PANDEMIC POLICY CHANGES DUE TO COVID – 7/17/2020

***CPDC is accepting children with the assurance that families and staff will all do their due diligence to help us all stay safe and follow guidelines and best practices to limit contact and spread. We need everyone's help to remain open. We open with the understanding that the likelihood is high that we will shut down at some point due to cases of COVID-19 in the center. We need all families and staff to do as much as possible to keep us all safe.***

From MUW's Pandemic Response Team – Campus life will be different this fall.

We will all need to be fully prepared for changes in daily practices to keep us healthy and our campus safe. Even in normal conditions, our community of caring rests upon a foundation of trust that exists between you and this community – a trust that implicitly conveys that you value not only your own health and safety, but also the health and safety of your classmates and colleagues. In a time of global pandemic, this social contract is more critical now than ever – it is not only fellow members of The W community, but also their local communities, their friends, and their families who are counting on each and every one us to Be WISE (Willing to Interact in a Safe Environment).

For pandemics or national emergencies, like the recent Covid-19 outbreak, CPDC will use due diligence to follow state, local, and federal recommendations. CPDC monitors recommendations specifically from the University/IHL, CDC, MS Department of Health and Human Services (for certificates/emergency care), and MS Department of Health (licensure). Parents must assume some of the risk of exposure for allowing children in the care of CPDC during any outbreak or period of disease or sickness.

PREVENTIVE ACTIONS FOR STAFF, CHILDREN, AND FAMILIES

A. limiting exposure (let children stay at home during shopping and outings to limit the potential spread to as few family members as possible. Avoid large gatherings and community events.)
B. constantly monitoring symptoms and temperatures
C. encouraging excellent hygiene practices (including avoiding unnecessary close contact)
D. understanding that the virus is primarily spread by respiratory droplets
E. Wash hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
F. Always wash hands with soap and water if hands are visibly dirty
G. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
H. Clean and disinfect frequently touched surfaces.
I. Cover cough and sneezes.
J. Cover your mouth and nose with a cloth face covering when you have to go out in public.
K. Cloth face coverings should NOT be put on babies and children under the age of two because of the danger of suffocation.
L. Teachers will wear face masks and/or visor shields and children will be encouraged to wear facemasks unless outside or during nap time. CDC recommends masks for all children over age 2, and CPDC will encourage, but not require, masks for children.
M. Masks are required in hallways and public spaces where social distancing cannot be guaranteed. As per current CDC recommendations, children over the age of 2 are gently encouraged to wear masks. Cloth face coverings will be washed daily. Paper masks may be reused if aired out overnight. Masks or face coverings will not be worn when napping, eating or exercising indoors or outdoors. Masks or face coverings will not be used by anyone who has trouble breathing, or is unable to remove their mask without assistance. When masks or face coverings are removed they will be placed in a labeled plastic or paper bag (out of reach). Proper hand hygiene will be practiced immediately after handling a mask or face covering.
N. Children and staff are prohibited from bringing items from home into the Center; including toys, reusable water bottles, bedding (blankets, food, pillows), etc.
O. Classroom spaces may be readjusted to better plan social distancing measures
P. Healthy and extensive handwashing hygiene will be used with staff and children.
SOCIAL DISTANCING STRATEGIES

A. Teachers will strongly encourage small group and center based play for children to naturally social distance themselves.
B. Staff will maintain at least 6 feet of separation from other individuals. If such distancing is not feasible, other measures such as face covering, hand hygiene, cough etiquette, cleanliness, and sanitation will be rigorously practiced.
C. Classes will include the same group each day, and the same child care staff will remain with the same group each day.
D. Each group of children will stay in a separate room, to the extent possible.
E. Special events such as festivals, holiday events, and special performances will be canceled or postponed.
F. There will be limited mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
G. If possible, at nap time, children’s naptime cots will be spaced out as much as possible, ideally 6 feet apart and placed head to toe in order to further reduce the potential for viral spread. Cots will be disinfected before and after each use.
H. Administrative staff will telework from their personal homes, if possible.
I. Time standing in lines or grouped on carpets will be minimized, with children kept at safe distances apart from each other. Six feet of separation between children is preferred. Masks may be worn if age appropriate and children are agreeable.
J. The distance between children during table activities and meals will be increased.
K. When feasible, more outside activities will be incorporated.
L. We expect a group of toddler or preschool children will engage in interactive play or share toys. Parents must assume there are risks when returning to care.
M. CPDC will use other rooms in the EDHS building to allow for physically distancing play when necessary.
N. Meals will continue to be served in the classrooms. Students will not serve themselves and care will be taken to not cross contaminate at meal service.

DROP OFF AND PICK UP PROCEDURES

a. Patience will be required. These policies are now part of licensure requirements during the COVID-19 Pandemic.
b. Parents will not be allowed inside the building until further notice per licensure and Center for Disease Control and Prevention (“CDC”).
c. The pick-up and drop-off of children will be completed outside of the Center, unless there is a legitimate need for the parent to enter. Should the parent have a legitimate need to enter the Center, the parent must be screened by the operation as outlined in this document.
d. Arrival and drop off times will be staggered. Morning Drop-Off is permitted between 7:30-9 AM. Afternoon Pick-Up may occur at any time. In the event we are too crowded, times may be assigned for drop off. Please be patient.
e. Parents are responsible for buckling and unbuckling, not CPDC staff.
f. Parents should wear a mask and model for children when outside of your vehicle. Your attitude translates to your children.
g. Parents and children should wait at the parent’s car or on a blue dot until staff retrieves or delivers the child. Please do not crowd the check in station. Physical distancing must be maintained.
h. Children can wash their hands immediately upon entry to the Center.
i. Families are encouraged to limit drop off/pick up to immediate households only. Masks must be worn with any adult contact (including during drop off if physical distancing cannot be maintained.)
j. If possible, older people such as grandparents over the age of 65 should not pick up children because they are more at risk for severe illness from COVID-19.
k. Parents are to message CPDC through Brightwheel when in the circle for pick up/drop off or call the office at 662-329-7196. (Brightwheel may be the best policy, as these messages pop up on all ipads and phones.)

PRIOR TO ENTERING THE CENTER – SCREENINGS REQUIRED

1. Staff will make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
2. Temperature checks of children will be conducted each day before a child may enter the building. Any child who has a fever of 100° or higher will not be allowed inside and must remain outside of school until the child is fever free for 72 hours with no fever reducing medications. (LICENSURE HAS REDUCED TEMP to 100 as of 7/14/20.)
   o Conduct temperature screening by following the steps below:
• Perform hand hygiene by washing your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
• Check the child’s temperature.
• Use a non-contact (temporal) thermometers.
• Record all information on the daily tracking log; including staff sign in.

3. Screening questions will be asked each day for families regarding potential household exposure to COVID-19. Staff will question parents for any exposure (exposure to known persons with covid, travel, fever, fussiness, tummy troubles, trouble breathing, etc.)
   a. Parents will be asked:
      1. Have you or has anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19?
      2. Do you currently have any of the following symptoms?
         • Fever (100°F or higher), or a sense of having a fever;
         • New cough;
         • New shortness of breath;
         • New sore throat;
         • Diarrhea or tummy troubles of any kind;
   b. If a parent believes anyone in their household has come in close, direct contact with an individual who has tested positive for COVID-19 in the last 14 days, their child will not be permitted to stay.
   c. Families will also stay in isolation if anyone in the household has a COVID-19 test pending. Households and individuals should isolate until the results are returned.

EXCLUSION SYMPTOMS
Screeners will ask you if you have any exposure or any of these symptoms daily. 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. People with these symptoms may have COVID-19:

• Fever or chills (7/14/2020 changed to 100 degrees or higher)
• Cough
• Shortness of breath or difficulty breathing
• Fatigue
• Muscle or body aches
• Headache
• New loss of taste or smell
• Sore throat
• Congestion or runny nose
• Nausea or vomiting
• Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

HOLDING AND CARING FOR CHILDREN
• It is important we comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. CPDC will wear cobbler aprons.
• Child care providers must wash their hands, neck, and anywhere touched by a child’s secretions.
• Child care providers shall change the child’s clothes if secretions are on the child’s clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
• Contaminated clothes shall be placed in a plastic bag or washed in a washing machine.
• Infants, toddlers, and their providers shall have multiple changes of clothes on hand in the child care center or home-based child care.
• Child care providers must wash their hands before and after handling infant bottles prepared at home or prepared in the facility.
COVID DIAPERING PROCEDURE

When diapering a child, wash your hands and wash the child’s hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures must be posted in all diaper changing areas.

Steps include:

1. Prepare (includes putting on gloves and gathering items)
2. Clean the child
3. Remove trash (soiled diaper and wipes)
4. Replace diaper
5. Wash child’s hands
6. Clean up diapering station
7. Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they must also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection. If reusable cloth diapers are used, they shall not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

HEALTHY HAND HYGIENE

All children, staff, and volunteers must engage in hand hygiene at the following times:

- Arrival to the facility and after breaks
- Before and after preparing food or drinks
- Before and after eating or handling food, or feeding children
- Before and after administering medication or medical ointment
- Before and after diapering
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage

- Wash hands with soap and water for at least 20 seconds. 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.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
- After assisting children with handwashing, staff should also wash their hands.

CLEANING MEASURES

1. Regular cleaning routines will be amplified and verified. Staff will be given extra time daily to clean after children are gone and before they arrive.
2. Toys will be sorted items frequently mouthed (food/play silverware) are not in use and only items that are easily cleaned and sanitized are used.
3. Bleach water will continue to be used as the primary disinfectant.
4. Toys that cannot be cleaned and sanitized will not be used.
5. Machine washable cloth toys shall be used by one individual at a time or must not be used at all. These toys must be laundered before being used by another child.
6. Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
7. Set aside toys that need to be cleaned. Place in a dishpan with soapy water or put in a separate container marked for “soiled toys.” Keep dishpan and water out of reach from children to prevent the risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
8. Children’s books, like other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

SICK CHILDREN AND STAFF MUST STAY HOME

A. Children and staff MUST stay home if they are sick.
B. If children or staff come to CPDC sick, they will be immediately sent home and/or not allowed to access our building.
C. Staff and families should be vigilant for symptoms and stay in touch with facility management if or when they start to feel sick.
D. If children or staff become sick during the school day, they are immediately separated from well children and staff until they can be sent home.
E. Sick staff members and children shall not return to work until they have met the Mississippi State Department of Health criteria to discontinue home isolation.
F. The CPDC library shall be used as the sick isolation room or a cot in the far corner of the classroom. The area will be immediately cleaned after the sick child has gone home.

ILLNESS

Ill children and staff are required to stay home. We also need to use our common sense and act as if every person is presymptomatic or asymptomatic.
A. The Center will communicate to parents the importance of keeping children home when they are sick. Families will need to stay in touch with the center director with any absences or symptoms.
B. The Center will communicate to staff the importance of being vigilant for symptoms and staying in touch with the Center Director if or when they start to feel sick.
C. Any staff or child will be sent home if they present with any of the following new or worsening signs or symptoms of possible COVID-19:
   - Feeling feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit
   - Cough
   - Shortness of breath or difficulty breathing
   - Sore throat
   - Chills
   - Loss of taste or smell
   - Diarrhea
   - Repeated shaking with chills
   - Muscle pain
   - Headache
   - Known close contact with a person who is lab-confirmed to have COVID-19
   - Potential exposure means being a household contact or having close contact within six feet of an individual with a confirmed or suspected COVID-19 for at least 15 minutes. The period for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic. If pending tests were requested by a medical professional or any symptoms are present in the household, the entire household should isolate. If tests were a personal requests of curiosity, no exclusion is necessary.
D. Children will also be sent home with any of the following new or worsening signs or symptoms of possible Inflammatory Syndrome in Children (MIS-C) associated with COVID-19:
   - Fever
   - Rash
   - Conjunctivitis (redness of the white part of the eye)
   - Stomachache, vomiting and/or diarrhea
   - Tongue is redder than usual and looks like a strawberry
   - Swollen hands and/or feet, lymph nodes
   - Irritability and/or unusual sleepiness or weakness
   - Any child or staff with a temperature of more than 100.4 will not be permitted to return to the Center until 7 days after the fever has returned to normal without fever reducing medications. The Center will not allow a physician’s note before a minimum of 72 hours.
   - Very commonly, a child might be present at the Center with cough and/or runny nose (mild respiratory symptoms) and the child is behaving normally with no fever. Children will be permitted to attend the Center if no other symptoms of illness are present.
E. Children or staff who become sick while at the Center will be sent home as soon as possible.
   - The sick child or staff will isolate from well children and staff until they can be sent home by isolating in the staff room.
   - A sick child must be supervised by staff at all times. The staff member caring for the child must wear a mask and protective clothing/smock.
   - The parent of the sick child will be contacted immediately and informed to contact their health care provider.
   - The isolation area will be cleaned and disinfected after the sick individual has gone home.
   - All areas used by the individual who is sick, such as classrooms, offices, bathrooms, and common areas, will be cleaned and disinfected.
F. Staff or children with the new or worsening signs or symptoms listed above will not return to the Center, the individual who was diagnosed with COVID-19, Or the individual who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to the Center until the individual has completed the return policy.

G. Ill children and staff are required to stay home. We also need to use our common sense and act as if every person is presymptomatic or asymptomatic.

COVID-19 RETURN FROM ISOLATION OR QUARANTINE POLICY

- **Persons who have COVID-19 who have (confirmed or suspected) symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
  - **Time based strategy** -
    - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications
    - and improvement in respiratory symptoms (e.g., cough, shortness of breath);
    - and, At least 10 days have passed since symptoms first appeared.
  - **Testing based strategy** -
    - Resolution of fever without the use of fever-reducing medications
    - and Improvement in respiratory symptoms (e.g., cough, shortness of breath),
    - and Negative test results

- **Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:**
  - **Time based strategy** -
    - At least 10 days have passed and no symptoms developed during the isolation. If symptoms develop, you must use the symptoms based return plan.
  - **Testing based strategy** -
    - Negative test results

CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

Please view the CPDC or MUW flow charts to know what to do when you are exposed to the virus.

COVID-19 ON SITE

If COVID-19 is confirmed (tested positive) in a child, staff member or other adult who has been present in the Center, the Center will:

1. inform all parents, the Mississippi Department of Health licensure office and MUW officials (HR)
2. Shut down for a minimum period of 3-5 days,
3. close off areas used by the person who is sick for at least 24 hours,
4. open outside doors and windows to increase air circulation in the areas,
5. wait up to 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle,
6. follow CDC guidance on how to disinfect the Center by cleaning and disinfecting all areas used by the person who is sick, such as classrooms, offices, bathrooms, and common areas, and continue routine cleaning and disinfection.
7. If more than 7 days have passed since the person who was sick was on site, continue routine cleaning and disinfection.
8. will likely close for a two-week self-quarantine all staff and students. Depending on guidance, this could involve specific classrooms or the entire center.
9. the identity will remain confidential to other staff and CPDC families. CPDC will notify the individual classroom or others as advised by licensure and the department of health.

HIGH RISK GROUPS

Families and staff in high risk groups are strongly encouraged to speak with their medical provider to access their risk before returning to work or care. People of any age who have serious underlying conditions should consider staying home if there is an outbreak in our community.
POTENTIAL CHANGES

A. First, please note you are sending your child to a university laboratory preschool. This means we strive to be excellent stewards of information and have a great responsibility to follow best practices, guidelines, and protocols. We have a huge amount of oversight from all types of regulatory agencies and accreditors.

B. It is likely during a pandemic that university and local shutdowns may be needed to control the spread of the disease. Please think about measures you will take to ensure childcare if you have essential duties outside of the home.

C. In the event of a national or local emergency or crisis, CPDC will make every effort to cancel payment contracts and will seek university approval when warranted to do so. Please see the changes on the COVID waiver. In the event MUW/CPDC closes to mitigate the spread of COVID-19 for longer than a two consecutive week period, parents are not required to pay tuition. If CPDC does close longer than two consecutive weeks’ payment plans will complete for the current month of service and payments will stop. No refunds will be issued. However, if CPDC is open, parents are required to pay tuition or risk forfeiture of their child’s spot on roster.

D. When reopening or at any time during the school term, CPDC may need to open with shorter hours or varied days, depending on depth of care and needs. Please also understand that we utilize university student worker supports. Long term closures may affect our ability to have additional staffing needed to reopen safely. Certain policies,

E. CPDC will make every effort of stay in contact and poll families to see needs. Please keep in touch with us and update us as needed.

F. CPDC will likely require a reopening waiver at every reopening due to the hazards of the disease or emergency.

G. We are limiting nonessential visitors and volunteers at this time.

OTHER POLICIES PER LICENSURE

Facilities must report all positive cases of COVID-19 to their licensing official. Positive reports include staff, students, and immediate family household members of the children or staff. Reports are to be made immediately once a case has been confirmed. If a positive case is suspected, based on symptoms, the individual must isolate until a test has been taken and results are received as negative or the recommended isolation time is completed.
How do I...

**...self-quarantine?**

STAY HOME for 14 days.
AVOID CONTACT with other people.
DON'T SHARE household items.
NOTIFY CPDC's Director.

SELF QUARANTINE, ISOLATE and SELF MONITOR and do NOT come to school if you or anyone in the immediate household has a test pending results.

**...self-monitor?**

BE ALERT for symptoms of COVID-19, especially a dry cough or shortness of breath.
TAKE YOUR TEMPERATURE every morning and night, and write it down.
CALL your doctor if you have trouble breathing or a fever (temperature of 100.4°F or 38°C).
DON'T seek medical treatment without calling first.
NOTIFY CPDC's Director with concerns.

**...practice physical distancing?**

STAY HOME as much as possible.
DON'T physically get close to people; try to stay at least 6 feet away.
DON'T hug or shake hands.
AVOID groups of people and frequently touched surfaces.
WEAR a mask & visor to prevent spread of potential infected droplets at CPDC

And practice great hygiene!

WASH your hands frequently • AVOID TOUCHING your face • DISINFECT frequently touched surfaces regularly

Learn more at [www.muw.edu/disease](http://www.muw.edu/disease)

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What if I have symptoms or tested positive for COVID-19?

1. Stay home and do not come to campus.
2. Call the CPDC director to make a report.
3. The CPDC director will notify a MSDH official and coordinate response with MUW campus and other CPDC families.

Adopted from MIT Medical 06/2020