

**MONTESSORI SCHOOL OF CHAMPAIGN-URBANA  
COVID-19 RISK MANAGEMENT PLAN**

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## **I. OVERVIEW**

- A. The purpose of this plan is to provide the Montessori School of Champaign-Urbana (MSCU) with a framework for school preparedness planning and continued operation during a COVID-19 pandemic. The information and tools in this plan are adapted for the needs of MSCU staff, students, and community and will take into account the specific roles of each staff member of MSCU during a COVID-19 pandemic, to include:
1. Protocols and other requirements to promote health and safety during continued school operation for staff, students, families, and other stakeholders
  2. Staff responsibilities during both in-person and remote learning
  3. School operational policies during the COVID-19 pandemic

## **II. DOCUMENT ASSUMPTIONS**

- A. This document details what will be done in Phases 1-4 of the Restore Illinois Plan; it assumes that the plan for Phase 5 will be *“Back to pre-pandemic operations, with new health/hygiene protocols in place as appropriate per IDPH guidelines.”*
1. If distinctions are made between Phases 1-4 in any of the protocol areas, it will be denoted in the text.
  2. Phase 5 additions will be added where applicable. Per the CDC and IDPH return to school recommendations dated July 9, 2021, a layered approach to protect the unvaccinated should be adopted; this includes, masking, distancing, hand and respiratory hygiene, entry health screening, viral testing, and monitoring community COVID-19 outbreaks. Vaccinations for all eligible persons are recommended to prevent the spread of the SARS- CoV-2 virus.
- B. This document may be changed and amended as the COVID-19 situation evolves and more information becomes available about the SARS-CoV-2 virus which causes COVID-19.

## **III. CAMPUS ACCESS & PROGRAM DELIVERY**

- A. Full School Closure — If school buildings are closed by state mandate or public health decree:**
1. Selected staff will work from home.
  2. Access to buildings will be limited to staff only on a scheduled basis.
  3. Anyone on campus must wear a mask.
  4. No more than 2-3 staff members on campus at any given time and those staff will practice social distancing within the school. They must also wipe down spaces they came in contact with.
  5. School will work closely with local public health and government officials to determine when and under what conditions the campus can re-open. Remote learning may be offered for select groups.
- B. Limited childcare or Limited School (Numbers and restrictions subject to most current public health guidance)**
1. **(Phases 1-2)** 10 children or fewer per classroom; children of essential workers only.
  2. **(Phase 3)** 10 children or fewer for an initial 4-week period

- a. If Illinois is in Phase 3 or higher, the 10 children being served do not have to be children of essential workers.
- b. Numbers may expand to the following limits after initial 4-week period and approval of Reopening Plan by DCFS:
  - i. Toddlers = Maximum of 14 children with 3 staff
  - ii. 3-5 year olds = Maximum of 15 children with 2 staff
  - iii. School age children = Maximum of 15 children with 2 staff
- 3. 2 adults per classroom if possible in Phases 1-4; 1 adult per classroom at start/end of day ok as long as ratios are met (IDPH).
  - a. (DCFS) Each classroom must be afforded an additional qualified staff for the purpose of relieving primary staff. The additional staff must be qualified for the position being provided relief. The additional staff must be used between the same 2 classrooms.
- 4. Staff directly serving students on campus will report to school; other staff work from home.
- 5. Social distancing protocols in place, masks (and other PPE as necessary) must be worn by all individuals on campus.
- 6. Staff must report any signs of illness (self or students) ASAP. If symptoms for staff OR students begin during school hours, the situation will be reported to the office ASAP and the Staff/Student Illness Policy followed.
- 7. Families drop-off and pick-up outside; no entry to campus.

#### **C. School (Possibly Phase 4)**

- 1. Only limited numbers attend (expanded up to 17 toddlers and 18 all other programs if MSCU has been operating stably for 4 weeks under 10 student rule and its Re-Opening Plan has been approved), per current IDPH guidance (06/01/2020)
- 2. Staff directly serving students on campus will report to school; other staff work from home.
- 3. 2 adults per classroom if possible; 1 adult per classroom at start/end of day ok as long as ratios are met (IDPH)
- 4. Social distancing protocols in place, masks (and other PPE as necessary) must be worn by all individuals on campus.
- 5. Staff must report any signs of illness (self or students) ASAP. If symptoms for staff OR students begin during school hours, the situation will be reported to the office ASAP and Staff/Student Illness Policy followed. Families drop-off and pick-up outside; no entry to campus.

#### **D. Return to Normal Operations (Phase 5) with modified safety precautions**

- 1. All eligible students and staff should consider vaccination for COVID-19. Consult with CUPHD for vaccination eligibility and recommendations. Per the IDPH guidelines for daycare-centers, *because children younger than 5 years of age are not yet eligible for vaccination, there is a need to continue prevention measures for the foreseeable future. Even after day care providers and staff are vaccinated, everyone in a daycare setting should continue to practice preventative measures including wearing face coverings, physical distancing, and using other prevention strategies recommended by the CDC and IDPH.*
- 2. CDC, IDPH and DCFS guidelines will continue to be followed to minimize the risk of transmission of COVID-19 in our facility. This will include:

- a. masking of vaccinated and unvaccinated individuals
  - b. social distancing of 3-6 feet in classrooms, and other indoor spaces
  - c. continued disinfection of classrooms, shared surfaces and spaces
  - d. continued demonstrations on proper hand hygiene, PPE usage, cough and personal hygiene
  - e. continued parental and personal health assessments prior to entrance in the facility
  - f. limited entrance to non-essential personal
  - g. continued cohorting and staffing recommendations by DCFS/licensing agency
  - h. guidelines for reporting, follow up and tracking illnesses and absences will continue, as well as recommendations for testing and vaccinations per CUPHD/IDPH return to school guidance.
3. All newly adopted protocols for safety must be followed.

#### **IV. ILLNESS & HEALTH MANAGEMENT**

##### **A. School Illness Prevention Approach**

###### *1. Intensified School Wide Focus on Health & Hygiene*

- a. Signs shall be posted throughout the facility describing ways to prevent the spread of germs and the informational content shared with students
- b. Daily health screening — Self screening or parental screenings for children is recommended for persons entering the facility and will be required upon arrival at school.
  - i. Persons who display signs of illness, feel feverish/warm to touch, or have fever of 100.4°F or above must not enter the facility as per CDC and local public health guidance. Symptoms include: new onset of moderate or severe headache, new cough, shortness of breath, sore throat, fatigue from unknown cause, vomiting, diarrhea, new loss of taste or smell, muscle or body aches from unknown cause. In addition, information regarding close contact with anyone suspected or a confirmed Covid-19 positive test, if they have been instructed to isolate or self- quarantine, or if they have taken any medication to reduce a fever in the past 24 hours.
  - ii. Signage will be posted outside all entrances restricting entry to anyone with symptoms of illness or confirming any of the above.
- c. All students in all programs must sanitize hands upon arrival at the front entrance, wash hands immediately upon entering the classroom, and continue to handwash on a specified schedule thereafter (see specific protocols in Appendix A), supervised and assisted by the teacher.
  - i. Hand sanitizer, soap, and disinfectant readily available in all classrooms.
  - ii. While not an acceptable substitute for soap and running water, alcohol-based hand sanitizer shall be placed in every room and at the entrance to every room.
  - iii. Handwashing & hygiene for all (staff and students) emphasized and part of the regular curriculum and class schedule, including at the following times:
    - 01. Entry to and exit from the classroom
    - 02. Before and after contact with individuals
    - 03. After contact with contaminated surfaces and equipment

- d. Teachers check and explicitly teach, supervise, assist, and model proper hygiene and PPE wearing, including:
  - i. Mask wearing. Masks must be worn by ages 2 and up while anywhere on campus, except when eating, napping, or playing outdoors while maintaining social distance.
  - ii. Thorough and frequent handwashing according to CDC guidelines as specified in Appendix A.
  - iii. Avoidance of face-touching
  - iv. Social distancing strategies (i.e., keeping bodies to selves, etc.)
- e. Specific protocols will hold for facility cleanliness and food service, as described under “Facilities & Food Service”

## 2. *Isolation of Sick Students/Staff*

- a. Children who show signs of illness at school must be isolated immediately in the infirmary area and the “Student Illness Policy” (Appendix ) followed.
- b. Staff who are ill should be sent home immediately and the “Staff Illness Policy” (Appendix ) followed.
  - i. Primary: Previous staff lounge
  - ii. Elementary: Upstairs office
- c. Materials/Areas used by the sick student or staff member will be closed off immediately if possible and cleaned/disinfected 24 hours later.
  - i. If it is not possible to close off the area for 24 hours, the area will be cleaned and disinfected immediately so no other persons can come into contact with it prior to being cleaned and disinfected.

## 3. *Use of Personal Protective Equipment (PPE)*

- a. All individuals on or approaching campus are required to wear masks at all times, with the exception of staff/children eating at established mealtimes and children who are napping or playing outdoors while maintaining social distance.
  - i. Masks must be worn properly, covering the nose and mouth completely.
  - ii. Children ages 2 and up should wear a mask when they arrive at school and in the classroom at all times except when eating or sleeping.
    - 01. Parents should provide a minimum of 5 extra masks to be kept at school for their children.
    - 02. If a child’s home supply of masks runs out, MSCU will furnish a disposable mask for the child as needed until the family can replenish the child’s home supply.
  - iii. Best practices include replacing masks with fresh masks at the following times:
    - 01. When damp, wet, damaged, or no longer fits the face
    - 02. After removal for eating or other essential functions
  - iv. Parents should wear masks when exiting the car to drop off/pick up their child.
  - v. All vendors/volunteers who service the school must wear masks while on campus. If handling food or other easily contaminated items that will be given to children, they must wear gloves in addition to masks while handling the items.

- b. Gloves must be used by staff when serving food to children, diaper changing, and/or dealing with wounds. Frequent hand washing is required when gloves are not in use.
- c. Children and staff will change shoes on arrival or use shoe covers while indoors.
- d. MSCU will supply personal protective equipment (PPE), including, but not limited to, disposable face masks, face shields, and gloves for staff.

#### 4. *Social Distancing Measures*

##### a. Campus-Wide

- i. Individuals on campus maintain a minimum of 3ft away from one another at all times unless in emergency.
- ii. Families and other non-essential visitors do not enter facilities in Phases 1-5, in order to reduce the number of potential vectors coming into contact with children/staff.
  - 01. Drop-off and pickup only through the car line, following specific social distancing protocols; see “Drop-Off and Pickup Procedures” for more details.
- iii. Signs shall be posted at the entrances of both buildings. All essential visitors such as vendors and local officials entering the building are required to read them. They give clear and precise information on our COVID-19 policies and social distancing requirements for those entering MSCU facilities.
- iv. MSCU’s no-sharing policy for food, drink, and personal items will be continued across campus.
- v. Communications with staff, families (e.g., Parent-Teacher Conferences, etc.), Board members, vendors, and other stakeholders shall be held remotely whenever possible if needed.

##### b. Classrooms

- i. Each classroom will be a separate cohort unto itself
  - 01. There shall be no mixing of cohorts in any common areas or rooms on campus.
  - 02. There shall be no mixing of individuals within cohorts; children shall not move between cohorts. If for some reason a child needs to move to a different group, a transition plan shall be developed.
  - 03. Classrooms will implement multiple strategies to help children in each cohort try to maintain a minimum of 3-foot distance from each other. **CDC guidance states that in cohorts, students should maintain a minimum 3 foot distance from each other in areas of low, moderate, or substantial community transmission.** A distance of 6 feet should be maintained if cohorting is not possible, in areas of high community transmission, between adults in the school building (staff and teachers), and between adults and students, when masks can’t be worn (eating and sleeping), during activities when increased exhalation occurs (singing, band, sports, exercise) and in common areas.
  - 01. The number of students sharing tables during work time shall be limited to maintain physical distance.

02. Furniture and seating shall be moved to encourage students to face in the same direction when seated or have physical barriers between seats.
  03. Outdoor time will be used as much as possible.
    1. Cohort staff shall coordinate schedules if using outdoor areas so that cohorts do not mix in the same area at close intervals.
  04. Storage areas for personal belongings will not be used by multiple cohorts (e.g., one locker room may not be used between 2 different groups of students)
    - ii. Physical contact will be limited to as-needed basis. Prolonged physical contact should be avoided if possible. If tears/secretions from a child get on garments, the overgarment should be changed as soon as possible to avoid possible transmission to other children in the room.
- b. Outdoor Time
- i. Students stay in cohorts for outdoor time when possible.
  - ii. If cohorts mix on the playground, masking and social distance should be maintained as deemed necessary by administration, based on the severity of transmission levels of the current viral strain. Hand hygiene should be practiced before and after outdoor time.
  - iii. Assign playground toys to classroom cohorts to the extent possible.
  - iv. Outdoor play structures should be sanitized between groups.

## **B. Student Illness Policy (Phases 1-5)**

### *1. Family Policy*

- a. **Families should NOT send their children to school if in the last 48 hours they've had:**
  - i. Fever of 100.4F or higher, feel warm/feverish or show signs of illness or have taken medication to reduce a fever in the past 24 hours
  - ii. New onset of moderate or severe headache
  - iii. New loss of sense of taste or smell, vomiting or diarrhea
  - iv. Muscle or body aches from unknown cause
  - v. Shortness of breath, new cough, sore throat, fatigue from unknown cause
  - vi. Been instructed to quarantine or isolate
  - vii. Close contact (closer than 6 feet for at least 15 minutes in a 24 hour period) with a person who has COVID-19 or is/has been under testing/investigation for COVID-19 within the past 14 days
- b. **If a student becomes ill for any reason while at school, families must pick up within 30 minutes or send someone else who can do so.** After 30 minutes, the school will begin contacting emergency contacts to come pick up the child.
- c. **Families must immediately notify the school if someone in their home tests positive or if the child becomes a close contact with a positive case.**
  - i. Contact your child's primary care person if you think your child may have COVID-19 and consider getting them tested.

- ii. Contact the school administration and local health officials immediately and report the sickness and/or any possible exposure to COVID-19. These officials will help administrators determine a course of action for MSCU.
- iii. MSCU will report all positive cases related to the Toddler Program to DCFS.
- d. Section 407.310 of DCFS Code (Only pertains to our toddler program) requires that any child suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with persons suspected of or diagnosed with COVID-19 shall be excluded from the day care center until written documentation is provided by the child's physician and/or IDPH that the child is no longer communicable, is asymptomatic and may return to daycare. **Your child will be dismissed from school for 2-5 days pending the results of the test. You will need to provide a doctor note for your child to return to school. In order to be released from quarantine and receive a letter from CUPHD, individuals must email [coronavirus@c-uphd.org](mailto:coronavirus@c-uphd.org) with the following information: SUBJECT: Release from Quarantine. Full name, phone number, proof of negative test result, and the test collection date. Please refer to IDPH COVID-19 Interim Exclusion Guidance for the updated documentation required to return to school.**
- e. Parents will be expected to work with the local health officials and MSCU to determine appropriate next steps for their child, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.
- f. Contacts will be traced of those with confirmed illness.

2. *If a Student Becomes Ill on Campus with Fever/Respiratory Symptoms*

- a. They will be immediately isolated in the infirmary area of their building until they can be picked up.
- b. Families must pick up within 30 minutes or send someone else who can do so. After 30 minutes, the school will begin contacting emergency contacts.
- c. All areas (e.g., offices, bathrooms, common areas, etc.) and equipment/materials (e.g., tablets, touch screens, keyboards, remote controls, class materials, etc.) used by the symptomatic person must be cleaned and disinfected according to the following protocol:
  - i. Outside doors and windows will be opened to increase air circulation in the area.
  - ii. If not possible to close off the area or equipment/materials immediately, the area and/or items will be immediately cleaned and disinfected.
    - 01. Outside doors and windows will be opened to increase air circulation in the area.
    - 02. Cleaning and disinfection will be done according to CDC guidelines (Appendix A)

3. *Response to Reported COVID-19 Illness By Student*

- a. If a student/staff member tests positive for COVID-19, public health will be notified immediately and MSCU will follow public health guidance regarding possible closure of classrooms. Students may be asked to remain home for a minimum of 5 days. If public health requests for students in one or more classrooms to remain at home, any siblings who may be in non-affected classrooms will also be asked to remain at home for the same length of time or more.
- b. The IDPH COVID-19 Interim Exclusion Guidance decision tree will be followed to address the various scenarios and status of symptomatic and asymptomatic individuals, to help determine need for evaluation by a healthcare provider, guidance for return to school, guidance to determine quarantine for close contacts, and documentation required to return to school.
- c. The MSCU school community will be immediately notified via email of any positive COVID-19 cases in the school community, while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- d. MSCU will work closely with local public health officials to monitor absenteeism, do contact tracing of those with confirmed illness, and determine whether facility closure or extended school dismissal is appropriate in the event of any COVID-19 cases arising in the school community.
- e. MSCU will notify IDPH, CDC, and the local DCFS Licensing Office immediately upon being informed of exposure to COVID-19, by telephone and follow-up in writing to the local DCFS Licensing Office.

### **C. Staff Illness Policy (Phases 1-5)**

#### *1. Coming to Work*

- a. Employees, regardless of vaccination status, should not come to work if they are showing signs of illness at home. Vaccinated employees should follow the guidance recommended by the CDC and IDPH for close contact with a COVID-19 positive or probable case.
- b. Employees who show signs of illness upon arrival at work will immediately be sent home and encouraged to get checked by a physician as soon as possible.
  - i. Employees MUST report symptoms, even if they do not come into work. Employees should self assess for Covid-19 symptoms prior to arriving at work.
  - ii. Employees with signs of illness or symptoms of COVID-19, feel feverish/warm to the touch, have a fever of 100.4F or higher may not enter the facilities.

#### *2. If an Employee Becomes Ill on Campus with Fever/Respiratory Symptoms*

- a. Employees who become sick during the day will immediately be sent home and encouraged to get checked by a physician as soon as possible. A substitute will be provided to cover their shift.
  - i. Employees MUST report symptoms.
  - ii. Employees who cannot leave campus immediately must self-isolate in the infirmary area for their building and leave campus as soon as possible.

- b. All areas (e.g., offices, bathrooms, common areas, etc.) and equipment/materials (e.g., tablets, touch screens, keyboards, remote controls, class materials, etc.) used by the sick person must be cleaned and disinfected according to the following protocol:
  - i. Outside doors and windows will be opened to increase air circulation in the area.
    - 01. If not possible to close off the area or equipment/materials immediately, the area and/or items will be immediately cleaned and disinfected.
    - 02. Outside doors and windows will be opened to increase air circulation in the area.
    - 03. Cleaning and disinfection will be done according to CDC guidelines (Appendix A)

### 3. *Required Response to Positive COVID-19 Test for Employees*

- a. All eligible individuals are encouraged to get vaccinated. If a fully vaccinated individual becomes ill, the CDC and IDPH guidance should be followed. If an employee is confirmed to have COVID-19 infection, MSCU will inform fellow staff and families of their possible exposure to COVID-19 within 24 hours in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
  - i. Fellow employees should then self-monitor for symptoms (e.g., fever, cough, shortness of breath, sore throat, chest tightness, extreme fatigue, loss of sense of taste or smell, n/v or diarrhea, muscle aches, or headaches).
    - 01. Employees should not go to work if they feel sick and are experiencing any signs of illness. If employees are experiencing signs of illness they should stay home until their symptoms have improved and contact their primary care provider.
- b. Employees must report a positive COVID-19 diagnosis or exposure to a positive/probable close contact to the Champaign-Urbana Public Health Department and MSCU within 24 hours.
- c. Return to work/school guidance is determined using the IDPH COVID-19 Interim Exclusion Guidance for students and staff and may require any of the following:
  - i. additional testing
  - ii. release from isolation letter if received from public health department, provided by the parent/guardian, or staff person
  - iii. documentation of a negative PCR, or negative antigen test
  - iv. a medical note from healthcare provider indicating an alternate diagnosis if no clinical suspicion for COVID-19 infection
  - v. after a 5-10 day exclusion, for a student- a parent must present a note documenting that the student and /or household contacts are
    - 01. afebrile without fever reducing medication
    - 02. symptoms have improved

- vi. release from quarantine letter, if received from the public health department, and negative PCR lab result if applicable, provided by the parent/guardian or staff member, public health department notification to the school or other process implemented.

## V. **DROP-OFF & PICKUP PROCEDURES**

A. Families are encouraged to have the same designated person drop off and pick up the child every day.

### B. *Drop-Off Procedures*

1. Families are encouraged to maintain social distance and to **utilize the car line** to drop off their child at school. Walkers should wait for staff to complete screening before releasing their child to staff.
2. Drive up, stop car at designated point
  - a. One adult (wearing a mask) should help the child (also wearing a mask) exit the car and go to the staff member(s) at the door. Staffers will no longer be able to help the child unbuckle and exit the car; this must be done by a family member.
  - b. The adult should stay 6ft away from the staffer at all times by waiting at the designated wait point while the child is screened.
  - c. Adults should wait by the designated wait point until getting an all-clear to leave the child.
3. Families and non-essential persons may not enter the building during Phases 1-5. Dropoff must be done at the front entrance through the car line.
4. Families must observe proper social distancing when dropping off at the overhang
  - a. Tapes/signs will be on the floor to indicate where the child(ren)/families should stand.
  - b. Families must take turns and only one adult should exit the car at a time.
5. **Children will get their temperature checked and symptom screening upon arrival by a staff member at the front entrance of the building daily.**
  - a. Temperature will be taken. Parents should practice using hand sanitizer and checking temperatures with children at home so the process becomes familiar.
  - b. Children with signs of illness, a temperature of over 100.4 degrees, or who feel feverish/warm to the touch will not be allowed to enter the facilities.**
  - c. Entrance checklist, temperatures and any minor symptoms will be checked for each child
  - d. If cleared, and allowed to enter building
6. **If a child will be absent, parents must call ahead to report the illness.**

### C. *Pickup Procedures*

1. All families must utilize the car line to pick up their child from school.
  - a. Drive up, stop the car at designated point, one adult exits the car **wearing a mask** and waits at designated wait point.
  - b. Adults should stay 6ft away from staff at all times by waiting at the wait point to receive their child.

- c. Children will be escorted/sent individually from the classroom during pick up time.
  - i. Only the departing students in the hallway at a time or maximum number considered appropriate by IDPH for Restore IL Phase.
  - ii. We will strive to not mix children from different cohorts in the hallway.
- d. Families will not be permitted to be in the hallway during pick up time.
  - i. They must wait outside, observing tape/signs on the ground where to stand and observe appropriate social distancing measures between families.
- e. After pick up, staff will immediately clean and disinfect all high touch areas.

## VI. FACILITIES & FOOD SERVICE

### A. Facilities

#### 1. *Staff and CDC Handwashing and Personal Hygiene Protocols*

- a. Cleaning staff will wear disposable gloves and gowns for all cleaning tasks, including handling trash
- b. PPE should be removed carefully to avoid contamination of the wearer and surrounding area
- c. Hands should be cleaned often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds (follow hand washing protocol)
- d. Hand hygiene is essential: after blowing your nose, coughing, sneezing, using the restroom, on the playground, before eating/preparing food, after contact with animals/pets, before/after providing routine care for another person who needs assistance.

#### 2. *Intensified Cleaning, Disinfection, and Ventilation*

##### a. **Cleaning & Disinfection Expectations**

- i. Full campus, including all furniture, equipment, and touchpoints, will be disinfected each day.
- ii. ALL staff will be responsible for deep cleaning their own areas and classroom materials regularly on a daily basis.
  - 01. Each classroom will be given its own set of cleaning and disinfecting supplies.
  - 02. When cleaning, staff will:
    - 1. Put on gloves and wipe down doors, light switches, handles with disinfectant wipes.
    - 2. Wipe down and clean the classroom, focusing on high-frequency touchpoints.
    - 3. Ensure safe and correct application of disinfectants and keep products away from children.
- iii. All high-touch surfaces will be frequently sanitized as recommended in CDC guidance with disinfection solution as defined in DCFS Section 407.45
  - 01. Materials/Furniture that cannot be easily disinfected will be removed from classroom or replaced with easily disinfected substitutes (e.g., use wipeable mats instead of rugs)

02. All soft plush toys that can harbor germs and cannot be readily cleaned will be removed.
03. Toys or items that are mouthed shall be removed for sanitizing immediately. For infant and toddler children, teething toys shall be removed for sanitizing once discarded by a child.
04. Other high-touch surfaces throughout the school include:
  1. Areas used frequently
  2. Equipment used frequently
  3. Toys used frequently
  4. Door handles, light switches
  5. Phones, keyboards, computer mouse
- iv. A daily professional cleaning service will also be used in conjunction with the school's directed cleaning efforts for deep cleaning
- b. MSCU will ensure supply chain is stable for needed supplies such as gloves, masks, disinfectant, and antiseptic hand wash
  - i. Administrative staff will ensure stocks remain high of needed PPE and cleaning supplies
- c. MSCU shall ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors.
  - i. Staff shall not open windows and doors if doing so poses a safety or health risk (for example, allowing pollen in or exacerbating asthma symptoms) to children using the facility.
- d. MSCU shall take steps to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.
- e. MSCU shall follow CDC guidelines for timing and location of cleaning/disinfection of surfaces if there is suspected COVID-19 exposure (see protocols under "Illness & Health Management")

## B. Food Service

1. Tables used during consumption of food or beverages will be cleaned and disinfected before and after students eat.
2. Snacks shall be individually served to students, following proper food handling procedures with masks and gloves on.
3. Lunchtime will be set up, supervised, and cleaned up by staff in each classroom cohort. Cohorts shall not mix.
  - a. Family-style or buffet-style food service shall be avoided.
    - i. Food will be individually plated by cohort staff if serving school food.
    - ii. Children may bring their own meals as feasible in the Elementary building, while ensuring safety of children with food allergies
4. Extra care shall be taken with handling food and food service items
  - a. Staff who handle/serve food shall wear masks and gloves when handling the food.

- b. Individuals shall wash hands after removing gloves or after directly handling used food service items.
  - c. Disposable food service items will be used when it is practical to do so and will be handled with gloves; if non-disposable food service items are used, they shall be handled with gloves and washed with dish soap and hot water or in a dishwasher.
5. Food preparation works will be temporarily suspended in all classrooms until Illinois is in Phase 5.

## **VII. EXTRACURRICULARS, TRIPS, & EVENTS**

### **A. Extracurriculars**

- 1. All in-person extracurriculars to be assessed.
- 2. Online offered if possible

### **B. Field Trips & Travel**

- 1. All in-person field trips and travel to be assessed.
- 2. Online enrichment may be offered if available

### **C. Events**

- 1. (Phases 1-3) All in-person events to be assessed.
  - a. Events in line with social distancing (e.g., “MSCU Together” events in which families participate individually, observing social distancing guidelines) may be held
- 2. (Phase 4 Only) Group events of 50 or fewer may be allowed, pending IDPH guidance
  - a. Group events of 50 or fewer, following IDPH guidance, may be permitted under the “Restore IL” Plan
  - b. Events should still maintain social distancing as required by public health officials and state government.

## **VIII. COMMUNICATION PLAN**

### **A. Community**

- 1. Families will be informed of school news, pertinent calendar/schedule/rule changes, ongoing monitoring and important public health information, steps being taken by the school to prepare for possible COVID-19 cases in the community, any updates to the Return Plan, and any other relevant information via:
  - a. Email
  - b. Website
  - c. Social Media
- 2. MSCU will continue to share COVID-19-related, socio-emotional, and mental health resources to support the community as they become available.

### **B. Board**

- 1. The Head of School will continue to work together with the Board on calendar changes, program changes, and any school schedule changes.

### **C. Staff**

1. Staff will be kept apprised of developments in school direction or plans during a pandemic through multiple approaches:
  - a. Email and/or text messaging
  - b. Phone tree to check on staff well-being
2. Staff will be asked for input on return to school plan as applicable to their duties

D. Vendors

1. MSCU administrative staff shall update vendors with school opening status as applicable
2. New health and safety protocols and requirements for entry to campus will be shared with vendors as relevant

E. Local Health Officials

1. MSCU will coordinate with local health officials at each stage of response to possible COVID-19 in the community.
2. MSCU will share information from local health officials with the school community as required, beneficial, and/or requested/recommended.

F. Local and State Education Officials

1. MSCU will coordinate closely with local and state education officials to ensure compliance to state and local mandates for schools as related to COVID-19.

## References

### **Executive Order 2022-03 (1/11/2022)**

<https://www.illinois.gov/government/executive-orders/executive-order-executive-order-number-03.2022.html>

### **COVID-19 Exclusion Protocols (9/23/2021)**

<https://www.isbe.net/Documents/P-12-COVID-19-Exclusion-Protocols.pdf>

### **Revised Public Health Guidance for Schools (9/21/2021)**

<https://www.isbe.net/Documents/Updated-Public-Health-School-Guidance-9-21-21.pdf>

### **CDC: Delta Variant: What We Know About the Science (8/26/2021)**

<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html#:~:text=%E2%80%A2%20Fully%20vaccinated%20people%20with,the%20virus%20to%20others.>

### **Champaign-Urbana Public Health District: COVID-19 Testing Information**

<https://www.c-uphd.org/covid-testing.html>

### **Champaign-Urbana Public Health District: Coronavirus Information**

<https://www.c-uphd.org/champaign-urbana-illinois-coronavirus-information.html>

### **CDC: COVID-19 Symptoms**

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

### **CDC Coronavirus Disease 2019: Schools & Child Care**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

### **Center for Disease Control**

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/childcare-programs.html>

### **Champaign County: Best Practices for Re-Opening Your Business in the Age of COVID-19**

[https://champaigncountysafe.files.wordpress.com/2020/05/covid-19-re-opening-toolkit\\_may29.pdf](https://champaigncountysafe.files.wordpress.com/2020/05/covid-19-re-opening-toolkit_may29.pdf)

### **Disinfectants**

<https://www.spartanchemical.com/solutions/covid-19/faq-page/>

<https://www.spartanchemical.com/globalassets/solutions/covid-19/list-n-spartan-disinfectants-.pdf>

### **Environmental Protection Agency**

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

<https://www.spartanchemical.com/globalassets/solutions/covid-19/list-n-spartan-disinfectants-.pdf>

### **IDPH News Release 07/09/2021**

## **IL DCFS**

### **Montessori Public Policy Initiative**

<https://montessoriadvocacy.org/wp-content/uploads/2020/05/Reopening-One-Pager.pdf>

### **Reopening Child Care in Illinois, 05.22.20**

<https://www2.illinois.gov/sites/OECD/Documents/05.22.20%20Restore%20Illinois%20Child%20Care%20Guidelines.pdf>

### **Return to School Roadmap**

<https://returntoschoolroadmap.org/operations/school/>

## **The 74**

### **World Health Organization**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/strategies-plans-and-operations>

[https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52\\_4](https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4)

<https://www.who.int/teams/risk-communication/employers-and-workers>

## Appendix A: Handwashing and Disinfecting Protocols

### Handwashing

- Wash your hands often with soap and water for 20 seconds.
- Always wash immediately after removing gloves and after contact with an ill person.
- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

### Additional key times to wash hands include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

### When Someone is Sick

- Close off areas used by the sick person.
- Open outside doors and windows to increase air circulation in the area. Wait 24 hours (or as long as possible) before you clean or disinfect.
- Clean and disinfect all areas used by the sick person, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.

### How to Clean and Disinfect

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water prior to disinfecting. Practice routine cleaning of frequently touched surfaces.
- (CDC) For disinfection most common EPA-registered household disinfectants should be effective.
  - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

### *High touch surfaces include:*

- Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
- Disinfect high touch areas after cleaning surfaces with soap and water.
- Use approved disinfectants in the proper amounts. Always protect yourself by wearing gloves, goggles and a mask.

### Disinfecting Solutions

- Use diluted household bleach solutions if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted. Follow manufacturer's instructions for application and proper ventilation.  
**Never mix household bleach with ammonia or any other cleanser.**

- If disinfecting with alcohol, use alcohol solutions with at least 70% alcohol.
- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- Follow the instructions on the label to ensure safe and effective use of the product.

### **Laundry**

- For clothing, towels, linens and other items
- Wear disposable gloves.
- Wash hands with soap and water as soon as you remove the gloves.
- Do not shake dirty laundry.
- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces.

## **Appendix B: Personal Protective Equipment: Plan of Operation (DCFS)**

MSCU is committed to protecting staff and students through providing personal protective equipment (PPE) that can help reduce staff risk of contracting or transmitting the virus that causes COVID-19. The following PPE shall be provided at a minimum by the school for staff:

### **Storage of PPE**

- Each classroom and office will be stocked with a box of disposable face masks and latex gloves.
- Overgarments specific to the classroom will be stored in the classroom unless being washed/disinfected.
- Face shields, if used by the staff in the classroom, will be stored in the classroom as well unless being washed/disinfected.

Overflow supplies will be stored in the office, as well as the utility room in back of the kitchen.

### **Plan for Re-Order of Supplies**

- Each classroom will have a “PPE Re-Order List” kept next to the classroom’s PPE storage area. Staff will be responsible for filling out the form when approximately 2 week’s worth of PPE remains in their stores and submitting to the office.
- The office will re-order the requested supplies and send to the classroom.
- If the supply chain is slow, supplies will be taken from the overflow storage first and those will be replenished as new supplies come in

### **Inventory of PPE**

- Office staff will be responsible for checking overall inventory of supplies as they arrive at the school and keeping records to ensure each classroom receives its share of supplies.
- Staff in each classroom will be responsible for checking inventory daily and letting the office know when supplies are getting low (approximately 2 week’s worth of PPE remaining)

### **Staff Communication and Training on PPE**

- Staff will be informed of availability, location, and contents of PPE, along with protocols for requesting additional supplies, prior to the start of school at an orientation meeting.
- The orientation meeting will also cover proper use of the PPE provided, proper cleaning/disinfecting of non-disposable PPE, and other considerations related to the use of PPE

## **Appendix C: Summary of New Protocols and Expectations for Staff, Students, and Other Stakeholders**

### **Staff**

- ALL staff (faculty and admin) are expected to be responsible for deep cleaning their own work areas and classroom materials regularly on a daily basis. In the event of an A/B day plan, staff will be responsible for deep cleaning and airing out their classrooms during the day the school is closed.
- Staff are responsible for explicit teaching and supervision of frequent, thorough handwashing (including on entry and before exit of room), avoidance of face-touching, and social distancing strategies (i.e., keeping bodies to selves, etc.) per CDC guidance.
- Faculty expected to set up, supervise, and clean up lunchtime in their own classrooms.
- Elementary upstairs office will become infirmary area; no teacher use; admin use only.
- Primary staff lounge will become infirmary area; no teacher use; admin use only
- Parent-Teacher Conferences via phone or videoconferencing
- Administrative staff responsible for drafting and managing Return to School and Emergency Response, as well as pandemic response responsibilities
- Administrative staff responsible for securing supply chain for needed PPE and supplies
- Admin staff must monitor absenteeism for C-UPHD
- Admin staff responsible for entry screenings

### **Students**

- Ages 2 and up must wear masks at all times when on campus
- Will be placed in cohorts during Phases 1-4 and as deemed necessary in Phase 5; these cohorts will stay together for all meals, snacks, rest, and play periods.
- Must wash hands thoroughly upon arrival in classroom and as instructed throughout the day by teacher
- Will no longer do food preparation works or get their own lunch servings during Phases 1-4 and as deemed necessary during Phase 5
- Will be encouraged to maintain some forms of social distancing in the classroom, such as avoiding physical contact with others

### **Other Stakeholders (Families, Board, Volunteers, Vendors)**

- Families will need to provide multiple masks for children (minimum of 5 clean masks available at all times) and ensure that masks are washed daily so that children arrive at school with only clean masks
- Families must use the car line only for drop-off and pick-up during Phases 1-4 and Phase 5 as deemed necessary
- All non-essential visitors may NOT enter the building at any time without specific permission from administrative staff
- Families must ensure their children are willing and able to tolerate wearing a mask for the duration of their time at school
- Families must ensure that their children are willing and able to independently walk to/from the drop-off point to the staffed child screening point

**Appendix D:**  
**Key Updated Guidance from National and Local Officials**

## INTERIM GUIDANCE FOR CHILD CARE SERVICE PROVIDERS

**This document summarizes CUPHD's recommendations for Child Care Service providers during Phase 3 of Restore Illinois. This guidance will be reviewed and updated by CUPHD if our region moves Phases.**

- Child care programs that have been providing emergency care using an emergency license obtained from DCFS during Phases 1 and 2 of Restore Illinois will be allowed to operate under their non-emergency license, if they have one, and expand capacity as their region enters Phase 3.
- Child care programs that have been closed and will reopen in Phase 3 or 4 must develop a Reopening Plan that ensures they have revised operational and preparedness policies in place before opening. These newly reopened programs are required to operate at a reduced capacity for the first 4 weeks to support successful implementation of the heightened health and safety standards. After the initial 4 weeks, they may expand their capacity in accordance with the new group size limits that will remain in force throughout Phases 3 and 4 of Restore Illinois.
- In Phases 3 and 4, the use of child care centers and child care homes will no longer be restricted to children of essential workers.
- Perform daily health checks for all children, caregivers, staff, and visitors:
  - Symptom checks--person who displays signs of illness must not enter the facility
  - Temperature checks--persons with a fever of 100.4 or above or who feel feverish or are warm to the touch must not be admitted.
  - Have a separate area for staff or children who have symptoms where they can be isolated until they can go home.
- Testing is available at the Community Based Testing Site at Marketplace Shopping Center (2000 N. Neil St.). This site is open seven days a week, 8am-4pm.
- If a positive case is identified, CUPHD will work with the site to determine next steps.
- Require face coverings:
  - In hallways and when entering/exiting the facility for all persons over age 2.
  - In classrooms for children over age 2 to extent feasible.
  - In classrooms for staff.
- Frequently sanitize all high-touch surfaces as recommended in CDC guidance.
- Require physical examinations for children and staff as per licensing guidelines.



## Key Policies for All Licensed Child Care Centers and Homes in Phases 3 & 4

- All licensed child care programs that reopen or continue operation in Phases 3 and 4 must:
  - Follow all DCFS licensing rules, including new limits on group sizes
  - Follow all CDC and IDPH guidelines for child care programs
  - For child care programs that were closed during Phases 1 and 2, before reopening, develop and submit to DCFS a Reopening Plan that includes preparations for:
    - How to isolate children or staff who become sick
    - How to ensure substitutes are available in the event staff members become sick
    - What to do if a child or staff member tests positive for COVID-19, including:
      - Policy for reporting all positive cases to DCFS
      - Plan for reporting incidences of exposure to staff and families while maintaining privacy
      - Plan for a designated staff person to assist the local health department with contact tracing and monitoring of absenteeism among children and staff
      - Plan for working with the local health department to determine the need for facility closure

## Daycare Cohorts

- If your daycare facility is overseeing 10 or more children at a time: break up children into smaller cohorts (5-10 per group) and keep these same groups together everyday. If possible, keep cohorts separated in separate rooms. These groups should stay together for meals, snacks, rest and play periods.
- Staff should stay with the same cohort of children.
- Children in a cohort should still try to maintain a 6 foot distance from each other, and should keep entirely separate from other cohorts.
- Keep recesses, lunch and snack breaks, and other group activities separated by cohort, and keep children 6 feet apart.
- Staff should wear cloth face coverings while at work. Children above the age of 2 who can medically tolerate a cloth face covering, should wear one to the greatest extent possible.



### **Specific Requirements for Child Care Home in Phases 3 & 4**

- Licensed-exempt homes must return to their pre-COVID-19 group size limits. No more than 3 unrelated children will be permitted at one time.
- Licensed homes may reopen at the start of Phase 3
  - They must submit a Reopening Plan to DCFS
  - Capacity will be limited to the smaller of the program's licensed capacity or 10 children
  - Group day care homes must be able to keep children in separate groups of 10 or fewer children, up to their licensed capacity
- In order to reopen, all child care homes must:
  - Maintain stable cohorts of children each day
  - Be able to provide sleeping spaces separated by 6 feet

### **Specific Requirements for Child Care Centers in Phases 3 & 4**

- For the first 4 weeks of operation, centers must operate with reduced group sizes
  - Limited per room to serving 8 infants, 10 children in all other age groups
  - Emergency Day Care Centers licensed with an emergency license during Phases 1 and 2 that have been open for at least 4 weeks have already met this requirement
- Before expanding enrollment, programs must:
  - Review their Reopening Plan with their DCFS Licensing Representative
  - Have at least 50 square feet per child 2 years and older
  - Add a minimum of 4 square feet—beyond regular licensing requirements—of sleeping space per child for infants and toddlers to ensure cribs and cots can be placed 6 feet apart
- The expanded group size limit per room for Phases 3 and 4 are as follows: 8 infants, 12 toddlers, 12 two-year-olds, 15 children ages 3-5/15 school-aged children (limited to 10 children in programs with changing participants week-by-week)
  - 8 infants, 12 toddlers, 12 two-year-olds, 15 children ages 3-5
  - 15 school-aged children (limited to 10 children in programs with changing participants week-by-week)
- Ratios will remain the same as per licensing regulations



## Key Additional Policies for Centers in Phases 3 & 4 of the Restore Illinois Plan

- Child care programs must maintain stable groups of children at all times
- Staff must be limited to working with one group of children
  - A “floating” staff member is permitted between no more than 2 rooms if smocks/overgarments are changed between rooms
  - Qualified substitutes are allowed for days that staff are out sick/on vacation
- Programs should staff for at least 2 adults per classroom if possible
  - One staff person per room is permissible at the start/end of day as long as ratios are met
- Playgrounds located on the property must be used by one group of children at a time per defined area; no mixing of groups. Public playgrounds should not be visited.
  - Must allow time between groups using outdoor play structures, or sanitize between groups
  - Assign playground toys to classrooms to the extent possible
- Children and staff should change shoes upon arrival or use shoe covers while indoors



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## Coronavirus Disease 2019 (COVID-19)

### Childcare Programs

The gradual scale up of activities towards pre-COVID-19 operating practices at childcare programs is crucial to helping parents and guardians return to work. Many states have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs. CDC's [Interim Guidance for Administrators of US K-12 Schools and Childcare Programs](#) and supplemental [Guidance for Childcare Programs that Remain Open](#) provide recommendations for operating childcare programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by state and local authorities, childcare programs should be closed. However, childcare programs can choose to remain open to serve children of [essential workers](#) [↗](#), such as healthcare workers. All decisions about following these recommendations should be made locally, in collaboration with [local health officials](#) who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

### Scaling Up Operations

- **In all Steps:**
  - Establish and maintain communication with local and state authorities to determine current mitigation levels in your community.
  - [Protect](#) and support staff, children, and their family members who are at [higher risk](#) for severe illness.
  - Provide staff from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to childcare programs in lower transmission (later Step) areas and vice versa.
  - Follow CDC's supplemental [Guidance for Childcare Programs that Remain Open](#).
  - Encourage any other community groups or organizations that use the childcare facilities also follow this guidance.
- **Step 1:** Restrict to children of [essential workers](#) [↗](#).
- **Step 2:** Expand to all children with **enhanced** social distancing measures.
- **Step 3:** Remain open for all children with social distancing measures.

### Safety Actions

#### Promote [healthy hygiene practices](#) (Steps 1-3)

- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of [cloth face coverings](#) among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all staff on [proper use, removal, and washing of cloth face coverings](#).
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.
- Post signs on how to [stop the spread](#) [↗](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#) [↗](#), and [properly wear a face covering](#) [↗](#).

#### Intensify cleaning, disinfection, and ventilation (Steps 1-3)

- [Clean, sanitize, and disinfect](#) frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day and shared objects between use.
- [Avoid](#) use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.

- Ensure **safe and correct application of disinfectants** and **keep** products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- **Take steps** to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of **Legionnaires' disease** and other diseases associated with water.

## Promote social distancing

- **Steps 1 and 2**
  - Ensure that classes include the same group of children each day and that the same childcare providers remain with the same group each day, if possible.
  - Restrict mixing between groups.
  - Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
  - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
  - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
  - Space out seating and bedding (head-to-toe positioning) to 6 feet apart, if possible.
  - Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and **disinfect** in between uses.
  - If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils and ensure the safety of children with **food allergies** .
  - Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.
- **Step 3**
  - Consider keeping classes together to include the same group of children each day, and consider keeping the same childcare providers with the same group each day.
  - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
  - Continue to space out seating and bedding (head-to-toe positioning) to 6 feet apart, if possible.
  - Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - Consider continuing to **plate** each child's meal, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
  - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
  - Consider staggering arrival and drop-off times or putting in place other protocols to limit close contact with parents or caregivers as much as possible.
- **Limit sharing (Steps 1-3)**
  - Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and taken home each day and cleaned, if possible.
  - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
  - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
  - Avoid sharing of foods and utensils.
  - Avoid sharing electronic devices, toys, books, other games, and learning aids.
  - Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).

- **Train all staff (Steps 1-3)**
  - Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.

## Monitoring and Preparing

### Check for signs and symptoms (Steps 1-3)

- Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental [Guidance for Childcare Programs that Remain Open](#) and in [CDC's General Business FAQs](#) for screening staff.
- Implement health checks (e.g. [temperature checks and symptom screening](#)) screenings safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Employers and childcare directors may use examples of screening methods in CDC's supplemental [Guidance for Childcare Programs that Remain Open](#) as a guide.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

### Plan for when a staff member, child, or visitor becomes sick (Steps 1-3)

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible. Ensure [safe and correct application](#) of disinfectants, and keep disinfectant products away from children
- Advise sick staff members or children not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform those who have had [close contact](#) to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow [CDC guidance](#) if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for [home isolation](#).

### Maintain healthy operations (Steps 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).
- [Support coping and resilience](#) among employees and children.

#### Steps 1-3

- It is very important to check state and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Where a community is deemed a significant mitigation community, childcare programs should close, except for those caring for the children of essential workers, such as the children of health care workers.

In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.