

COVID-19 Preparedness and Response Plan

Name of CBO: Northwest Michigan Community Action Agency

Address: 3963 Three Mile Rd. Traverse City MI 49686

Name of Intermediate School District:

This plan will be followed for all NMCAA classrooms. NMCAA coverage area includes the following ISDs: Wexford-Missaukee, Traverse Bay Area, Charlevoix-Emmet, and COOR.

Directions: After considering required and Strongly required details, in the space available describe your practice/procedure you plan on implementing.

xxxxxx shall submit a completed Preparedness Plan (Executive Order 2020-142) to the ISD by August 15, 2020. The Preparedness Plan must be posted on xxxxx website home page no later than August 17, 2020.

Preparedness Plan Assurances

xxxxxxxxxx agrees to meet the following requirements of Executive Order 2020-142. xxxxxxxxx Assures that:

- When schools are closed to in-person instruction, the agency must strive in good faith and to the extent practicable, based upon available resources, technology, training, and curriculum as well as the circumstances presented by COVID-19, to provide equal access to any alternative modes of instruction to all children and families.
- While any state of emergency or disaster related to the COVID-19 pandemic continues, it shall comply with guidance from the United States Department of Education, including its Office of Civil Rights and Office of Special Education and Rehabilitative Services, and the Michigan Department of Education concerning the delivery of alternative modes of instruction to students.
- During **Phase 1, 2, or 3** of the ***Michigan Safe Start Plan***
 - Will suspend in-person student instruction and close its buildings to anyone except: (a) employees or contractors necessary to conduct minimum basic school operations consistent with a Preparedness Plan, necessary to facilitate alternative modes of instruction. (b) Food-service workers preparing food for distribution to students and their families. (c) Licensed child-care providers and the families that they serve, if providers follow all emergency protocols identified by LARA.
 - Will suspend after-school activities, inter-school activities and busing of children
 - Will pay employees while redeploying staff to provide meaningful work in the context of the Preparedness Plan.

- Will continue to provide food distribution of food to enrolled children.
- During **Phase 4** of the ***Michigan Safe Start Plan***
 - Will prohibit indoor assemblies that bring together children from more than one classroom
 - Will cooperate with local public health department if confirmed case of COVID-19 is identified, and agrees to collect the contact information for any close contacts of the affected individual from two days before he/she showed symptoms to the time when he/she was last present in school.

Preparedness Plan

xxxxxxx must develop a COVID-19 Preparedness and Response Plan that is informed by Michigan's 2020-2021 Return to School Roadmap and **follow Guidelines for Safe Child Care Operations During COVID-19 provided by LARA** . In accordance with Executive Order 2020-142 a plan must include all of the following parts:

A. Phase 1, 2, or 3 of the *Michigan Safe Start Plan*

a. Social-Emotional Health:

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 or worry at the absence of their childcare provider, and some may act out toward other children. Children may require more verbal and non-verbal reassurance with eye contact to support their sense of safety. 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.

We commit to supporting our children in the following ways:

- Conscious Discipline Strategies
- Conscious Discipline Portal
- Mindfulness, focusing on breath and yoga
- MindYeti
- e-DECA / Clinical e deca
- Mental Health Referrals as needed

We will make the following resources available for staff and families to support children:

Crisis Parent and Caregiver Guide, from the Michigan Children's Trust Fund
 Talking with Children about COVID-19, from the CDC
 Helping Young Children Through COVID-19, from Zero to Thrive (includes Arabic and Spanish translations)
 Georgie and the Giant Germ, from Zero to Thrive and Tender Press Books

These links are available on www.nmcaa.net.

b. Remote Instruction: This is also the Continuity of Learning Plan submitted in April. You can up-date your current plan ensuring the following items are included in your plan and attach updated COL plan:

- i. Revise COL plans based on lessons learned and feedback from parents and teachers.

Education Coaches will:

- Connect with teachers to gauge needs, concerns
- Monitor the School Readiness Plan to ensure teaching staff are using quality resources
- Have monthly recap meetings with each individual teacher
- Conduct weekly Zoom meetings with each team.

During these connections information from teachers/families may be collected and considered for potential COL plan updates.

Updates to COL plans will also be discussed as program data is examined and the effectiveness of practices are discussed at the Coordinator and Management team levels.

- ii. How you will deliver high-quality instructional materials that align with best practices and promote engagement, consistency, and individualization for child/family.

NMCAA programs will use the following tools/resources:

- Creative Curriculum
- Your Journey Together
- Ready Rosie
- Online Learning Platform (chosen from list of preapproved options)
- Lesson Plan designed to support virtual learning option
- Your Journey Together

- iii. How you will screen every child in the first 45 days to understand where they are academically and to inform instructional decisions.

- NMCAA's chosen screener for virtual services is the ASQ.

- iv. Explain your process for ongoing monitoring of student progress and provide feedback to families.

- Families will engage in weekly conversations with teachers regarding their child's development and growth. Through these conversations, observations gathered during weekly class meetings, and other modes of communication with families (emailed videos, texts, pictures with captions, etc) teachers will complete TS Gold checkpoints, according to the regular schedule. Progress, as shown by the checkpoint,

will be shared with families in subsequent discussions, as they would during typical periods of service delivery.

- v. Describe your modes of communication with each family to share resources and resources for families to use at home.
 - Family Engagement Specialists will work collaboratively with teaching staff to provide resources for families, according to their needs. Resource directories, individualized per county, are available for all families. Resource referrals are recorded in ChildPlus, the program database system, and are followed up on by the referring staff member.
- vi. Describe how you will monitor that families have adequate connectivity to successfully engage in programming and are participating in the programming on a daily basis. If any part of your remote instruction relies on electronic instruction describe how you will aid the families who lack access.
 - Families will be surveyed regarding their technology and connectivity needs. As GSRP funds allow, iPads (with or without data allowances) will be provided based on indicated need. Staff will continue to have conversations with families throughout the year to assess any new needs that may arise.

See also attached Continuity of Learning Plan. More in depth virtual learning plans are being developed and will be finalized prior to the start of the program year.

B. Phase 4 of the *Michigan Safe Start Plan* Safety Protocols:

a. Personal Protective Equipment:

Both cloth and disposable face masks will be provided for staff and children.

- Face masks always **must be worn** by staff **except** for at meals.
- Cloth masks will be washed daily.
- Disposable masks will be disposed of at the end of each day.
- Children, staff, and bus drivers must wear masks during school transportation.

Face Masks/Coverings for Children

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

- Cloth face coverings should never be placed on young children under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance.
- Children are not required to wear a mask or face covering in the classroom, though it is encouraged if tolerated.

- If we are housed in a school building, we will follow the School's Safety Policy. Children may be required to wear masks/face coverings outside of the classroom such as common areas (hallway, gym, etc).
- Some parents may prefer their child to wear a mask in the classroom. These situations will be discussed individually with the teacher.
- If children do wear masks, ensure children can remove the face covering without assistance.
- Teaching staff will not force a child to wear a mask.

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.

C. Hygiene:

a. 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 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 or going to the bathroom. It is also important to wash hands before preparing food or eating as well as after eating (or helping children do any of these actions).

D. Spacing, Movement and Access Changes to Our Physical Spaces

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

- Where possible, dividing large group spaces into smaller ones to allow more children to safely use the space (for example, using child sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children).
- 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 of children.
- Rearranging classroom areas to seat children as far apart as reasonably possible and limiting the number of children sitting together.
- Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
- Ensuring all water systems and drinking fountains are safe following CDC guidelines.
- Ensuring ventilation systems operate properly and increasing circulation of outdoor air as much as possible (for example, keeping windows and doors open to the extent that this does not pose safety risks).

Availability of Toys and Classroom Materials

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

- We will remove toys and objects which cannot be easily cleaned or sanitized between use.
- Cloth toys will be used by one individual at a time and laundered before being used by another child.
- Toys will be washed and sanitized before being moved from one group of children to another.
- Water and sensory containers will be used by individual children and labeled with each child's name.

Mealtimes

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

- We will space seating as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging seating.
- 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. Staff will wear gloves to dish out and serve food.
- Staff and children will wash hands before and immediately they have eaten.
- Staff and children will not brush teeth at school until further notice.

Naptime

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

- Using bedding (sheets, pillows, blankets) that can be washed.

- Bedding that touches a child's skin will be cleaned weekly.
- Storing each child's bedding in individually labeled bins, cubbies, bags, or in a way that sleeping surfaces do not come in contact with other sleeping surfaces.
- Labeling each child's cot/mat.
- When possible, children will be placed head-to-toe (for example, one child with their head at the top of the mat, the next child over with their head at the bottom of the mat).
- When possible, children's rest time mats/cots will be spread out 6 feet apart. When not possible, mats/cots will be placed as far away from each other as possible.

If all children cannot fit in the classroom space consider implementing staggered school schedules with alternate dates of attendance or use of remote learning.

Describe planned school schedule during Phase 4.

In addition to providing service to 8 children face to face 4 days per week, NMCAA will also provide services to 5 additional children per classroom virtually. Alternating dates of attendance may be utilized for straight GSRP classrooms.

E. Screening Children and Staff:

Describe your screening and reporting positive cases protocol.

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

- A staff member will be responsible for asking families about child household members' symptoms and exposure questions.
- Screenings will take place according to site/location plan.
- Information will be collected according to site/location plan.

Maintaining Consistent Groups

During this time, we will maintain a group size of 8 children per classroom. To minimize potential spread of COVID-19, we will engage in the following best practices:

- To the extent possible, classrooms will include the same group of children and providers each day.
- Each group of children will be kept in a separate room.
- 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.
- Canceling or postponing field trips and special events that convene larger groups of children and families.
- Non-essential visitors, volunteers, and guests are not allowed to take part in classroom activities at this time.

- Limit parent visitors as much as possible. Parents are important to the program. We encourage parent participation, but at this time it is important to limit the number of people in the classroom.
- Essential visitors for classrooms may take part in classroom activities (for example, ISD Consultants, Mental Health Consultants, Licensing Consultants, NMCAA Employees-keep to a minimum when possible).
- 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.

* 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:

- Existing classroom staff, such as assistants and aides, will work in the classroom.
- Call substitutes for availability.
- Call Site Supervisor and Education Coach for classroom assistance.
- When all options have been explored, if required ratios cannot be sustained, class must be canceled.

Other policies related to minimizing exposure risks include:

- NMCAA will continue to monitor state and local recommendations regarding social distancing and group size gatherings.
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Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, staff and families are required to answer several questions. Fever is the key indicator for young children. Cough and/or diarrhea in addition to fever is suggestive of Coronavirus.

When children arrive:

- Perform temperature checks. If a child's temperature is above 100.4 degrees, the child will be sent home.
- Ask parents:
 - Has your child been in close contact with a person who could possibly have or is experiencing symptoms of COVID-19?
 - Has your child been in close contact with a person who has COVID-19?
 - Has your child felt unwell in the last 3 days? (fever or chills, shortness of breath or difficulty breathing (without recent physical activity), continuous cough, fatigue, extreme fussiness, flushed cheeks, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, rash, nausea or vomiting, and/or diarrhea)

- A staff member will visually check the child for signs or illness, including the symptoms listed above.

If a parent answers yes to any of these questions:

- The child will be sent home.
- The parent should contact the child's primary care physician/medical provider for further guidance.
- A staff member should contact the local Health Department for further guidance.
- Refer to the Returning to the Program After Experiencing Symptoms section of this plan.

When staff arrive:

- Perform temperature checks.
- A screening questionnaire must be completed by all staff before being permitted to enter the workplace and must comply with any required screening processes required by the state and local jurisdiction in which the site is located.
- If a staff member fails the screening process, s/he should not report to work and should contact his/her supervisor.
- Staff will refer to the NMCAA Return to Work Plan.

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

- A staff member will be responsible for asking families about child household members' symptoms and exposure questions.
- Screenings will take place according to the individual site/location plan.
- Information will be collected according to the individual site/location plan.
- The confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances, except for instances in which NMCAA is legally required to report occurrences of communicable disease. When required, the number of persons who will be informed of an individual's condition will be kept at the minimum to comply with legally required reporting, assure proper care of the individual, and to detect situations where the potential for transmission may increase. NMCAA reserves the right to inform others (without disclosing the person's name) that an individual has been diagnosed with COVID-19 when others may have been exposed and need to take measures to protect their own health.

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

- If families are absent or otherwise off-site but experience exposure or symptoms, they should contact the classroom teacher and their primary care physician/medical provider. They may also be directed to contact the local Health Department.

- If staff are absent or otherwise off-site but experience exposure or symptoms, they should contact the Human Resources Director and their primary care physician/medical provider. They may also be directed to contact the local Health Department.

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 check their temperature each day before entering a NMCAA office/location or complete a home visit.
- Staff will re-check children's temperatures throughout the day if they appear ill or are "not themselves" (fever or chills, shortness of breath or difficulty breathing (without recent physical activity), continuous cough, fatigue, extreme fussiness, flushed cheeks, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, rash, nausea or vomiting, and/or diarrhea).
- Staff will also re-check their temperatures throughout the day if they experience similar symptoms.

Each child's temperature will be taken by: the designated staff member.

To minimize potential spread of illness while taking temperatures, staff will:

- Wear a disposable gown.
- Wear a face mask.
- Wear Goggles or face shield.
- Wear disposable gloves, which will be changed before the next check if physical contact with the child occurred.
- Use non-touch thermometers when possible.
- Disinfect thermometers that touch the skin between uses (for example, 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 100.4 degrees and/or symptoms (fever or chills, shortness of breath or difficulty breathing (without recent physical activity), continuous cough, fatigue, extreme fussiness, flushed cheeks, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, rash, nausea or vomiting, and/or diarrhea) they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (for example, 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).
- The child will wait with a designated staff member(s).
- The child and designated staff will wait outside or in a safe, isolated location.
- Child Information Records must be up-to-date with working emergency contact phone numbers.

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If no other caregiver is immediately available to be with children, the staff member will put on a cloth face covering (if not already on) and limit close interactions with children until they can be relieved by another staff member.
- 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 outside or in a safe, isolated location.

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 for next steps. Staff and families of children in care are also required to report to their child's teacher if they become symptomatic or receive positive COVID-19 test results. 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.

Returning to the Program After Experiencing Symptoms

Staff will refer to the NMCAA COVID-19 Preparedness and Response Plan for guidance.

If a child has a fever OR a continuous cough (but no other symptoms):

- At this time if a child has a fever or a continuous cough, they must be fever free for 72 hours (3 days) after symptoms resolve without the use of medicine that reduces fevers. Even if other symptoms are not present.

If a 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:

- **Child:**
 1. They have been fever-free for at least 3 days (72 hours) without the use of medicine that reduces fevers AND
 2. Other symptoms have resolved AND
 3. At least 10 days have passed since their symptoms first appeared.

- Teaching staff will work closely with the local health department to confirm timelines.

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:

- Existing classroom staff, such as assistants and aides, will work in the classroom.
- Call substitutes for availability.
- Call Site Supervisor and Education Coach for classroom assistance.
- When all options have been explored, if required ratios cannot be sustained, class must be canceled.

Other policies related to returning to care and work include:

- Refer to the NMCAA Employee Return To Work Plan.

F. Food Service, Gathering, and Extracurricular Activities:

Describe your Food Service, Gathering and Extracurricular Activities protocol.

Mealtimes

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

- We will space seating as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging seating.
- 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. Staff will wear gloves to dish out and serve food.
- Staff and children will wash hands before and immediately they have eaten.
- Staff and children will not brush teeth at school until further notice.

Outdoor Time

- 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.
- Field trips and special events that convene larger groups of children and families will be cancelled or postponed.

G. Cleaning:

Describe your Cleaning protocol.

Cleaning and Disinfecting Surfaces

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

- Cleaning/disinfecting of **high-touch surfaces every 4 hours** (for example, sinks, toilets, light switches, door knobs, counter and tabletops, chairs).
- Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (for example, grab bars, railings).
- Regular cleaning of **electronics** (for example, keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
- Use of a **schedule** for regular cleaning and disinfecting tasks.
- Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
- Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection.
- Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 60% alcohol
- 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.
- Staff will refer to the Cleaning, Sanitizing, and Disinfecting Guidance in the NMCAA Procedure Manual.

Cleaning and Disinfecting Toys

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

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

Other policies related to cleaning and disinfecting include:

- All classrooms will have access to sanitizing and disinfecting machines to assist in cleaning.
- Staff will refer to the Routine Center Cleaning chart in the NMCAA Procedure Manual.

H. Busing and Student Transportation:

Describe your Busing and Transportation protocol.

Where parents partner with public school transportation, school protocol will be followed. Families will self transport where busing is not available.

- a. Use of hand sanitizer and take the temperature of children and staff before entering the bus. Hand sanitizer must be supplied on the bus. (LARA page 10)
- b. Must wear mask while on the bus
- c. Clean and disinfect transportation vehicles before and after every transit route. Children must not be present when a vehicle is being cleaned.
- d. If a child is not allowed to board the vehicle, the child information record/emergency contact will be utilized to identify the appropriate contact.
- e. If a child becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above. Clean, sanitize, and disinfect equipment including items such as car seats, wheelchairs, walkers, and adaptive equipment being transported to schools daily.
- f. Weather permitting, keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- g. Weather permitting, consider keeping windows open while the vehicles is in motion to help spread of the virus by increasing air circulation, if appropriate and safe.

I. Mental & Social-Emotional Health:

Describe how you will support the social-emotional health.

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.

A designated staff member will be responsible for handling questions and outreach for families:

The staff responsible for handling questions and outreach for **staff**:

- Betsy Rees, Human Resources Director, 1-800-632-7334.

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 or worry at the absence of their childcare provider, and some may act out toward other children. Children may require more verbal and non-verbal reassurance with eye contact to support their sense of safety. 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.

We commit to supporting our children in the following ways:

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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.

We commit to supporting our staff in the following ways:

- Reflective Practice
- Self-Regulation Groups
- EAP
- Mental Health Referrals for overall classroom support and/or individual child/family supports
- Mindfulness Resources and Training Opportunities
- Self-Care Resources and Training Opportunities
- COVID-19 Safety Training

J. Instruction for In-Person or Hybrid

Describe the program model for instruction that will be implemented during Phase 4.

- a. Ensuring that hybrid or remote instruction includes:
 - i. Best practices
 - ii. Mode of student assessment
 - TS GOLD
 - iii. Differentiated support for children/families
 - Weekly lesson plans are developed for each family.
 - iv. Guidance around daily instructional time
 - TBD
 - v. A plan that ensures all families have connectivity and access
 - Families will be surveyed to assess technology and connectivity needs. According to survey results, and availability of GSRP funds, iPads will be distributed. Limited data will be provided as needed.
 - vi. A system to monitor and track families' online attendance on a daily basis.
 - TBD
 - vii. How will teachers assess the child's development during hybrid instruction
 - This will occur through the use of TS GOLD in partnership with families through weekly discussions and Zoom meetings.

- b. Follow Best Practices to Prepare Your Physical Space (page 4) provided by LARA: Guidelines for Safe Child Care Operations during COVID-19.

Describe your process of implementation:

Changes to Our Physical Spaces

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

- Where possible, dividing large group spaces into smaller ones to allow more children to safely use the space (for example, using child sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children).
- 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 of children.
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- Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
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- Cloth toys will be used by one individual at a time and laundered before being used by another child.
- Toys will be washed and sanitized before being moved from one group of children to another.
- Water and sensory containers will be used by individual children and labeled with each child's name.

K. Communications and Family Support: Strongly Recommended

Describe your protocol for communicating with families.

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.

C. Phase 5 of the Michigan Safe Start Plan Safety Protocols:

Personal Protective Equipment: Strongly Recommended

Describe your Personal Protective Equipment protocol.

Face Mask/Coverings for Staff

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

Teaching staff are not required at this time to wear a mask, though encouraged if tolerated, when with their consistent group in the classroom. Staff should wear their face covering at all other times when in common areas at the facility. We will follow more stringent guidelines as directed by the MI Safe Schools: Michigan's 2020-21 Return to School Road Map according to the phase. NMCAA will also comply with other state and local orders related to COVID-19.

Face Masks/Coverings for Children

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

- Cloth face coverings should never be placed on young children under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance. Children are not required to wear a mask or face covering in the classroom, though it is encouraged if tolerated.
- If we are housed in a school building, we will follow the School's Safety Policy. Children may be required to wear masks/face coverings outside of the classroom such as common areas (hallway, gym, etc).
- Some parents may prefer their child to wear a mask in the classroom. These situations will be discussed individually with the teacher.
- If children do wear masks, ensure children can remove the face covering without assistance.
- Teaching staff will not force a child to wear a mask.

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.

L. Hygiene:

Describe your Hygiene protocol.

Protocol is consistent with description in phase 4 (above).

M. Spacing, Movement and Access:

Describe your Spacing, Movement, and Access protocol.

Protocol is consistent with description in phase 4 (above).

N. Screening Children and Staff:

Describe your screening and reporting positive cases protocol.

Protocol is consistent with description in phase 4 (above)

O. Food Service, Gathering, and Extracurricular Activities:

Describe your Cleaning protocol.

Protocol is consistent with description in phase 4 (above), except that cleaning/disinfecting of high touch surface areas will occur daily.

P. Busing and Student Transportation: Strongly Recommended

Describe your Busing and Transportation protocol.

Protocol is consistent with description in phase 4 (above).

Q. Instruction for In-Person or Hybrid

Describe the program model for instruction that will be implemented during Phase 5.

Protocol is consistent with description in phase 4 (above).

Describe your process of implementation.

Protocol is consistent with description in phase 4 (above).

R. Communications and Family Support: Recommended

Describe your protocol for communicating with families

Protocol is consistent with description in phase 4 (above).

D. Phase 6 of the Michigan Safe Start Plan Safety Protocols:

Describe any protocol you may additional plan for Phase 6 (if any).

Refer back to normal program operations.

Responding to positive tests:

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 100.4 degrees and/or symptoms (fever or chills, shortness of breath or difficulty breathing (without recent physical activity), continuous cough, fatigue, extreme fussiness, flushed cheeks, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, rash, nausea or vomiting, and/or diarrhea) they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (for example, 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).
- The child will wait with a designated staff member(s).
- The child and designated staff will wait outside or in a designated safe, isolated location.
- Child Information Records must be up-to-date with working emergency contact phone numbers.

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If no other caregiver is immediately available to be with children, the staff member will put on a cloth face covering (if not already on) and limit close interactions with children until they can be relieved by another staff member.
- 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 outside or in the designated safe, isolated location.

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 for next steps. Staff and families of children in care are also required to report to their child's teacher if they become symptomatic or receive positive COVID-19 test results. 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.

Returning to the Program After Experiencing Symptoms

Staff will refer to the NMCAA COVID-19 Preparedness and Response Plan for guidance.

If a child has a fever OR a continuous cough (but no other symptoms):

- At this time if a child has a fever or a continuous cough, they must be fever free for 72 hours (3 days) after symptoms resolve without the use of medicine that reduces fevers. Even if other symptoms are not present.

If a 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:

- **Child:**
 1. They have been fever-free for at least 3 days (72 hours) without the use of medicine that reduces fevers AND
 2. Other symptoms have resolved AND
 3. At least 10 days have passed since their symptoms first appeared.
- Teaching staff will work closely with the local health department to confirm timelines.

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:

- Existing classroom staff, such as assistants and aides, will work in the classroom.
- Call substitutes for availability.
- Call Site Supervisor and Education Coach for classroom assistance.

- When all options have been explored, if required ratios cannot be sustained, class must be canceled.

Other policies related to returning to care and work include:

- Refer to the NMCAA Employee Return To Work Plan.