

Christ the King Lutheran Preschool Safe Start Plan

revised: June 29, 2020

Preparing for Reopening in the Fall

- All staff will be trained in the health and safety protocols for Christ the King Lutheran Church and Preschool.
- Staff will be made aware of how to conduct health screenings, how to practice physical distancing, and what do to if someone develops symptoms of COVID-19.
- The preschool director will hire find additional substitutes and they will be made available in the event there are staff absences
- Flexible leave policies will be developed for staff should they become ill.
- Frequent and up to date information will be communicated with families and staff regarding the importance of staying home when sick, hand-washing, maintaining physical distance, and wearing cloth face coverings as appropriate.
- Parents will be made aware of the possibility of extended closures and have back up plans for care if they are unable to stay home from work. The Centers for Disease Control and Prevention (CDC) has developed [checklists for child care providers and parents](#) to help them prepare. These lists will be shared with parents.
- The preschool director will check to make sure that all appropriate regulations are being met, including physical space requirements, child-to-adult ratios, and background checks for staff.
- The director will ensure that the preschool will be able to meet all the COVID-19 public health guidance.
- Attendance will be taken daily as students and staff enter the building each morning on weekly attendance sheets. These attendance sheets will be saved in the preschool office for the duration of the school year (as is current practice) because they will make identification of close contacts easier should a case arise.
- Families will be encouraged to notify the preschool director if a child is going to be absent and why.

Preventing the Spread of Illness

- Exclude ill and high risk individuals.
- Any child, youth, or staff member who is sick must stay home. Symptoms of COVID-19 can be found on the CDC website. [Health District posters](#) listing these symptoms will be posted at all entrances.
- Staff should ensure they are fever-free and asymptomatic before leaving home and reporting for work. The [employee screening checklist](#) from Washington State Department of Health will be used. If staff do not have any symptoms of COVID-19 or other illnesses, they may report to work. While at work, if they develop fever (measured temperature >100.4 F or subjective fever), respiratory symptoms like a sore throat, cough, or difficulty breathing, or other symptoms of COVID-19 they should:
 - immediately self-isolate (separate themselves from others)
 - notify the preschool director; go home and stay home until 10 days after symptom onset or 72 hours after symptoms resolve, whichever is longer

- call their health care provider for further guidance and to pursue testing for COVID-19
- Conduct daily health checks of children and youth when they arrive.
 - Parents will be asked to check the child's temperature before leaving home or should bring a thermometer and take the child's temperature upon arrival at the program.
 - Health checks will take place outside the double-doors nearest to the preschool restrooms. Screening staff (usually the preschool director) will remain at least 6 feet away from the child and parent while conducting the screening and will wear a cloth face mask, plastic face shield, and disposable gloves.
 - At the health screening station, staff will use a no-touch digital thermometer to check the child's temperature prior to them exiting the car.
 - Staff will talk to the child and ask parents about symptoms, including cough, fever/chills, shortness of breath, difficulty breathing, sore throat, muscle or body aches, headache, fatigue, new loss of taste or smell, nausea, vomiting, diarrhea and any other symptoms of illness which may have begun since the last time the child was in attendance, or for the previous 3 days if the child's class has not met for a few days.
 - Children who pass the health screening will be allowed to enter the building through the open doors behind the screening station and immediately proceed to the bathroom to wash their hands, where preschool staff will be present at the restrooms to monitor and ensure students wash their hands adequately.
 - Children with symptoms will be sent home and stay home until 10 days after symptom onset or 72 hours after symptoms resolve, whichever is longer. If symptoms persist or worsen, the parent should contact the child's health care provider for further guidance.
 - Parents will be asked if anyone in the household has symptoms or if the child has been in close contact with a confirmed or suspected case of COVID-19 and whether the child was given any fever-reducing medications.
 - Ask parents at drop off if there are family members sick with symptoms consistent with COVID-19 at home. If yes, the child should also stay home.
 - Ill family members, those providing care for ill family members, or home care providers will not enter the building.
 - A separate space will be designated to isolate children who become ill with respiratory symptoms until families can pick them up. Children will be supervised at all times. While waiting to leave the program, the individual with symptoms should wear a cloth face covering or mask if tolerated. Preschool staff will air out and then clean and disinfect the areas the person was in after they leave.
 - Children at high risk for severe complications from COVID-19, such as those with compromised immune systems or respiratory conditions like severe asthma, should stay home. When in doubt, parents will be advised to consult the child's doctor for guidance.

- If there are any staff in high risk categories, including those age 60 or over, those with compromised immune systems, and those with underlying health conditions, they should consider staying home or being excluded from daily operations. Individuals should consult their health care provider and employer for further guidance.
- Children who have family or household members in high risk categories will be encouraged to stay at home to avoid spreading the disease to vulnerable individuals.
- The number of people who enter the preschool building will be limited to staff and students only. Visitors and volunteers will be restricted.
- A plan will be developed to hand off children to families at the entrance to the program space at the end of class, similar to parents dropping off children at entrance following health screening. If parents are ill, the child will not be admitted to the program and should return home with the parent.
- Child and employee attendance will be monitored, and employee leave policies will be made more flexible. Additional trained substitutes will be available to support employee absences.

Physical Distancing

- A system for drop off and pick up will be developed that keeps families physically distant from each other and reduces the need for families to enter the program space.
 - Drop off and pick up times for each class will be staggered by at least 15 minutes to eliminate congestion in the parking lot
 - Parents and children will remain in their vehicles, enter the cue through the North end of the North parking lot and form two lanes to eliminate congestion on the street (signs will help designate lanes). Cars will then proceed South towards the preschool to drop off and pick up children from their vehicles.
- 6 feet of physical distancing will be incorporated into many aspects of the preschool programming, as much as feasible. This includes:
 - Relocating all preschool classrooms to Fellowship and South Halls to make sure that 6 feet of physical distance can be maintained
 - Eliminating all large group activities
 - Limiting the number of children at each learning center or station in the classroom
 - Increasing the distance between children in circle time, meals and snacks, or during table work to 6 feet.
 - Incorporating activities that do not require close physical contact between individual children (ie: students having their own individual containers of play dough so they do not have to share)
 - Encouraging additional outside time when feasible
 - Opening windows frequently or adjusting the HVAC system to allow for more fresh air to enter indoor spaces
 - Mixing of children between classes will not take place. This includes cancelling the Lunch Buddies program and keeping classes separate for Chapel.

- Developing a plan to discourage the mixing of staff between classes
- Every effort will be made to keep children and staff consistent during the duration of the outbreak to help reduce the potential exposures and may prevent the entire program from shutting down if an exposure does occur. Ways to do this will include:
 - Keeping the number of children and staff in each group or classroom as low as possible per health district guidelines (current guidelines allow for groups of 22 people). Our Pre-K classes will have no more than 18 people total in a group (up to three adults and 15 children).
 - Keeping staff consistent within each group for the duration of the outbreak event and keeping the same groups from day to day (ie: Mrs. Outcalt's AM Pre-K class will stay together as a group Monday through Wednesday, and her 3's class will stay together as a group on Thursday and Friday).
 - Not combining groups for any reason, including opening, closing, and at Chapel.
- Alternating drop off and pick up times for each classroom or group to avoid a large number of people congregating outside.
 - Mrs. Albert's classes will start and dismiss at least 15 minutes later than Mrs. Outcalt's classes to allow time for cleaning bathrooms between groups and performing health checks
- Physically keeping groups separated in different spaces
- Having groups eat snack in their classroom or outside
- Thinking carefully about how staff breaks are managed. It is best if staff can be kept consistent within each group without the use of a float staff person. If a staff person who is not a normal part of the group must enter the group space to provide required breaks, it is important:
 - that any adult who is not a normal part of the group wash hands immediately upon entering and upon leaving the space
 - that any person providing breaks who is not a normal part of the group wear a cloth face covering at all times when they are in the group space
 - that timing is considered when bringing in adults who are not normally part of a group to minimize close interactions with children
 - that staff who are taking their breaks should keep a physical distance of at least 6' from other staff members who are not a part of their small group

Minimize the Spread of Germs

- Frequency of hand-washing and routine cleaning, sanitizing, and disinfecting will be increased throughout the day.
- Hand-washing will be required upon entering the program space, before eating, after time outside, after going to the bathroom, after helping children with toileting, after nose blowing or sneezing, and prior to leaving for home
- Staff will monitor children's hand-washing to make sure they are doing it effectively.
- When soap and water are not readily available, an alcohol-based hand gel with at least 60% alcohol (preferably fragrance-free due to allergies) will be used. Alcohol-based hand gel is not a substitute for hand-washing when hands are dirty, after toileting, or before eating. Per Snohomish Health District child care rules, parent

permission must be obtained prior to using alcohol-based hand gels, which will be reflected in the health waiver forms parents are required to sign.

- The potential for the spread of germs will be minimized in the environment by:
 - temporarily removing toys that are not easily cleanable such as stuffed animals and pillows, shared playdough and slime, and sand and water toys
 - removing sensory and water tables from use; individual containers labeled with a child's name are ok
 - providing children and youth with their own set of items to limit sharing of supplies, equipment, etc.
 - rotating the toys that are out at any one particular time so that they can be adequately cleaned and sanitized
 - temporarily suspending any class cooking activities and ensuring children are not sharing food with each other
 - staff wearing proper PPE (face mask and gloves) when preparing and distributing snacks. All snacks will continue to be store-purchased, unopened.
 - avoiding getting close to children's faces when comforting them (if they are crying)
 - encouraging physical activity that allows for adequate physical distancing and doesn't rely on materials that will need disinfecting
 - if groups of children are moving from one area to another in shifts (ie: the playground), clean and disinfect the area between groups
 - encouraging staff and children to not touch their eyes, nose, and mouth with unwashed hands and cover coughs and sneezes with a tissue and washing hands immediately afterwards
- The potential for the spread of germs will be minimized when playing outside by:
 - staggering outdoor time for each individual classroom or group of children
 - Cleaning and disinfecting outdoor toys between use by different groups
 - Using caution and limiting the number of children on/in the play equipment at one time.
- Cloth face coverings or plastic face shields must be worn by every staff member unless they are working alone at the child care in an office or vehicle. Doing so will better protect their own health, as well as the health of others they come in contact with, and will help them to lead the children by example.
- Children must wear cloth face coverings indoors and at all times when 6 feet of distancing is not possible.
 - Staff will enforce proper hygiene practices regarding face coverings by making sure children wash their hands or use hand sanitizer after touching their mask.
 - Staff will teach children the importance of wearing face coverings and develop lessons or activities to use with their students to support and encourage the wearing of face coverings with grace.
 - Children may remove cloth face coverings to eat and drink and when they are outdoors for recess, physical education, or other activities.
 - Anyone with a medical condition or disability which would make it hard to wear or remove a cloth face covering may wear a plastic face shield, or no mask, but must provide a doctor's note.

- All physical distancing and sanitation guidance must still be followed and face coverings must be cared for properly.

Cleaning and Disinfection Protocols

- Normal cleaning, sanitizing, and disinfecting procedures throughout the day will be followed, per the Snohomish Health District's guidance.
- The frequency of cleaning/disinfecting high touch surfaces will be increased. This includes the classroom, bathrooms, playground, and other high touch surfaces.
 - Two children may use the bathroom at a time, provided masks are worn at all times.
 - Staff will clean door knobs, faucets, flush levers and other high touch bathroom surfaces throughout the day.
 - Classrooms will be cleaned between use. Specifically, after the AM Pre-K class dismisses, all high touch surfaces in the room will be cleaned and sanitized, carpets will be vacuumed (if applicable), and toys will either be rotated out, or sanitized prior to the PM Pre-K class entering.
 - Thorough cleaning and disinfection of high touch surfaces will be conducted each night after the children leave.
 - Due to the increased cleaning demands, consideration will be made to compensate staff for extra hours spent cleaning.
 - Current guidance for environmental cleaning and disinfection can be found on the [CDC's website](#). This guidance specifies that disinfectants used should be registered by the EPA for emerging pathogens (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) or, if a bleach water mixture is used, the disinfectant (green label) should be mixed at a concentration of 4 teaspoons per quart. This higher level of bleach disinfecting solution can replace the normal diapering/bathroom solution at this time. The disinfectant should be used on high touch surfaces throughout the day when children are not in the immediate area and when proper ventilation can be ensured. Surfaces must remain wet for at least 1 minute.

What to do if There is a Confirmed or Suspected Case Associated with the Program

- To prepare for the potential of children or staff showing symptoms while at the program, a response and communication plan will be put in place that includes communication with staff, families, and Snohomish Health District.
- If Christ the King Lutheran Preschool experiences a confirmed case of COVID-19 among its population, or is having a high rate of absenteeism (more than 10%) due to symptoms consistent with COVID-19, the director should contact the Snohomish Health District for guidance.
 - Depending on the extent of exposure, part or all of the program may need to close at least temporarily (e.g., for 14 days, or possibly longer if advised by local health officials). The duration may be dependent on staffing levels, outbreak levels in the community, and severity of illness in children or staff.
 - It is important to prevent children or staff moving to another room or class, potentially exposing others.

- Those individuals who were in close contact with a confirmed case (such members of the case's small group) will need to quarantine for 14 days. If an individual with confirmed or suspected COVID-19 spent minimal time (i.e. 15 minutes or less) in contact with others in the program or if there are multiple individuals who were close contacts of a known case who spent time in the program but were not symptomatic, the program may consider closing for 2-5 days to do a thorough cleaning and disinfecting and check for ill individuals and should contact Snohomish Health District for further guidance.

Returning to a Program After Suspected Signs of COVID-19

- A staff member, child, or youth who had signs of suspected or confirmed COVID-19 can return to a program when:
 - At least 3 days (72 hours) have passed since recovery – defined as no fever without the use of medications and improvement in symptoms AND at least 10 days have passed since symptoms first appeared
 - OR it has been at least 3 days (72 hours) since recovery, they have had no contact with a known COVID-19 case, AND a health care professional provides a note that the child does not have suspected or confirmed COVID-19 and may return to care. A negative COVID-19 test serves this purpose.
 - The Snohomish Health District FAQ document has additional information and scenarios for when an ill child or staff person can return.

What to do if One Thinks He/She May Have Been Exposed or May be Sick with Coronavirus

- [This document](#) from the Snohomish Health District provides guidance on what to do if one is exposed to someone with COVID-19
- The Washington State Department of Health also has developed guidance for various situations.