

Siblings and Company
Risk Management Plan
Addendum: COVID 19

When our centers open up with the Emergency Licnese due to COVID 19, we will be taking additional steps in providing a safe environment for staff and families including:

1. We will only be accepting children of essential workers and the family must provide a letter from their employer.
2. 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.
3. 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.
4. Child's hands will be washed upon arrival and throughout the day.
5. We will follow new guidelines of class sizes no greater than 10 and the child will remain in the same class throughout the day.
6. Staff will be assigned to only 1 room and floaters will not be used.
7. 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.
8. Masks will be worn by the runners and anyone else who chooses to. Families may provide masks for their child above 2 years of age.

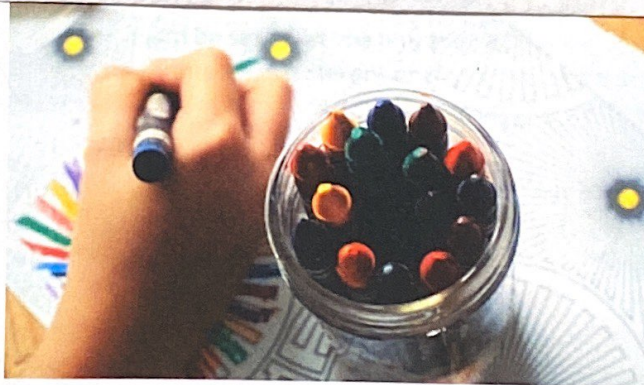
9. There will be no outside visitors and the same family member is suggested to drop off and pick up.
10. If a child, staff member, or family member tests positive of COVID-19, we will follow the local health department and DCFS' recommendations on possible closure. A window of 2-5 days is possible.
11. 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.
12. 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.

Child Care Providers and Staff

The following individuals should **not** provide child care during this time:

- Adults **65** years of age and older
- People who have serious underlying medical conditions, such as:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

So far, reports suggest that pregnant women do not have more severe symptoms than the general public; however, not enough is known about how the illness affects pregnant women. It is safest for pregnant women to “socially distance” and not work in day care settings.



All Individuals: Close 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.

- Start the 14-day count from the day you last had contact with the diagnosed person. Day 0 is the day you were last in contact with the person.
- Watch for fever, cough, and shortness of breath, and milder symptoms of COVID-19, including headache, muscle aches, nasal congestion, sore throat, diarrhea, and loss of taste or smell.
- Don't leave home except to get medical care.
- Call ahead before visiting a health care provider or emergency department.
- If possible, stay in a specific room in your home and use a separate bathroom.
- Stay at least six feet away from others in your home at all times. Don't share household items.

Close contact means:

being within six feet of a person with COVID-19 for more than 15 minutes or having direct physical contact with a person with COVID-19 (e.g. shaking hands).

Close contact does not mean: walking by or briefly being in the same room as someone with COVID-19.

People with COVID-19 may be infectious for 48 hours before symptom onset.

Drop-Off and Pick-Up

- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents and caregivers as much as possible.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents should not pick up their children because they are more at risk for serious illness.
- Hand hygiene stations could be set up at the entrance of the facility or the entrance process could be rerouted through a different entrance nearest the sink. That way, children can clean their hands before they enter or immediately upon entry into the facility.
- Parents and caregivers who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up. Consider recommending that parents and caregivers who are health care workers identify someone else to handle drop-off and pick-up.
- Infants could be transported in their car seats. Store car seat out of children's reach within your facility.

Health Screening of Children and Staff Upon Arrival

Conduct a Daily Health Check for the **child(ren) attending child care**, and your **staff**:

1. Have they been in close contact with a person who has COVID-19?
2. Have they felt unwell with respiratory symptoms in the last few days? *For example, have they had a cough, high temperature, shortness of breath, or difficulty breathing?*
3. Screen children and staff for cough or shortness of breath upon arrival each day. Make a visual inspection of children for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.
4. Conduct temperature screening, using the protocol provided below.

Persons who have a fever of 100.4° or above or other signs of illness should not be admitted into the facility. Encourage parents/guardians to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival, if possible, using one of the **suggested screening methods below.**

EXAMPLES OF SCREENING METHODS

Example 1: Reliance on Social Distancing

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival. If upon arrival, stand at least six feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does 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.

You do not need to wear personal protective equipment (PPE) if you can maintain a distance of six feet.

Children Attending Care

- Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:
 1. It's been three full days of no fever without the use of fever-reducing medication, and
 2. Other symptoms have improved, and
 3. At least seven days have passed since symptoms first appeared.
- If symptoms begin while at the child care program, the child should be sent home as soon as possible. Keep sick children separate from well children and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the child until they leave.
 - Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Those that have not worn a button-down shirt and who have had close contact with the child sent home should assess the need to leave the facility to shower and change clothes, depending on proximity of contact.
 - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
 - Child care providers should change the child's clothes if secretions are on the child's clothes, including drool. They should change the button-down shirt if there are secretions on it and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- People with a temperature greater than 100.4 F should be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Materials, toys, and furniture touched by the child who is sent home should be thoroughly cleaned and disinfected.
- The health department encourages all care providers and families to coordinate decision making around the child's care with the family health care provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.



COVID Cases in Care Behavior

When there is a confirmed case of COVID-19 in the child care program, consult with the Illinois Department of Public Health (IDPH): 1-800-889-3931 or DPH.SICK@Illinois.gov.

In partnership with IDPH, the following should be considered:

- Dismiss children and most staff for two to five days
- Communicate with staff and parents/caregivers
- Clean and disinfect thoroughly
- Decisions about extending closure

→ If there is a reduction in child care capacity, centers [click here](#) and licensed homes please [click here](#) to complete the form to notify the state and the Child Care Resource and Referral System of program closure.

Social Distancing Strategies: Class Size, Napping

1. Children must be kept in small groups, not more than six children in a home and ten children per classroom (with a recommended maximum of five classrooms) per center. Classrooms and outside play areas divided by gates or partial walls are considered one room and shall only serve one group of children.
2. Wherever possible, the same child care providers should remain with the same group of children each day.
3. There must be absolutely no multi-classroom activities. Social distancing practices should be in place, which means different groups of children should not have contact with one another.
4. At nap time, place resting children head to toe in order to further reduce the potential for viral spread. Programs with sufficient space should place children six feet apart at naptime as much as possible.
5. There should be **no outside visitors and volunteers** with the exception of **employees or contracted service providers who should observe all protocols**.
6. Conversations about a child's day are encouraged to be done by phone with parents or caregivers. Handwritten notes about a child's day are also recommended to support information sharing and social distancing.

Healthy Hand Hygiene Behavior

1. All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility
 - After staff breaks
 - Before and after preparing food or drinks
 - Before and after eating, handling food, or feeding children
 - Before and after administering medication or medical ointment
 - After diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors
 - After playing with sand
 - After handling garbage
 - After cleaning
2. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. If possible, have plenty of hand lotion to support healthy skin.
3. Supervise children when they use hand sanitizer to prevent ingestion.
4. Assist children with handwashing, including infants who cannot wash hands alone.
5. After assisting children with handwashing, staff should also wash their hands.
6. Place posters describing handwashing steps near sinks. [Developmentally appropriate posters in multiple languages](#) are available from the CDC.



Cleaning & Disinfecting, Including Toys & Bedding

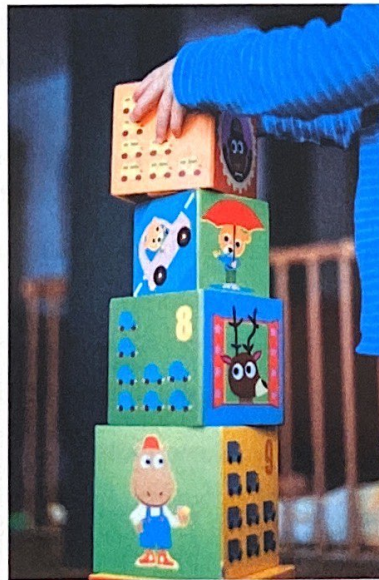
1. Programs should engage in frequent thorough cleaning each day. Child care programs shall follow regulations regarding cleaning, sanitizing and disinfecting. Clean and disinfect frequently touched objects and surfaces such as:

- All surfaces, especially where children eat
- Bathrooms
- Frequently used equipment, including electronic devices
- Door handles and handrails
- Items children place in their mouths, including toys
- Playground equipment to the best of your ability

2. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets.

3. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Per child care licensing regulations, children's bedding is required to be stored separately. This may be in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

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



Caring for Infants and Toddlers

1. When diapering a child, wash your hands and wash the child's hands before you begin. If possible, wear gloves. Follow safe diaper changing procedures.
2. After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area.
3. 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.
4. It is important to comfort crying, sad, and/or anxious infants and toddlers. They often need to be held. When washing, feeding, or holding very young children:
 - Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
 - Child care providers should change the child's clothes if secretions are on the child's clothes, including drool. They should change their button-down shirt if there are secretions on it and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.

Food Preparation and Meal Service

1. If a cafeteria or group dining room is typically used, serve meals in classrooms instead, if possible. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
2. Wherever possible, food preparation should not be done by the same staff who diaper children.
3. Sinks used for food preparation should not be used for any other purposes.
4. Caregivers should ensure children wash hands prior to eating.
5. Caregivers should wash their hands before preparing food and after helping children to eat.