), Luke Hogstad (Teacher)

Stable Groups

All children in care will be assigned to a stable group and stay in that group, unless they make a permanent change (i.e. when child ages into next classroom and much switch groups).

All staff will practice social distancing (maintain at least 6 feet) from other adults in the facility, as well as other staff who are not usually with the same stable group. Staff will also practice social distancing with children from other stable groups and take precautions to ensure children (from separate stable groups) do the same.

Only staff assigned to a stable group may be inside classrooms, except if:

- Providing specialized services or tutors of children such as those associated with Early Intervention or Early Childhood Special Education, Special Education, or Individualized Education Plans (IEPS)
- Meeting monitoring requirements of publicly funded or regulated programming.
- Maintain ratios during staff breaks (e.g. floaters)
- Provide service to the facility that cannot take place outside of program hours.

- Enhancement of program services through the use of volunteers and practicum students.

All additional adults (such as volunteers) performing daily health checks may do so only for the stable group to which they are assigned.

Outdoor time for stable groups will be on a staggered schedule so more than one stable group is not in the same outside area at one time.

Group Size

No more than 12 children will be enrolled in each stable group, with 10 or fewer in attendance at the same time. If more than 10 children are needing to be in attendance and staffing allows for classes to be split, a physical barrier of at least 4 feet will be used to divide children into two stable groups, with no more than 12 children enrolled in each group. Space currently allows for 88 square feet per child, exceeding the requirement of 35 square feet per child.

Personal Protective Equipment (PPE) for Children and Adults

ReVillage members will require parents & caregiving adults at the center to wear a fitted face mask.

ReVillage members will allow a child between two years and Kindergarten to wear a face covering, **if: requested by the parent/guardian**, the face covering fits the child's face measurements, and the child is able to remove the mask themselves without assistance.

1. ReVillage members will ensure children under two never wear a face shield or face covering.
2. ReVillage members will wash hands before putting on a face covering, after taking face coverings off, and anytime the face covering is touched
3. ReVillage members will ensure that their face coverings are washed daily or a new face covering to be worn daily. A new face covering will be worn if during a daily health check staff interacts with a child that is sick.
4. ReVillage members will ensure that children change into a clean face covering if one becomes soiled by bodily fluids.

Daily Activities

- For napping, ReVillage members will maintain at least 36 inches between mats, beds, or cots and sleep head-to-toe
- Members will limit sharing materials and toys between children during an activity. If sharing occurs, children must wash their hands with soap and water or use hand sanitizer at the end of the activity and prior to starting a new activity.
- Members will clean and sanitize classroom materials between uses.

- Members will increase the distance between children during table work and plan activities that do not require close physical contact between multiple children.

Handwashing & General Hygiene

ReVillage members and children will wash hands for at least 20 seconds

- a. Before and after eating, preparing food, and or bottle preparation.
- b. Before and after administering medication.
- c. After toileting or assisting with toileting.
- d. Before and after diapering.
- e. After wiping a nose, coughing, or sneezing.* After coming in from outside.
- f. * Upon entering and leaving the child care facility.*
- g. * After sharing toys, learning materials, etc.*

Food & Nutrition

Children will bring their own prepared lunches from home; only pre-packaged snacks or simple-serve (i.e. pre-packaged foods with the ability to scoop or pick up with tongs) foods will be offered by staff when necessary. Children must wash hands before and after meals; staff must wash hands before and after assisting children with eating. Meals will be closely supervised to prevent children from sharing and/or touching each other's food. Water bottles will be filled for drinking water from the main sink in center.

Cleaning & Building Maintenance

- ReVillage facilitators will try to increase circulation of outdoor air as much as possible by opening windows and doors.
- Members will wear gloves when cleaning and disinfecting surfaces. Instead of disposables, you can wear reusable (e.g., rubber) gloves except when cleaning and disinfecting areas around a sick person or when in contact with diapers, stool, blood and other bodily fluids.
- Members will keep all disinfectants locked up. Keep hand sanitizers out of the reach of children.
- "Mouthed" toys will be collected immediately and placed in a bin for cleaning.
- All other toys will be collected as they become dirty throughout the day.
- At the end of the day, or at a specified time (i.e., naptime), clean, rinse, and sanitize toys. • Toys may be cleaned in a washing machine, dishwasher, or by hand.
 - If washing toys in a washing machine:
 - Use hot water and detergent.
 - Dry toys completely in a hot dryer when possible.

- If washing toys in a dishwasher:
 - Use the proper amount of dishwasher detergent recommended by manufacturer.
 - Run toys through the complete wash and dry cycle.
 - Do not wash toys with dirty dishes, utensils, etc.

- If washing toys by hand, use the following process:
 - Step 1: Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces.
 - Step 2: Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.
 - Step 3: Sanitize toys. Sanitizing reduces the germs from surfaces to levels that are considered safe.
 - Dip the toys in a sanitizing solution, or cover the toys sufficiently with spray. Protect your skin by wearing household rubber gloves.
 - Allow toys to dry completely (i.e. overnight) or allow a 2-minute contact time before wiping toys dry with a paper towel.
 - When using a bleach solution for sanitizing, chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary

Objects Intended for the Mouth

- Thermometers, pacifiers, teething toys, and similar objects must be cleaned and reusable parts sanitized between uses.
- Pacifiers may not be shared.

Soft Surfaces

Rugs, drapes and other soft surfaces will be cleaned by removing visible contamination and cleaning and disinfecting with appropriate cleaners.

Rugs will be vacuumed daily when children are not present.

After cleaning: if item can be laundered, it will be laundered with the warmest appropriate water setting and then dried completely.

High Touch Surfaces • High touch surfaces, such as doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets, will be disinfected daily, including at the end of the day.

Each child will be given the opportunity to rest on their mat each day.

- This mat will be placed on the floor, with two (3 during COVID) feet distance between other children that are placed head to toe.

- The lighting will be dimmed / off with soft, soothing music playing. For the children not napping, they will be invited to bring a few books or quiet bins to their mats for quiet time that will last from 30 minutes to 2 hours depending on the child. We will never force a child to lay down or sleep.
- Each child can bring one blanket, one small pillow and one sleep lovely or toy from home.
- Mats will be covered by a center provided fitted sheet that will be stored in each child's individual cubby. These fitted sheets will be laundered at the end of each week by a ReVillage staff member unless needed sooner.
- After quiet time is over, mats will quickly be disinfected with prepared disinfectant spray then stored back into the closet.

Toilet Area

- handwashing sinks, counters, toilets, toilet handles, floors, changing tables, potty chairs, diaper trash cans, and bathroom floors will be disinfected daily.

Food Areas

- No food prep will take place in our facility; eating areas will be cleaned and sanitized daily.

Responding to Possible and Confirmed Cases of COVID-19

ReVillage Staff will notify the local public health authority and the Office of Child Care if anyone who has entered the facility, including household members within a family child care facility, is diagnosed with COVID-19.

ReVillage will immediately contact the local public health authority and licensing specialist, as well as appropriate staff in regards to Baby Promise program (Angela.Stinson@ode.state.or.us or 971-940-4198).

ReVillage members will communicate with First Presbyterian, in coordination with local public health authorities and with all families and other individuals who have been in the facility in the past 14 days about the confirmed case.

ReVillage members will ensure, in the event of a confirmed case of COVID-19 in a facility, all children and staff in the group—and anyone who came in contact with the group—do not come to the program and are informed about the need to be quarantined at home for 10- 14 days.

Decisions about required closure will be made in conjunction with ELD staff and the local public health authority.

Staff and children will be excluded from center for COVID-19 symptoms or cases as follows:

- The adult or child has had an illness with new loss of taste or smell, fever, unusual cough, or shortness of breath in the last 10 days.

- Unusual cough means out of the ordinary for this person – e.g., not usual asthma, allergies, common cold.
- Fever means 100.4 degrees Fahrenheit or more, without the use of fever reducing medication.
- The individual must stay away from child care for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of a fever reducing medication.
- The 10-day rule for exclusion applies if the persons tests positive, or does not get tested.
- If a child or staff member with symptoms of COVID-19 tests negative at any time during the 10-day period, they may return 24 hours after resolution of cough and fever without the use of fever-reducing medication.
- If a child or staff member with whose only symptoms of COVID-19 is fever is advised by a medical professional they can return to care (e.g., diagnosed with something else and given antibiotics), they are allowed return to care. Documentation from the medical professional is required. The person must be fever-free for at least 24 hours. The adult or child has been exposed to someone with a current presumptive or positive COVID-19 case.

- An exposure is defined as an individual who has close contact (less than six feet) for longer than 15 minutes (total in a 24-hour period) with a COVID-19 case who is infectious. Infectious means from two days before until 10 days after their symptoms started (or when they were tested, if they never showed any symptoms).

- A presumptive case is defined as a person who was exposed to a positive COVID-19 case and developed symptoms.

- The exposed person must quarantine for 10-14 days. Start counting 10-14 days from the last time they had contact with the person with the presumptive or positive COVID-19 case. The 10-day quarantine could be shortened to 7 days if:

1. The person takes a test between days 5 and 7 of their quarantine period, AND
2. The person is asymptomatic, AND
3. The tests comes back negative.

- For presumptive cases only, if the exposure was to a presumptive case of COVID-19, exclusion is required only if the adult or child was exposed in the 10 days after the COVID-19 presumptive person started having symptoms. This is the period they would be infectious. If a person develops these symptoms while at the facility or learns they have been exposed to a positive or presumptive case while at the facility, send them home as soon as possible, and separate them until they can leave the facility.

As always, staff will also be checking for when to send a child home with illness unrelated to COVID-19, such as for symptoms of diarrhea, vomiting, headache with a

stiff neck, “pink eye,” rash, etc. Then, the child may return 24 hours after symptoms resolve (48 hours for vomiting or diarrhea), or with approval from a doctor or other medical professional. If a child or staff member has symptoms of diarrhea, vomiting, headache, sore throat, or rash, they

- If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.
- If not seen by a medical professional, they may return 24 hours after resolution of symptoms. Anyone who comes into child care who has a household member with symptoms of COVID-19 that is not confirmed or presumptive must be carefully monitored for symptoms. The ill household member should be strongly encouraged to get tested.

Transportation

ReVillage does not provide any transportation.

Professional Development

ReVillage will ensure that all necessary staff have received first aid and CPR training, requiring current copies of all certificates to be on file in our HiMama system, as well as professional development opportunities that meet necessary child care licensing requirements. All in-person training will be limited to staff that already works together in the same center, face coverings are worn and physical distancing is maintained throughout the entire experience.