



Kings School Kids Child Care Facility COVID 19 Health and Safety Plan

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.

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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	Staff must have masks when reporting to work and will be issued a disposable mask if needed. They are required to wear masks at all times and will be observed on a regular basis throughout the day to ensure compliance.	L. Pore, director	Disposable masks to be made available.	On-site PD
* Use of face coverings (masks or face shields) by children 2 years of age and older (as appropriate)	Letter of policy given to all families outlining requirement of mask use. Children will be expected to wear masks throughout the day. Staff will monitor and help children that need assistance.	L. Pore, director	Parent/site communications	On-site PD

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)
* Cleaning, sanitizing, disinfecting, and ventilating, surfaces, and any other areas used by children in care (i.e., restrooms, drinking fountains, toys, hallways, and transportation)	Water fountains are closed. Toilets, sinks, handles and spigots are disinfected after use. Tables, chairs, toys are sanitized after use. Door handles & other hard surfaces are disinfected at least 3 times per day. Windows are left open, weather permitting, and fans are run all day.	L. Pore director	EPA approved spray disinfectant. Sanitizing bleach solution	On-site PD
Other cleaning, sanitizing, disinfecting, and ventilation practices	We are also using these practices on bathrooms, playgrounds and all gross motor facilities	L. Pore director	EPA approved EnvirX	On-site PD

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	Our attendance at this point is exceptionally low so we have not needed to address lower numbers in the rooms. If they start to grow this will be addressed if and when needed. We are having two children at each table instead of six. We are using every other spot on our lines. We have a “bathroom schedule” to keep the wait time in lines to a minimum.	L. Pore, Director		On-site PD
Restricting the use of common areas, and consider serving meals in alternate settings such as where the child care is being provided	Outdoor and gross motor space is used on a scheduled basis and disinfected between use. There is no intermingling or joining of classrooms during the day.	L. Pore, Director	Schedule	On-site PD
* Hygiene practices for children in care and staff including the manner and frequency of handwashing and other best practices	At a minimum, hands are washed upon entry to the building, before and after eating snacks and meals, after toileting, and before/after hands-on classroom activities	L. Pore, Director	Staffing requirements	On-site PD
Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs If	Signs are posted. These signs begin at the door and continue throughout the building. They are bright and very recognizable.	L. Pore, Director	Posting material	On-site PD
Identifying and restricting nonessential visitors and volunteers	Entry is limited to essential visitors	L. Pore, Director		On-site PD

Handling outdoor play consistent with the CDC Considerations	We are tailoring activities to allow for social distancing and use of different areas of outdoor space.	L. Pore, Director		On-site PD
Limiting the sharing of materials among children in care	Avoid activities that required shared materials.	L. Pore, Director		On-site PD
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	Schedules allow for movement without contact	L. Pore, Director	Schedule	On-site PD
Adjusting transportation schedules and practices to create social distance between children in care	At the present time we are waiting to see what the schools modifications will be.	L. Pore, Director		On-site PD
Limiting the number of individuals in facility rooms and other facility spaces, and interactions between groups of children in care	Interaction between classroom is to be avoided	L. Pore, Director	Staffing	On-site PD
Coordinating with local schools regarding transportation protocol changes and, when possible, revised hours of operation or modified schoolyear calendars	Not applicable at present time	L. Pore, Director	Staffing	On-site PD
Other social distancing and safety practices	Spacing of cots	L. Pore, Director	Staffing	On-site PD

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>	<p>Temperature is taken upon arrival and anyone registering 100.4 or above will not be admitted for care. Child is observed for obvious signs of illness. Parents are questioned about contact with a person who is positive for COVID 19. Children will be monitored throughout the day and temperatures will be taken if warranted.</p>	<p>L. Pore Director</p>	<p>Touch-free digital thermometer</p>	<p>On-site PD</p>
<p>* Isolating or quarantining children, staff, or visitors if they become sick or demonstrate a history of exposure</p>	<p>Anyone becoming sick will be cared for in isolation until the parents can be contacted and the child is picked up. The person must then be tested. We will send a note to all families</p>	<p>L. Pore Director</p>		<p>On-site PD</p>

	telling them we have a possible case. We will then update this note when the test is read.			
* Returning isolated or quarantined staff, children, or visitors to the facility	All persons must self-isolate for two weeks, be tested for COVID-19 and shown to be negative. When this is done the person can return to the center.	L. Pore Director		On-site PD
* Notifying staff and families of suspected or confirmed cases of COVID-19	We have three notes composed. One to send out when a person possibly has the virus and is going to be test. Another for if the test was positive. The third note will say that the test was negative, and everything will remain the same.	L. Pore Director		On-site PD
*Reporting to DOH and Certification	Our Director, Lynda Pore, will call DOH and Certification immediately	L. Pore Director		On-site PD
Other monitoring and screening practices	We will continually monitor ourselves and our children for the signs of COVID-19 (these posters with symptoms are hung on our door and throughout the building)	L. Pore Director and staff		On-site PD

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Notifying staff and families of facility closures	To contact faculty and staff we will use Facebook, E-mail and phone calls. Faculty members have calling lists at home so they can begin and call all of their students and families	L. Pore Director & staff	Class lists with phone numbers to each staff personal responsible.	On-site PD

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	After carefully looking at our staff and faculty we decided the following. We brought back limited staff – at first faculty who did not have children who need to return for care. We are only allowing parents to come into the entry way – the staff then picks up or delivers their	L. Pore Director		On-site PD

	children. We talked to and asked high-risk staff to remain at home until the crisis is over. We talked to our parents about “at risk” children and with them decided about if or how to return them to the Center.			
Unique safety protocols for children with complex needs or other vulnerable individuals	The above explains this.	L. Pore Director		
Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
Strategic deployment of staff	We have slowly opened our classrooms. We eliminated unnecessary staff and allowed for extra space to help with social-distancing.			

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
OCDEL & CDC information on COVID-19	Faculty	L. Pore, Director	Presentation and discussion	Compiled all information we had been sent at the time	5/15/20	5/15/20
Updates and “How’s It going?”	Faculty	L. Pore, Director	Presentation and Question/Answer	Information updates and what is and isn’t coming	Ongoing	Continue
COVID-19 Safety	Faculty in Classroom meetings	L. Pore, Director	Presentation & Question/Answer	Information updates	7/13/20	4/15/20
Topic	Audience	Lead Person and Position	Session Format	Materials, Resources, and or Supports Needed	Start Date	Completion Date
Returning Procedures	Parents	L. Pore, Director	Informational letter	Compiled from information from OCDEL, CDC and our planning	5/15/20	Throughout week before opening

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.

Topic	Audience	Lead Person and Position	Mode of Communications	Start Date	Completion Date

COVID-19 Health and Safety Plan Summary:

First Bethel UMC Kings School Kids

Plan Date: 7/14/20

Anticipated Reopening Date, if applicable: NA

Use these summary tables to provide your staff, facilities, and other invested persons with a detailed overview of your Health and Safety Plan. Facilities are required to share with staff and children this summary on their website. To complete the summary, copy and paste the summaries from the COVID-19 Health and Safety Plan tables above.

Face Masks

Requirement(s)	Strategies, Policies and Procedures
<p>Use of face coverings (masks or face shields) by all staff and visitors</p> <p>* Use of face coverings (masks or face shields) by older children (as appropriate)</p>	<ul style="list-style-type: none"> * They must be worn by everyone over the age of two * We built an incentive system to encourage the children to wear the masks. * We are doing crafts and activities to make this “exciting.”

Facilities Cleaning, Sanitizing, Disinfecting and Ventilation

Requirement(s)	Strategies, Policies and Procedures
<p>* Cleaning, sanitizing, disinfecting, and ventilating learning spaces, surfaces, and any other areas used by children (i.e., restrooms, drinking fountains, hallways, and transportation)</p>	<ul style="list-style-type: none"> * Shut down the drinking fountain. We are using disposable cups and the children’s personal drinking cup. * We are not allowing lunch boxes, backpacks, etc. to come into the Center. We are sacrificing “being green” for being virus free. * Nightly there are thorough cleanings and sanitizing. * Before opening and at least twice during the day all door handles, light switches and heavily used areas are sanitized. * We are opening windows as much as possible to circulate the air. * Once toys are used, they are sanitized before they are returned to the shelves to be used again.

Social Distancing and Other Safety Protocols

Requirement(s)	Strategies, Policies and Procedures
<p>Child care space occupancy that allows for 6 feet of separation among children and staff throughout the day, to maximum extent feasible or group management to limit cross-group interactions.</p> <p>Restricting the use of common areas, and consider serving meals in alternate settings such as where the child care is being provided</p> <p>*Hygiene practices for children and staff including the manner and frequency of hand-washing and other best practices</p> <p>Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs</p> <p>Handling outdoor play consistent with the CDC Considerations.</p>	<ul style="list-style-type: none"> * We do activities that keep children at least six feet apart for as much of the day as possible. * Cots, etc. are set up to allow for social distancing. * Our attendance at this point is exceptionally low so we have not needed to address lower numbers in the rooms. If they start to grow this shall be addressed if and when needed. * We are having two children at each table instead of six. * We are using every other spot on our lines. * We have a “bathroom schedule” to keep the wait time in lines to a minimum.

Requirement(s)	Strategies, Policies and Procedures
<p>Limiting the sharing of materials among children in care Staggering the use of communal spaces and hallways</p> <p>Adjusting transportation schedules and practices to create social distance between children</p> <p>Limiting the number of individuals in facility rooms and other facility spaces, and interactions between groups of children</p> <p>Coordinating with children regarding on site care, transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars</p> <p>Other social distancing and safety practices</p>	

Monitoring Children and Staff Health

Requirement(s)	Strategies, Policies and Procedures
<p>* Monitoring children in care and staff for symptoms and history of exposure</p> <p>* Isolating or quarantining children, staff, or visitors if they become sick or demonstrate a history of exposure</p> <p>* Returning isolated or quarantined staff, children, or visitors to school</p> <p>*Reporting to DOH and Certification</p> <p>*Notifying staff, families, and the public of facility closures</p>	<p>* Temperature is taken upon arrival and anyone registering 100.4 or above will not be admitted for care. Child is observed for obvious signs of illness. Parents are questioned about contact with a person who is positive for COVID 19.</p> <p>* Children will be monitored throughout the day and temperatures will be taken if warranted.</p> <p>* Anyone becoming sick will be cared for in isolation until the parents can be contacted and the child is picked up. The person must then be tested. We will send a note to all families telling them we have a possible case. We will then update this note when the test is read.</p> <p>* All persons must self-isolate for two weeks, be tested for COVID-19 and shown to be negative. They can then return to the center.</p>

- * We have three notes composed. One to send out when a person possibly has the virus and is going to be test. Another for if the test was positive. The third note will say that the test was negative, and everything will remain the same.
- * If we have a positive person our Director, Lynda Pore, will call DOH and Certification immediately.
- * We will continually monitor ourselves and our children for the signs of COVID-19 (these posters with symptoms are hung on our door and throughout the building)
- * We “spread the word” through the use of Facebook, E-mails, and phone calls. Faculty members have calling lists at home so they can begin and call all of their students and families

Other Considerations for Children and Staff

Requirement(s)	Strategies, Policies and Procedures
<p>* Protecting children and staff at higher risk for severe illness</p> <p>Unique safety protocols for children with complex needs or other vulnerable individuals</p> <p>Strategic deployment of staff</p>	<ul style="list-style-type: none"> * After carefully looking at our staff and faculty we decided the following. * We brought back limited staff – at first faculty who did not have children who needed to return. * We are only allowing parents to come into the entry way – the staff then picks up or delivers their children. * We talked to and asked high-risk staff to remain at home until the crisis is over. We talked to our parents about “at risk” children and with them decided about if or how to return them to the Center. * We have slowly opened our classrooms. * We eliminated unnecessary staff and allowed for extra space to help with social distancing.

COVID-19 Health and Safety Plan Affirmation Statement

The Legal Entity or the Board of Directors/Trustees for

First Bethel United Methodist Church – Kings School Kids Child Care Center

reviewed and approved the Phased Child Care Facility Reopening Health and Safety Plan on **July 17, 2020**.

The plan was approved by a vote of:

7 Yes (Calvin Hodder, James Howells, Robert Irick, Ken Puckett, Dave Miller, Keith Swan, Doris Walter)
0 No

Affirmed on: July 17, 2020

By:

James Howells (Original signature on file in Kings School Kids Office)

James Howells, Chair of Trustees, First Bethel United Methodist Church

