



Health and Safety Plan

(Including COVID 19)

Early Head Start/Head Start/Child Care

- ❖ This plan encompasses the work of our administrative team, with input from our Health Advisory Committee, Policy Council, Grantee Board, Mayville State University, staff, local public health units, and parents. This group reviewed recommendations from the Centers for Disease Control (CDC), and the North Dakota Department of Human Services (NDDHS).
- ❖ This document is subject to immediate change if deemed necessary by the CDC, local Health Department, Mayville State University, or Health Advisory Committee

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Preventative Measures

- Practice frequent handwashing throughout the day.
- Everyone will wash their hands when entering an MSU CDP building.
- Temperatures and health screenings may be completed as you enter the building, if indicated by state and local health data.
- Approved outside visitors may be required to wear masks or face coverings, if indicated by state and local health data.
- Anyone who is sick is required to stay home.
- In person meetings are available, however participants can request a virtual or hybrid option.
- Center closing decisions will be made on a case-by-case basis, based on the most up-to-date information about COVID-19.

Screening

- COVID-19 Screening Posters may be posted at every entrance. All individuals, including staff and parents, entering MSU CDP need to read and complete the self-screening questions **daily** for symptoms of COVID-19, if indicated by state and local public health recommendations.

COVID-19 Symptoms

Symptoms of COVID-19

Updated Oct. 26, 2022 [Español](#) | [Other Languages](#) [Print](#)

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms.

Possible symptoms include:

• Fever or chills	• New loss of taste or smell
• Cough	• Sore throat
• Shortness of breath or difficulty breathing	• Congestion or runny nose
• Fatigue	• Nausea or vomiting
• Muscle or body aches	• Diarrhea
• Headache	

This list does not include all possible symptoms. Symptoms may change with new COVID-19 variants and can vary depending on vaccination status. CDC will continue to update this list as we learn more about COVID-19. [Older adults](#) and people who have underlying [medical conditions](#) like heart or lung disease or diabetes are at higher risk for getting very sick from COVID-19.

MSU CDP Risk Level

MSU CDP will use data from the Center for Disease Control (CDC) COVID Data Tracker, ND Department of Health and local county data to make determinations about site wide closures. The CDC COVID Data Tracker can be found at [COVID Data Tracker](#). MSU CDP will adjust the level as needed based on the recommendations provided by the Health Service Advisory Committee in the event of increased community spread.

III Children, Staff, and Volunteers

Exclusion of Sick Children, Staff, and Volunteer Policy and Procedure

HSPPS: 1302.47 (7)(iii)

Policy:

A child, staff, or volunteer will be excluded from care for the following reasons:

1. An illness prevents the child from participating comfortably in activities as determined by the child's caregiver.
2. An illness results in a greater need for care than the caregiver or child care staff can provide; therefore, compromising the health and/or safety of the other children as determined by the caregiver.
3. Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.
4. The child, staff, or volunteer member has any of the following conditions:
 - a. Fever with behavior changes or other symptoms. Fever is defined as having a temperature of 100.4° F or higher. Infants younger than 2 months old with any fever require urgent medical attention. The child can restart normal center hours after they have been *fever-free* for 24 hours.
 - b. A new, sudden onset of two or more of the following symptoms: congestion, runny nose, cough, sore throat, fatigue, body aches, loss of appetite, vomiting, diarrhea, change in behavior, chills, difficulty breathing, headache, new loss of taste or smell- Child will stay home for 24 hours and can return as long as symptoms are improving, and is *fever-free* for 24 hours without the use of fever reducing medication.
 - c. COVID-19: Child tests positive for COVID 19 - Child will isolate at home for a 5-day period. If symptoms are improving, child may return to care on day 6. If the child receives a doctor's note and is *fever-free* for 24 hours without the use of fever reducing medication, the child may return prior to day 6.
 - d. Vomiting—Child will be excluded from care when he/she has vomited 2 times. Child can return to the center once he/she has been vomit-free for 24-hours.
 - e. Diarrhea—Child will be excluded from care when he/she has had 2 episodes of diarrhea. Child will be excluded if the diarrhea is causing "accidents" for those who are toilet trained. Diarrhea is defined as watery stools, not just looser than normal and not attributed to teething, antibiotics, or new food items. Children are allowed to return to the center once stools have returned to normal for the child, except:
 - i. Salmonella – may return after 3 negative stool cultures.
 - ii. Shigella – may return after 2 negative stool cultures.
 - iii. E. coli – may return after 2 negative stool cultures.
 - iv. Blood in stools, not explained by dietary change, medication, or hard stool.
 - v. Abdominal pain – persistent pain that lasts more than 2 hours. Intermittent pain associated with fever or other signs or symptoms.
 - f. Mouth sores with drooling (does not include canker sores or thrush) – Unless a health care provider or health department official determines that the child is not infectious.
 - g. Hand, Foot, And Mouth Disease – Child may return when lesions are crusted over.
 - h. Body rash with fever or behavior change – child may return once a health care provider determines that these symptoms do not indicated an infectious disease.

- i. Head Lice – Child may stay in care until their regularly scheduled pick up time and must not return until they have had at least one treatment of a lice killing product.
- j. Scabies – Child may return after treatment has been completed.
- k. Active Tuberculosis – Child may return when a health care provider or health official gives written permission stating that the child is on appropriate therapy and can attend childcare.
- l. Impetigo – child may return once treatment has started as long as lesions are covered. If lesions are not able to be covered, the child must wait until 24 hours after treatment to return to the center.
- m. Strep Throat – Child may return 24 hours after first dose of antibiotic.
- n. Chicken Pox – Child may return once all sores have dried and crusted, and the child no longer displays any other exclusion criteria.
- o. Pertussis (Whooping Cough) – Child may return after 5 days of antibiotic treatment.
- p. Mumps – Child may return 5 days after the onset of parotid gland swelling.
- q. Hepatitis A – Child may return after 1 week from the onset of illness, jaundice, or as directed by the Health Department when immune globulin has been given to appropriate children and staff members.
- r. Measles – Child may return 4 days after the onset of the rash.
- s. Rubella – Child may return 7 days after the onset of the rash.
- t. Methicillin-Resistant Staphylococcus Aureus (MRSA) – If the lesions cannot be covered, if the child is running a fever, or if a child cannot participate in activities.
- u. Purulent Conjunctivitis (Pink Eye) – Child can return after the initial treatment has started or as determined by a health care provider.
- v. Molluscum- Lesions should be covered by clothing or a bandage, exclusion is not suggested with this diagnosis.

Procedure for Children:

MSU CDP staff will separate children of ill health and contact parents/guardians to take the child home. If the parent/guardian cannot be reached, the program will contact the designated party listed on the child’s Emergency Contact Form.

When children are ill, child care employees will ensure the following:

1. Ill children are cared for and comforted by employees, while monitoring symptoms and under constant supervision.
2. Ill children will be separated from other children, when possible.
3. Symptoms of illness will be recorded on the “Ill Child Form”.
4. The parent/guardian of the ill child will be immediately notified to take the child home; or
5. If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a Doctor.

Disclaimer: Exclusions will be evaluated on a case-by-case basis depending upon the current situation.
E.g.—Pandemic

COVID-19 Positive Case Reporting

- Self-reported cases of COVID-19 and classroom closures will be shared with:
 - MSU COVID Liaison
 - MSU Vice President of Business Affairs
 - MSU Director of Public Relations

Mask/ Face Covering Requirements (when indicated by state and local data)

- MSU CDP may require all staff to wear a face covering in common areas, when out of their home classroom/office or when unable to maintain a 6-foot distance at the decision of the Grantee Board.
- Masks are not required when children and staff are outside.
- Any parent or visitor who walks into the facility may be required to wear a mask or face covering.
- Preschool children have the option to wear a face covering if they or their family chooses.
- Masks are not recommended and will not be worn in our program on any child under the age of two.
- Mask education will be provided to all children as needed in the form of social stories and educational videos.

Hand Washing/Hand Sanitizer

- Staff and children will increase handwashing throughout the day.
- Washing hands with running soap and water is preferred, but if soap and water are not readily available, the use of hand sanitizer will be used.
 - Hand sanitizer will contain at least 60% isopropyl or ethyl alcohol.
 - We do not use hand sanitizer with methyl alcohol in our facilities.
 - Hand sanitizer will not be used on any child under the age of 2 years old.
 - If hand sanitizer is used, children are closely supervised to make sure they rub their hands until completely dry so that they do not get hand sanitizer in their eyes or mouth.
 - When hands are visibly dirty, soap and water will continue to be used to wash hands.
- Everyone must wash their hands upon arrival to the facility.
- Children and staff will wash their hands whenever they re-enter their classroom, enter another classroom, or work with/join a different group of children.
 - Hand Sanitizer will be sufficient if running water is not accessible.
- Wall mounted hand sanitizer dispensers are hung outside of each classroom.
- All hand sanitizers will be kept out of the reach of children.
- Anyone entering or leaving the classroom needs to apply hand sanitizer.

Staffing

- Outside activities will be encouraged as often as possible, due to weather.
- Staff will stay with the same group of children as much as possible.
- Staff are encouraged to bring an additional set of MSU CDP work attire to change into so extra clothing is available in case clothing gets soiled during the day.

Communication

- Child Plus Notification System
 - Text and Emails

- Social Media
 - MSU CDP Facebook Page
- Parent-Teacher Communication
 - Class DoJo
- Virtual Meetings
 - Zoom
 - Teams
- Direct Emails/ Phone Calls

Healthy Environments – Sanitation Protocol/Safety

- High-touch surfaces such as tables, light switches, and doorknobs will be cleaned and sanitized multiple times per day.
- Bathrooms and sinks in classrooms will be disinfected between groups of children and before meals and snacks.
- Teachers will periodically open windows in the classroom to circulate fresh air in efforts to reduce person to person transmission, when appropriate for the weather and a window is available.
- Classrooms will be sanitized prior to going outside and at the end of every day, paying special attention to mouthed toys.
 - All mouthed toys will be placed in a bucket to be sanitized at the end of the day.
- Strollers will be sanitized after each classroom use.
- Electrostatic Disinfectors will be used to disinfect classrooms/hallways/offices and any other identified spaces at the end of each day.
 - In gross spaces, electrostatic disinfecting must occur between groups and the space must be vacated for a period of ten minutes after disinfecting is complete.
- Monthly deep cleaning utilizing checklist provided by health staff will take place on scheduled Professional Development days.

Meals

- All meals will be served in each child's designated classroom.
- No outside food or beverages are permitted within our classrooms.
- Tables will be sanitized before and after each meal.

Nap Time

- Rest mats and cribs will be placed as far apart as possible.
- When possible, rest mats will be placed at least 6 feet apart, or alternating the children head to foot when the 6-foot space is not possible.

Fire Drills

- Fire drills will occur as scheduled, with the entire site eligible to evacuate as a group
 - If the weather does not allow for social distancing (rain, extreme temps, etc.), classrooms will complete drills individually.
- Site Coordinators are responsible for monitoring the completion for all classrooms at their site prior to the 20th of each month. Once the site coordinator has ensured completion of the drills, the State Fire Drill form will be completed by MSU CDP Health Staff and attached in the licensing binder.

Tornado Drills

- Each location will conduct a tornado drill in June. MSU CDP staff will say “We are having a tornado drill”.
- When the drill is completed, it will be recorded on the CDP Tornado Drill form and handed into the Site Coordinator.
- Site Coordinators are responsible for monitoring the completion for all classrooms at their site prior to the 20th of June. Once the site coordinator has ensured completion of the drills, the State Tornado Drill form will be completed by MSU CDP Health Staff and attached in the licensing binder.

Health Service Advisory Approval Date:

	03/02/23
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Health Service Advisory Review Date:

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Policy Council Approval:

	03/05/23
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Policy Council Review Date:

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Grantee Board Approval:

	03/06/23
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Grantee Board Review Date:

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