

## **Enhanced Risk Management Plan**

Exclusion Policies for Staff and Children with Illnesses: Below is an example of our illness report that we sent home with any staff or child that is ill.

### Emergency License Illness Report

Updated: May 2020

\_\_\_\_\_ had the following indications of not feeling well today. Highlight the illness below:

- A) Illness that prevents the child from participating comfortably in program activities;
  - B) Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;
  - C) Fever with behavior change or symptoms of illness; Under the arm temperature of 100 F or higher.
- Siblings policy is that your child may return when they are fever free for 24 hours without fever-reducing medication.
- D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;
  - E) Diarrhea;
  - F) Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration;
  - G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;
  - H) Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;
  - I) Purulent conjunctivitis, until 24 hours after treatment has been initiated;
  - J) Impetigo, until 24 hours after treatment has been initiated;
  - K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;
  - L) Head lice, until the morning after the first treatment;
  - M) Scabies, until the morning after the first treatment;
  - N) Chicken pox (varicella), until at least 6 days after onset of rash;
  - O) Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;
  - P) Mumps, until 9 days after onset of parotid gland swelling;
  - Q) Measles, until 4 days after disappearance of the rash;

Other that is not listed: \_\_\_\_\_

**Additional COVID-19 Actions:**

\_\_\_\_Children with a fever of greater than 100.4 should be sent home until they had no fever for 72 hours without fever reducing meds OR the child may return after 24 hours fever free with no meds and a doctor's note.

Your child may return on \_\_\_\_\_@\_\_\_\_\_ am/pm if symptoms no longer persist.

Thank you for taking the proper steps in keeping everyone healthy as possible!

Director\_\_\_\_\_ Date\_\_\_\_\_

**COVID Procedure**

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 center until written documentation is provided by the child's physician that the child is no longer communicable and may return to child care (407.605(i))

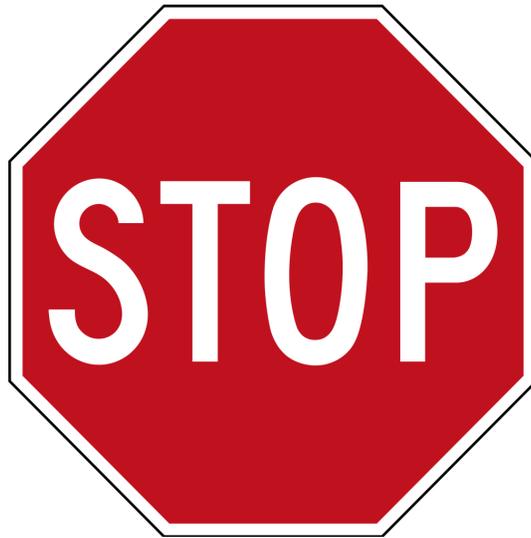
If there is a case of Covid in any situation listed above, it will be posted on the front door and also sent out on himama, our communication site with further instruction.

Posted on our front door are the following forms:

[Daily Questions](#)

1. Has the child been in close contact with a person who has COVID-19?
2. *Cough, high temperature, shortness of breath, or difficulty breathing?*
3. Temperature taken before admission.

**HAVE A GREAT DAY!**



# Ring Bell For Curbside Pick Up

## **Visitors**

We limit all non-essential visitors to the facility.

Milk and Food Delivery will be asked to wear masks and temps will be taken before they may enter.

New Family tours will be virtual or postponed.

Parents will not be permitted in the building until further notice. We will have staff meet the families at the door.

## **Daily Health Checks:**

Conduct temperature screening. We are asking that families bring their own thermometer each morning. This

will avoid taking time to disinfect our thermometer after each use. Families will meet the runner at the door, the parent will take the

child's temp in front of us with their thermometer, show the runner the temp. If a child's temperature is above 100.4 externally, or 101.4 orally, they cannot enter into care. We do have a thermometer in case you forget theirs.

## **PPE**

The Center has supplied personal protective equipment (PPE) for staff and children including face masks for the children as well as gloves for the adults. We currently have reusable masks while we find the best source for disposable masks. The masks will be washed nightly.

Staff shall wear a mask or face shield at all times when in the facility;

Children age 2 years and over shall wear a face mask when arriving and leaving the center; when in hallways; and in the classroom, as practicable (except when eating, napping, or playing outdoors)

All parents/guardians/persons must wear face mask when dropping off and picking up

Non-permeable gloves shall be worn while serving food, diaper changing, and/or dealing with wounds

Training on ERMP

All staff will come in 30 minutes prior to their shift starting so we can show them the techniques of temp taking upon arrival, using the PPE appropriately, view the new Illness report and other needed documentation.

## **PPE Operational Plan**

Staff will be required to wear a facemask in the classroom and in the hallways during work hours.

They will use gloves during food handling, diaper changing and when handling bodily fluids.

The staff member who goes between the 2 rooms will be provided an additional shirt to change into when entering the 2<sup>nd</sup> room.

Children ages 2 years and up, when tolerable, shall wear a face mask when arriving at and leaving the daycare center, when in hallways, and throughout the day, except when napping, playing outdoors, or eating.

Until our disposable masks arrive, we will wash the masks at night and place them in individual storage bags for the morning and place them outside the building on our entry table for morning pickup.

Gloves are stored in the classrooms.

We have ordered our disposable masks through our food supplier and will replenish every 2 weeks or when needed.

-Supplies needed: Gloves, bleach, hand sanitizer and masks.

-when a shipment comes in, the director will date the individual boxes to determine the amount of time it takes to go through one package. We will order accordingly.

-All staff will come in 30 minutes prior to their shift starting so we can show them how to use the PPE appropriately, where it will be placed and why we are dating the boxes.

-we will follow the following CDC document for PPE training.

# How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

## WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



## USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

## FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



## TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## Enhanced Staffing Plan

- Children and staff will maintain stable groups every day
- Groups cannot be interchanged or interact with one another
- For centers that operated as emergency child care programs in Phase 1 and/or 2, staff deemed qualified under the emergency child care rules to be an Early Childhood Teacher and who worked in that role during March through May 2020 may maintain that role for 60 days (through July 21, 2020)

Runners: Lisa Litteken in the morning and Elle Jansen in the evening.

### Runner Duties

- \_ take temperature of child, parent, legal guardian, or other person bringing a child to the center
- \_Staff will have temperature taken and recorded upon arrival, and at any point of the day if they feel sick

We will resubmit a new staffing plan when we can/will expand our numbers.

- \_Each group of children must be cared for in separate room
- \_Children shall be with the same group each day, at all times of the day.
- \_In the event that a child is moved to a new group, a transition plan must be developed (407.605(f)(11))
- \_Staff must be with the same stable group of children each day
- \_Classrooms must be staffed with a minimum of 2 staff, to ensure intensified sanitation practices can be met throughout the course of the day (and normal daily activities)
- Classrooms may be staffed with Early Childhood Assistant qualified staff members for up to 3 hours of the program day, provided this is documented in a written staffing plan (407.605(f)(8))

Staff holding first aid and CPR certification that has expired or will expire during COVID-19 response closures will utilize online certification extension programs through State of Illinois approved training sources to renew their certifications (407.605(e))

We have a sublist available to take the place of ill or unavailable staff. They are used for unplanned and planned days off.

### **Enhanced Arrival and Departure Plan**

We will provide a “runner” at the morning and afternoon drop offs who will bring the children to the door so families do not have to enter the building. When possible, we will provide more than one runner to avoid 1 person being in contact with all the children. When only 1 runner is available, they will utilize the 6ft rule when possible.

The child’s temperature will be taken before they enter the building by the family’s personal thermometer until our “no contact” thermometer is delivered. It will be taken again after lunch or any time a fever or symptom is suspected. Staff will also have their temps taken upon arrival and mid-day. Children that have a fever will not be permitted to attend that day and until 24 hours clear of symptoms. If a child becomes ill during our care, they will be placed in a spot in the room away from the other children until they are picked up.

Temperatures will be recorded and Individuals with a temperature of 100.4 degrees or above shall be excluded and not permitted entry

Children age 2 and above and adults dropping off or picking up children shall wear face masks when entering facility. During drop off and pick-up, there shall be no handshaking or physical contact between parents, staff, and other adults .

These procedures have already been communicated with parents and they are posted on the front door as well.

## Enhanced Handwashing Protocols

-Staff must comply with the CDC guidelines on handwashing in child care and wash their hands upon arrival, after handling bodily fluid, diapering, outside, before making bottles or meals. Full lists are posted in each room.

-Alcohol-based hand sanitizer are placed at the entrance to every classroom.

-Posters for children are also posted near sinks.



## **Enhance Plans to Ensure Safe Indoor and Outdoor Spaces**

We have Removed all soft plush toys that can harbor germs and cannot be readily cleaned.

Classrooms will be cleaned, sanitized and disinfected when possible throughout the day and before closing. Toys will be cleaned with a bleach water solution during naptime.

- all surfaces, especially where children eat and play

- bathrooms

- frequently used equipment like electronics, light switches and door handles.

- items that children may put in their mouths.

- playground equipment to the best of their ability.

- Cots sheets will be sent home 2 times per week and crib sheets are changed a minimum of 3 times. Each child will have their own marked crib or cot.

- Toys that cannot be cleaned, will be washed with the laundry.

Clean all high touch surfaces – including doorknobs, toys, phones, keyboards, computers, etc. – every hour or more often, as needed.

Toys or other items that are mouthed shall be removed for sanitizing immediately; teething toys shall be removed for sanitizing once discarded by a child

Signs are posted requiring masks and handwashing.

A minimum of 6 feet between each crib or cot when in use.

Playgrounds schedules have been created that only allow one group of children at a time and 30 minutes between each group.

Each group also will bring their own outdoor toys outside and disinfect them before use again.

## **Enhanced Communication Plan**

Contact: If a staff person, child, or parent/caregiver has been in close contact with someone who has been diagnosed with COVID-19, they should self-quarantine, meaning that they should stay at home and watch for symptoms for 14 days.

Positive: If a child, staff member, or family member tests positive of COVID-19, we will follow the local health department and DCFS' recommendations on possible closure. A window of 2-5 days is possible.

Director will notify Crystal at DCFS and call our local health department at 618-594-2723.

If there is a case of Covid in any situation listed above, it will be posted on the front door and also sent out on himama, our communication site with further instruction.

Parents will be given this document for review.