**STANDARD OPERATING PROCEDURE**

**Tina’s Learning Center and Grace Care Center**

**Re-open on November 16, 2020**

**TLC with 25 Children and 4 staff**

**Grace Care with 43 children and 8 staff**

**Hours of Operation 7:00 a.m. to 6:00 p.m. Mon-Fri**

**50% Capacity**

**Preventing the Spread of COVID-19**

* Follow the Standard Operating Procedure, (parents will be given this SOP), small groups for easier control of social distancing, constant hand washing, sanitizing frequently touched surfaces, use of UV light, alcohol or hydrogen peroxide on surface frequently touched and on diaper changing surfaces, staff wear mask, face shield and disposable aprons , no entry for anyone other than staff and children. No tours for potential enrollments during weekdays, only after hours or weekends. Requesting staff, parents’ and children to stay home when feeling unwell. Staff and children shoes will be sprayed with cleaning agent and wiped on the bottoms so shoes can remain on feet thru the day. All get temperature checked on wrist area. All areas children use under constant sanitizing between and after use. In the event of close exposure center operation will close.
* Before returning to work, question all staff on wellness or if they have come in contact with anyone Ill or have someone close to them Ill or have been positive for Covid, or attended any social gathering that they may have been compromised or if they may have need for concern.
* All parents’ will be asked whether they are Ill or have been in contact with anyone Ill within household or workplace or have been to any social gathering which they may have any possible concern, to refrain from utilizing facility. Remind parents that children should be 100% well; no signs of runny nose, cough or excess sneezing, as we will not be able to provide care,

**Protocol for Positive Case Exposure while in operation**

**All within CDC recommendation.**

**Inform parents, staff, and Bureau of Social Service Licensing Officer.**

**When to close:**

If positive individual had close contact or within facility for more than 15 minutes.

If positive individual cares for children that have siblings in other groups.

If positive individual is a child with siblings in other groups.

If positive individual is a parent with children that are in more than one group.

**When to remain open:**

If positive individual was not in facility longer than 15 minutes.

If positive individual cares for children that do not have siblings in other groups.

**When closing is only option:**

All staff that were exposed will be tested at least 5 days after exposure to positive individual. Quarantine recommended for positive and or negative results.

Parents will be asked to monitor and quarantine self and children, Center will cover costs of testing, if parents’ wish to have their children tested.

Continue updating Bureau of Social Service Licensing officer, parents, and staff.

**When center remains open:**

Close off area used by positive individual, wait at least 24 hours before cleaning and sanitize the areas, such as bathrooms and common areas. Open doors or windows to allow for air flow.

If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

Continue routine cleaning and disinfection.

**Monitor and Plan for Absenteeism Among Staff**

Cover classes in the event of increased staff absences, by calling in part time staff to cover or utilize sister centers staff. Also, coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.

Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home since there is an outbreak in the community.

**Social Distancing Strategies**

Classes include the same group each day, and the same child care providers should remain with the same group each day.

If possible and keeping staff to child ratio, keep large families together. Example: A family of 4 that includes child under age 1 year to 1 staff.

NO special events such as festivals, holiday events, and special performances, or birthdays at this time till further notice.

Halt daily group activities that may promote transmission.

* + Keep each group of children in separate room.
	+ Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
	+ At nap time, children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart, placing children head to toe in order to further reduce the potential for viral spread.

**Parent Drop-Off and Pick-Up**

***Child care providers*** ***go outside the facility to bring children in as they arrive, and at departure, will bring them out.*** Drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.

TLC has hand washing sink at entrance. For GCC, the children will be given hand sanitizer then brought to the sink to wash hands properly.

Staff will sign children in. (Until no restriction, pcor4)

Request, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up or drop children, because they are more at risk for [severe illness from COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html).

**Child Screening Methods Screen Children Upon Arrival**

Parent or child who have a fever of 100.40 (38.00C) or above or other signs of illness will not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. **Thermal reading thermometer will be used, no skin contact needed, temperatures taken at the wrist area.** Before exciting the vehicle staff will screen, asking pertinent questions. Ask the parent/guardian to confirm that the child or they do not have fever, shortness of breath or cough. Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and runny nose.

Updated emergency contact information will be required before return. At least 2 designated authorized individuals numbers, (preferably someone not at high risk) to pick child up in case parent may not be able to. Parents will be notified first. However, if after several attempts they cannot be reached, then designated individuals will be called.

Using non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each use. Can reuse the same wipe as long as it remains wet.

**Isolation and Caring for Sick Children Strategies**

Contact parent that child needs to be picked up. Child will be in the drop/pick up area or isolation area with a staff and will be kept there as comfortable as possible, quick response will be expected and appreciated. After child is picked up, the area child was in, will be sanitized. Additional information mentioned in 2nd section of child screening methods.

**Cleaning & Disinfecting**

 *Intensify cleaning and disinfection efforts:*

[Routinely clean, sanitize, and disinfect](https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Using the cleaners typically used at our facility. Staff will also be carrying on them small spray of rubbing alcohol for immediate disinfection purposes.

All cleaning products used according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Following the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.

All cleaning materials kept secure and out of reach of children.

Cleaning products not used near children, and staff ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

*Clean and Sanitize Toys*

Toys that cannot be cleaned and sanitized will not be in use at this time, ie stuff animals, dress up clothes. (Until pcor4)

Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions will be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. Mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.

No sharing of toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.

Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.

Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

*Clean and Disinfect Bedding*

Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child’s bedding separate, in individually labeled bins, cubbies, or bags. Cots and mats labeled for each child and sanitized weekly and taken outside to be aired out for at least 5 minutes. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

**Caring for Infants & Toddlers**

*Diapering*

Staff wash hands and wash the child’s hands before beginning, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

Prepare (includes putting on gloves)

Clean the child

Remove trash (soiled diaper and wipes)

Hand sanitizer on hands

Put on clean diaper

Wash staff/child’s hands

Clean up diapering station- spray - use water/bleach solution sit for 1 min. then wipe with paper towel. Also effective alcohol or hydrogen peroxide.

After cleaning diaper station, wash your hands again (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

***If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility.*** The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Bottle fed infants must bring enough prepared ready to feed bottles that will be refrigerated until ready to consume.

Staff and children must bring extra clothing to change into in the event secretions or any bodily fluids get on it. Place contaminated clothes in plastic bag and store outdoors. Staff will have disposable aprons as well.

***Food Preparation and Meal Services***

**Only ready to eat healthy foods.**

**Foods that children may be able to remove from their lunch bags, to limit as much as possible staff handling their foods.**

**No ichiban or foods requiring heating more than 1 min.**

**Staff who change diapers will not assist with foods.**

**Children utilize their own cups, water bottles and utensils brought from home and returned home each day.**

***Healthy hand hygiene behavior***

* + ***Arrival to the facility and after breaks***
	+ ***Before and after preparing foods, or feeding children***
	+ ***Before and after administering medication or medical ointment***
	+ ***Before and after diapering***
	+ ***After using the toilet or helping a child use the bathroom***
	+ ***After coming in contact with bodily fluid***
	+ ***After playing outdoors***
	+ ***After handling garbage***
	+ ***After assisting with foot ware***