

Child Care Facility

COVID 19 Health and Safety Plan Template

Each child care facility must create a COVID-19 Health and Safety Plan which will serve as the guidelines for the facility's COVID-19 child care activities. As with all emergency plans, the COVID-19 Health and Safety Plan developed for each child care facility should be tailored to the unique needs of each facility and should be created in consultation of guidance and policy issued by Office of Child Care and Department of Early Learning (OCDEL), Pennsylvania Department of Health (DOH), and comply with the Center for Disease Control and Prevention (CDC) guidelines. Given the dynamic nature of the pandemic, each plan should incorporate enough flexibility to adapt to changing conditions. The templates provided in this toolkit can be used to document a facility's COVID-19 Health and Safety Plan, with a focus on training and communications, to ensure all stakeholders are fully informed and prepared for aspects of phased-in reopening or continuing to operate with a waiver during COVID 19. OCDEL recognizes that many child care providers have developed and are currently implementing their plans, whereas others are in the beginning phases of developing their plan.

Though plans do not need to take the form of this template, providers should ensure that all elements of this template are included in their plans and adjust accordingly. A child care facility's COVID-19 Health and Safety Plan should be shared with all families and staff and posted in a conspicuous area. Child care facilities should also consider whether the adoption of a new policy or the modification of an existing policy is necessary to effectively implement the COVID-19 Health and Safety Plan.

Each child care facility should continue to monitor its COVID-19 Health and Safety Plan throughout the year and update as needed. All revisions should be shared with all families and staff and posted in a conspicuous area. Child care providers are not required to use this specific plan, but the following elements must be addressed in any plan format selected by the provider:

1. Screening procedures,
2. Child drop-off and pick-up policies,
3. Sick policies,
4. Mask policy, and
5. Cleaning/sanitation procedures.

Table of Contents

COVID-19 Health and Safety Plan..... 3

Health and Safety COVID-19 Coordinator..... 4

Key Strategies, Policies, and Procedures 4

Face Masks 4

 Cleaning, Sanitizing, Disinfecting and Ventilation..... 5

 Social Distancing and Other Safety Protocols 6

 Monitoring Children and Staff Health 8

 Other Considerations for Children and Staff 10

COVID-19 Health and Safety Plan Professional Development 11

COVID-19 Health and Safety Plan Communications 12

COVID-19 Health and Safety Plan Summary: 12

Face Masks 13

Facilities Cleaning, Sanitizing, Disinfecting and Ventilation..... 13

Social Distancing and Other Safety Protocols..... 13

Monitoring Children and Staff Health 14

Other Considerations for Children and Staff 15

COVID-19 Health and Safety Plan Affirmation Statement 16

COVID-19 Health and Safety Plan

All decision-makers should be mindful that if there are cases of COVID-19 in the community, there are no strategies that can completely eliminate transmission risk within a child care population. The goal is to keep transmission as low as possible to safely continue child care activities.

This planning tool is intended to guide those child care programs who are temporarily closed and planning how to reopen in the future. Programs already open and serving children and families can also use the tool to determine activities to improve or enhance health and safety protocol while operating under COVID-19.

Use the template to document your facility's plan to bring back children and staff, how you will communicate the type of reopening or operations with stakeholders in your community, and the process for continued monitoring of local health data to assess implications for child care operations and potential adjustments throughout the year. Some key questions to consider while developing your COVID-19 Health and Safety Plan:

- How do you plan to bring children and staff back to facilities, particularly if you still need social distancing in place?
- How will you develop and communicate drop-off/arrival procedures?
- How will you implement screening procedures?
- How will you implement routine disinfecting/sanitization procedures?
- How will you communicate your plan to your staff and families?

Depending upon the public health conditions in any county within the Commonwealth, there could be additional actions, orders, or guidance provided by the Office of Child Development and Early Learning (OCDEL) and/or the Pennsylvania Department of Health (DOH) impacting child care operations and causing them to cycle back and forth between less restrictive to more restrictive requirements which may occur as public health indicators improve or worsen. This means your facility should account for changing conditions in your COVID-19 Health and Safety Plan to ensure easy transition from more to less restrictive conditions in each of the phase requirements as needed.

- **This document is divided in two parts. Pages 4-12 are designed to guide plan responses, pages 13-16 are designed to be the consolidated Health and Safety Plan. Regardless of whether a facility chooses to use this template, the facility's Health and Safety Plan must be shared with staff and enrolled families. It is strongly suggested that the plan be posted in a location accessible to families and when possible posted on the facility website.**

Health and Safety COVID-19 Coordinator

Each child care facility should identify a person or persons responsible for health and safety preparedness and response planning during child care operations during the COVID-19 pandemic. The Health and Safety Coordinator will be responsible for facilitating the planning process, monitoring implementation of your COVID-19 Health and Safety Plan, and continued monitoring of local health data to assess implications for child care operations and potential adjustments to the COVID-19 Health and Safety Plan.

Key Strategies, Policies, and Procedures

Once your child care facility has determined to reopen and established a Health and Safety Coordinator, use the action plan templates on the following pages to create a thorough plan. Providers should utilize the direction discussed in the announcement, [Interim Guidance for Certified Child Care Facilities operating during the Novel Coronavirus Pandemic \(Announcement: C-20-06\)](#). For each section of the COVID-19 Health and Safety Plan, draft a detailed summary describing the key strategies, policies, and procedures your child care facility will employ to satisfy each area of the plan. The summary will serve as the public-facing description of the efforts your child care facility will take to ensure health and safety of every stakeholder in your child care community. Thus, the summary should be focused on the key information that staff, children in care, and families will require to clearly understand your COVID-19 Health and Safety Plan. You can use the key questions to guide your summary.

For each requirement within each domain, document the following:

- **Action Steps:** Identify the specific adjustments the facility will make to the requirement during the time period the programs is open or reopening. List the discrete action steps for each requirement in sequential order.
- **Lead Individual and Position:** List the person(s) responsible for ensuring the action steps are fully planned and the system is prepared for effective implementation.
- **Materials, Resources, and/or Supports Needed:** List any materials, resources, or support required to implement the requirement.
- **Professional Development (PD) Recommended:** In order to implement this requirement effectively, will staff, children, families, or other stakeholders require professional development?

In the following tables, an asterisk (*) denotes a mandatory requirement of the plan. All other requirements are highly encouraged to the extent possible.

Face Masks

Key Questions

- How will you ensure staff have accessibility to cloth face masks?
- How will you implement staff wearing cloth face masks?
- What protocols will you put in place to ensure staff are wearing masks throughout the day?
- In circumstance where children have been identified to wear face masks, how will you implement?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD (Y/N)
* Use of face coverings (masks or face shields) by all staff and visitors	<ul style="list-style-type: none"> • Make sure masks are accessible to staff and visitors • If a staff/visitor is unable to wear a mask have a waiver signed by parent/guardian stating why the individual is unable to wear one. 	Lindsey Anderson Child Care Director	Masks	No
* Use of face coverings (masks or face shields) by children 2 years of age and older (as appropriate)	<ul style="list-style-type: none"> • Make sure masks are available to children 2 years old and older • If a child is unable to wear a mask have a waiver signed by parent/guardian stating why the child is unable to wear one. 	Lindsey Anderson Child Care Director	Masks	No

Cleaning, Sanitizing, Disinfecting and Ventilation

Key Questions

- How often will you implement cleaning, sanitation, disinfecting, and ventilation protocols/procedures to maintain children’s safety in care?
- What protocols will you put in place to clean and disinfect high-touch surfaces throughout an individual day?
- Which staff will be trained on cleaning, sanitizing, disinfecting, and ventilation protocols? When and how will the training be provided?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD (Y/N)
<p>* Cleaning, sanitizing, disinfecting, and ventilating, surfaces, and any other areas used by children in care (i.e., restrooms, drinking fountains, toys, hallways, and transportation)</p>	<ul style="list-style-type: none"> Classrooms and toys will be sprayed with Quat-64 when children go to lunch and with Microban at the end of the day. Cots and mats will be sprayed with Quat-64 at the end of nap time. Blankets and pillows will be taken home to be washed every Friday. Toys that are put in children’s mouth will be removed from play until they are cleaned with Clorox wipes and sanitized with Microban. 	<p>Lead Teachers: Nichole Ranck Danielle Herman Elise Wert</p>	<p>Quat-64 Clorox Wipes Microban</p>	<p>No</p>
<p>Other cleaning, sanitizing, disinfecting, and ventilation practices</p>	<ul style="list-style-type: none"> Classrooms will be cleaned and vacuumed every evening after the building has been vacated. 	<p>Custodians: Noah Estephania Julie Levi</p>	<p>Vacuum Quat-64 Washcloths</p>	<p>No</p>

Social Distancing and Other Safety Protocols

Key Questions

- How will child care spaces be organized to mitigate spread?
- How will you group children in care with staff to limit the number of individuals who come into contact with one another throughout the day?
- What policies and procedures will govern use of other communal spaces within the facility?
- How will you utilize outdoor space to help meet social distancing needs?
- What hygiene routines will be implemented throughout the day?
- How will you adjust transportation to meet social distancing requirements?
- What visitor and volunteer policies will you implement to mitigate spread?
- Will any of these social distancing and other safety protocols differ based on age?
- Which stakeholders will be trained on social distancing and other safety protocols? When and how will the training be provided? How will preparedness to implement as a result of the training be measured?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Child care space occupancy that allows for 6 feet of separation among children in care and staff throughout the day, to the maximum extent feasible or promotes social distancing through grouping	Not needed at this time. In case of children with COVID-19 symptoms, they will be isolated in the conference room, away from all other children.	Childcare Director: Brittany	Nap mat Blanket	No
Restricting the use of common areas, and consider serving meals in alternate settings such as where the child care is being provided	Children will eat meals in the classrooms. Bathrooms in the lobby will be used one class at a time, the toilets and sinks will be sanitized after each class. Changing tables will be sanitized after each use.	Lead Teachers: Nichole Ranck Danielle Herman Elise Wert	Quat-64	No
* Hygiene practices for children in care and staff including the manner and frequency of hand-washing and other best practices	Children and staff are to wash their hands: <ul style="list-style-type: none"> • Upon entering the building • Before and after consuming food • After using the restrooms • Before and after sensory bin/sand/water play 	Lead Teachers: Nichole Ranck Danielle Herman Elise Wert	Soap Water Paper Towels Hand Sanitizer (when unable to wash hands)	No
Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs	Handwashing signs are posted in all bathrooms. When someone in the building tests positive for COVID-19 a sign is hung on the front door stating there has been exposure to COVID-19.	Childcare Director: Brittany Coder	Paper Ink Printer	No
Identifying and restricting non-essential visitors and volunteers	When there are 3 or more positive cases of COVID-19, visitors are not permitted in the classrooms and parents must drop-off at the front desk.	Childcare Director: Brittany Coder	N/A	No
Handling outdoor play consistent with the CDC Considerations	All outdoor play equipment will be disinfected and sanitized after each class's use.	Lead Teachers: Nichole Ranck Danielle Herman Elise Wert	Microban	No
Limiting the sharing of materials among children in care	When there are 3 or more positive cases of COVID-19, classes will remain in their classrooms without combining or sharing gross-motor play time indoors or outdoors.	Lead Teachers: Nichole Ranck Danielle Herman Elise Wert	N/A	No

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Staggering the use of communal spaces and hallways	Each class will have designated times to use the gym and playground to allow sanitization after use and drying before the next class uses the area.	Lead Teachers: Nichole Ranck Danielle Herman Elise Wert	Class schedules Microban	No
Adjusting transportation schedules and practices to create social distance between children in care	None at this time.	Childcare Director: Brittany Coder		No
Limiting the number of individuals in facility rooms and other facility spaces, and interactions between groups of children in care	<ul style="list-style-type: none"> Classrooms shall remain separated The Childcare Director and staff scheduled for a specific classroom should be the only staff to enter the classroom 	Childcare Director: Brittany Coder		No
Coordinating with local schools regarding transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars	The MWSO will contact us to notify us of any transportation changes for students.	Childcare Director: Brittany Coder		No
Other social distancing and safety practices	When Snyder County is in High levels of COVID-19 masking is required for all staff and children 2 and above. In Medium level, masking is required for staff and highly recommended for children.	Childcare Director: Brittany Coder	PPE	No

Monitoring Children and Staff Health

Key Questions

- How will you screen children, staff and others who interact with each other to ensure they are healthy and not exhibiting signs of illness?
- Where will the screening take place?
- When and how frequently will you monitor the health of children, staff and others who interact with each other throughout the day to ensure that they continue to be healthy and do not exhibit new signs of illness?
- What is the policy for quarantine or isolation if a staff and/or child becomes ill or has been exposed to an individual confirmed positive for COVID-19?

- What conditions will a staff or child confirmed to have COVID-19 need to meet to safely return to the facility?
- Which staff will be responsible for making decisions regarding quarantine or isolation requirements of staff or children?
- When and how will families be notified of confirmed staff or child illness or exposure and resulting changes to the COVID-19 Health and Safety Plan?
- Which person will be responsible for reporting suspected or confirmed cases of COVID-19 to the Department of Health and Child Care Certification?
- Which persons will be trained on protocols for monitoring children and staff health? When and how will the training be provided? How will preparedness to implement as a result of the training be measured?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
<p>* Monitoring children and staff for symptoms and history of exposure</p>	<ul style="list-style-type: none"> • Parents will be asked to take their child’s temperature at home every morning. If the temperature is 100.4°F or above the child is not to attend. • When Snyder County is in High levels of COVID-19, parents must answer the questions prompted on the check in screen 	<p>Childcare Director: Brittany Coder</p>	<p>Check-in kiosk Thermometer</p>	<p>No</p>
<p>* Isolating or quarantining children, staff, or visitors if they become sick or demonstrate a history of exposure</p>	<ul style="list-style-type: none"> • Individuals exhibiting fever, chills, shortness of breath, new cough, or new loss of taste or smell will be quarantined with their family members in the conference room until a parent or an approved individual picks up the child or staff member. • While waiting for a sick child to be picked up, the caregiver should remain as far away as safely possible from the child (preferably 6 feet) while maintaining supervision. The caregiver should wear a cloth face covering. If the child is over the age of 2 and can tolerate a face covering, the child should also wear a cloth face covering. • The caregiver and child will isolate in the conference room away from all other children and staff. 	<p>Childcare Director: Brittany Coder</p>	<p>PPE</p>	<p>No</p>

<p>* Returning isolated or quarantined staff, children, or visitors to the facility</p>	<p>Individuals with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:</p> <ul style="list-style-type: none"> • At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, • At least 5 days have passed since symptoms first appeared. 2). <p>Individuals who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:</p> <ul style="list-style-type: none"> • Resolution of fever without the use of fever-reducing medications and • Improvement in respiratory symptoms (e.g., cough, shortness of breath), and • Negative COVID-19 test results from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens). <p>Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:</p> <ul style="list-style-type: none"> • At least 5 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. <p>Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home, but later developed symptoms may discontinue isolation under the following conditions:</p> <ul style="list-style-type: none"> • Negative COVID-19 results from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens). 	<p>Childcare Director: Brittany Coder</p>		<p>No</p>
<p>* Notifying staff and families of suspected or confirmed cases of COVID-19</p>	<ul style="list-style-type: none"> • Parents/guardians and staff members will be notified through Brightwheel if an individual who was in the building has tested positive. A sign will be posted on the front door if there was a confirmed case in the facility along 	<p>Childcare Director: Brittany Coder</p>	<p>Computer/Smart Phone/iPad Paper Ink</p>	<p>No</p>

	with the date of the confirmed case.			
*Reporting to DOH and Certification	<p>If there is a confirmed case of COVID-19 in the facility, DHS will be notified immediately with the following information:</p> <ul style="list-style-type: none"> • The name of the facility • The address of the facility including the county • The number of cases • Identify if the positive case is a staff person, household member (of a GCCH or FCCH), child, or family member 	Childcare Director: Brittany Coder	Computer Telephone	No
Other monitoring and screening practices	<p>Any child with a fever of 100.4°F or higher will be sent home and cannot return until they are fever free without fever-reducing medicine for 24 hours.</p> <p>Children that are lethargic, not participating in regular activities, or fatigued, will be sent home until they are able to fully participate in regular activities.</p>	Childcare Director: Brittany Coder	Phone Computer/iPad	No

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Notifying staff and families of facility closures	Parents will be notified through Brightwheel message if the facility is to close.	Childcare Director: Brittany Coder	Computer/Smartphone/iPad	No

Other Considerations for Children and Staff

Key Questions

- How will you determine which staff are willing/able to return? How will you accommodate staff who are unable or uncomfortable to return?
- How will you determine which children are willing/able to return? How will you accommodate children who are unable or uncomfortable to return?
- What special protocols will you implement to protect children and staff at higher risk for severe illness?
- How will you address staff who are ill, or who have family members who have become ill?
- How will you ensure enough substitute staff are prepared in the event of staff illness? Have you considered applying for a Provisional Hire Waiver?

Summary of Responses to Key Questions:

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
* Protecting children and staff at higher risk for severe illness	<ul style="list-style-type: none"> • Staff who are unwilling/unable to return will be allowed to do so with their positions held for 3 months within a 12-month period. • Children who are unwilling or unable to return will have their spots held for up to 3 months within a 12-month period. • If a staff member or a family member becomes ill they will be asked to self-quarantine for a period of 5 days. They may return to work sooner if there are no symptoms and have a negative COVID-19 test result. 	Childcare Director: Brittany Coder		No
Unique safety protocols for children with complex needs or other vulnerable individuals	<p>None at this time.</p> <p>Follow doctor and parent recommendations.</p>	Childcare Director: Brittany Coder		No

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Strategic deployment of staff	Staff who are unwilling/unable to return will be allowed to do so with their positions held for 3 months within a 12-month period. Long-term substitutes will be hired to cover staff that are out for a long period of time.	Childcare Director: Brittany Coder		No

COVID-19 Health and Safety Plan Professional Development

The success of your plan for a healthy and safe reopening requires all staff, children (as age appropriate), and parents to be prepared with the necessary knowledge and skills to implement the plan as intended. For each item that requires professional development, document the following components of your professional development plan.

- **Topic:** List the content on which the professional development will focus.
- **Audience:** List the group(s) who will participate in the professional learning activity.
- **Lead Person and Position:** List the person or organization that will provide the professional learning.
- **Session Format:** List the strategy/format that will be utilized to facilitate participant learning.
- **Materials, Resources, and or Supports Needed:** List any materials, resources, or support required to implement the requirement.
- **Start Date:** Enter the date on which the first professional learning activity for the topic will be offered.
- **Completion Date:** Enter the date on which the last professional learning activity for the topic will be offered.

Topic	Audience	Lead Person and Position	Session Format	Materials, Resources, and or Supports Needed	Start Date	Completion Date

Topic	Audience	Lead Person and Position	Session Format	Materials, Resources, and or Supports Needed	Start Date	Completion Date

COVID-19 Health and Safety Plan Communications

Timely and effective family and caregiver communication about health and safety protocols and schedules will be critical. Facilities should be particularly mindful that frequent communications are accessible in primary languages and to all caregivers (this is particularly important for children residing with grandparents or other kin or foster caregivers). Additionally, facilities should establish and maintain ongoing communication with their certification representative or regional office.