



Child Care: Ensuring Health & Safety

2021 – 2022



(v2)

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Director of Children's Programs, Lisa Lerner Gaul

Head Teacher, Lisa Menzel

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Give and Take Child Care Center & Preschool



Introduction

The Give and Take Child Care program at the Schroth Center provides a safe, nurturing environment for infants, toddlers and preschoolers. The center is open 12 months a year from 7:30 a.m. to 6:00 p.m. The program serves typically developing children as well as children with special needs, ages three weeks to nine years. Give and Take Child Care works collaboratively with the Department of Health (DOH), Centers for Disease Control and Prevention (CDC) and the Office of Licensing (OOL) to ensure all COVID health and safety protocols are met.

1 General Health and Safety Guidelines

1.1 Vaccination

In accordance with Executive Order 264, our child care program will maintain a policy requiring all staff members to either provide adequate proof they have been fully vaccinated or submit to COVID-19 testing at a minimum of one time weekly.

If the child care program is unable to determine the vaccination status of individual staff, those individuals will be considered not vaccinated.

Child Care will continue to provide staff and families information regarding the importance of vaccination and will actively promote vaccination for all eligible children and staff.

As vaccine eligibility expands, the child care leaders will consider the number of vaccinated staff as an additional metric to inform the need for preventive measures such as physical distancing and masking.

1.2 Communication

Give and Take leaders and local health departments will continue to maintain close communication with each other to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for Local Health Department (LHD) notification and response to COVID-19 illness in our child care setting. The Give and Take program will work closely with LHDs to guide our decisions regarding mitigation strategies and implementation based on data.

Give and Take Child Care will continue to follow the process for reporting positive cases to OOL.

NJDOH information on COVID-19 transmission at the regional level will be monitored weekly to enable leaders to make informed decisions.

1.3 Masks

Due to the medical fragility of the persons served in the Schroth Center, and regardless of location (indoor/outdoor):

- Mask use is encouraged, but optional, for all children over the age of two (2). However, appropriate, and consistent use of masks may be challenging for some children:
 - For individuals who would not be able to remove a mask without assistance,
 - For individuals with medical conditions or disabilities as reflected in federal disability laws that preclude the use of a mask, and
- Masks are required to be worn by all staff throughout the program day unless doing so would impact one's health or while alone in one's office. If impactful to a staff's health, the staff will work with HR to determine appropriate course of action.

1.4 Maintaining Physical Distancing and Cohorts

The following physical distancing measures will be implemented to the greatest extent possible to mitigate the spread of COVID-19. During periods of high community transmission or if vaccine coverage is low, or if the maximal social distancing recommendations below cannot be maintained, the child care program will, where possible, prioritize other prevention measures.

The following strategies will be implemented to maximize opportunities to increase distance between children.

- Maintaining physical distance between children in classroom settings to the greatest extent possible.
- Consider structural interventions within child care.
- Outside of the classroom the child care program will consider approaches to implement physical distancing in the following areas:
 - In common areas, in spaces where children may gather.
 - Traffic flow-signage will mark the walking direction throughout the building hallways and paths of egress in and out of larger gathering rooms.
 - When masks cannot be worn.
 - When masks may be removed, such as during outdoor activities.
 - At this time, masking for staff and children is required outdoors except in extreme heat conditions.

Cohorts will be maintained using dedicated staff who remain together throughout the day. This includes recess and during lunchtimes.

1.5 Hand Hygiene and Respiratory Etiquette

The child care program will teach and reinforce the following hygiene and respiratory etiquette to staff and children:

- Hand washing with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Encourage children and staff to cover coughs and sneezes with a tissue if not wearing a mask.
 - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.
- Maintain adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Hand hygiene should take place:
 - Upon arrival at child care,
 - Before and after meals and snacks,
 - After going to the bathroom,

- Before leaving for the day,
 - After blowing your nose, sneezing, or coughing into tissue, and
 - When hands are visibly soiled.
- Assist/observe young children to ensure proper hand washing.

1.6 Meals

During mealtime, the child care program will implement the following strategies:

- Maintain physical distancing between children and staff, if possible.
- Discourage children from sharing meals.
- Encourage routine cleaning between mealtimes.

Frequently touched surfaces should be cleaned. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.

1.7 Limiting Use of Shared Supplies and Equipment

Child Care will ensure the following to limit the use of shared supplies and equipment:

- Ensure adequate supplies (i.e., classroom supplies, equipment) to minimize sharing of high-touch materials or limit use of supplies and equipment by one group of children at a time and clean and disinfect routinely and preferably between use,
- Encourage hand hygiene practices between use of shared items, and
- Discourage use of shared items that cannot be cleaned and disinfected.

2 Cleaning, Disinfection, and Airflow

2.1 Cleaning and Disinfection

Child Care will follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. Workspaces (classrooms/offices), appliances (refrigerators/microwaves), general use objects (desks, countertops, doorknobs, faucet handles, light switches, sinks, rest rooms) and common areas (kitchen/library/conference rooms/great room) will be cleaned and disinfected multiple times throughout the day. Electronic equipment will be cleaned after each use. Hands on learning items and toys will be disinfected after each use.

If a person exhibits COVID-19 compatible symptoms or tests positive for COVID-19 within 24 hours of being in the school building, designated staff will clean and disinfect the spaces occupied by the person, including using products from EPA List N, wearing a mask and gloves while cleaning, and using HVAC settings to increase air circulation in the area. Once the area has been appropriately disinfected, it can be reopened for use.

2.2 Improving Airflow

HVAC Protocols

The ventilation system at Give and Take Child Care utilizes HVAC rooftop units (Schroth Center 13 units) that induce outdoor air through a device called an economizer. The economizer is set up by an air balancer to bring in the required amount of fresh air to meet the maximum occupancy load of the building. The roof time unit system gives us a minimum of 3 air changes per hour. The iWave systems purchased and installed by the Agency aids in purifying the air through the system.

Maintenance

The HVAC operational heating and ventilation systems are maintained four times per year. Our preventative maintenance agreement is with Hutchinson Mechanical. Filtration maintenance systems are maintained according to manufacturer recommendations of the HVAC units.

The rooftop units provide both air conditioning and heat through the entire system.

3 Screening, Exclusion, & Symptomatic Children & Staff

3.1 Staff and Child Screening

Child Care will educate staff and parents about the importance of monitoring symptoms and staying home if ill. Parents/caregivers will be strongly encouraged to monitor their children for signs of illness every day. Children who are sick will not attend child care. Child Care will strictly enforce exclusion criteria.

If you or a family member is symptomatic, exposed or test positive for COVID-19, contact the Head Teacher. Staff should contact the principal.

Staff and Child Screening

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and children, we will require screening to be completed. The screening will include the following:

- Have you had a temperature over 100.4 within the past 24 hours? Verify temperature and record.
- Are you experiencing ANY of the following symptoms: new cough, shortness of breath, new loss of smell, or new loss of taste?
- Are you experiencing TWO OR MORE of the following symptoms: fever (measured or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose?
- Have you come in close contact with a person who is lab confirmed to have COVID-19 in the past 14 days?

Daily screening of children will be done by staff before entering child care. Daily screenings will be reviewed by head teacher or designee prior to the start of each day to ensure compliance.

3.2 Response to Symptomatic Children and Staff

The child care program implemented the following procedures to identify and respond to a child or staff member who becomes ill with COVID-19 symptoms:

- Designating an area or room, separate from the nurse's office, away from others to isolate individuals who become ill with COVID-19 symptoms while at child care.
- Ensuring there is enough space for multiple people placed at least 6 feet apart.
- Ensuring that hygiene supplies are available, including additional cloth masks, facial tissues, and alcohol-based hand sanitizer.
- Using Standard and Transmission-Based Precautions based on the care and tasks required (nursing staff).
- Assigning staff who are trained to follow physical distancing guidelines to supervise child waiting to be picked up (does not need to be healthcare personnel).

3.3 Exclusion

3.3.1 Definition of COVID-19 Compatible Symptoms

Parents will not send children to child care when sick. In accordance with NJDOH recommendations, children with the following symptoms will be promptly isolated from others, and excluded from child care:

- At least two of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose; OR
- At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder.

For children with chronic illness, only new symptoms, or symptoms worse than baseline will be used to fulfill symptom-based exclusion criteria.

3.3.2 When Illness Occurs in the Child Care Setting

Should a staff member or child become ill while at child care or is exhibiting symptoms of COVID-19, regardless of vaccination status, they may be asked to leave work/child care and go home or to the nearest health center. Children and staff with COVID-19 symptoms will be separated away from others until they can be sent home. Children who are sick and not already wearing a mask will be provided one to wear unless the child has a contraindication to doing so. If a mask is not tolerated by the ill child or staff member, other staff will be masked and follow maximum physical distancing guidelines (at least 6 feet away).

Child Care will report child and staff case counts to the NJDOH as appropriate.

3.3.3 Definition of Close Contact

Close contact is defined as being within 6 feet of someone with confirmed COVID-19 for 15 or more minutes during a 24-hour period. Staff and children who are close contacts of individuals who tested positive for COVID-19 will be required to quarantine.

LADACIN's programs serve medically complex and other high-risk individuals and will use a 14-day exclusion period for the quarantine of these individuals or those who work closely with them when identified as close contacts at all levels of community transmission if non-vaccinated.

The above quarantine periods do not change with positivity rates connected to the DOH CALI Report.

3.3.4 Exclusion

If a household member of staff/student is symptomatic, they will be excluded from school until the symptomatic individual receives a negative test result. If the symptomatic individual tests positive, the staff/student will need to quarantine. For each new person in the household who tests positive, the quarantine period for the staff/student restarts. If the ill person is not tested, but an alternative diagnosis is established after clinical evaluation, household contacts can return to school.

3.3.5 Travel

If a staff member or student travelled domestically or internationally, the following guidelines will apply for return to program:

- Vaccinated (Up to Date) Staff/Student
 - No quarantine needed unless symptomatic
- Non-Vaccinated/Not Up To Date Staff/Students
 - Staff must complete onsite testing upon return and show proof of a negative test
 - Students must be tested upon return and show proof a negative test

3.3.6 Contact Tracing

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts of a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

If a staff member or child tests positive or has been exposed to COVID-19, the process detailed below will be followed for contact tracing:

- The supervisor will collect all pertinent information, obtaining as many details as possible. The supervisor will immediately contact the Director and HR Director.
- An incident report will be filled out.
- The Agency supervisors will identify persons who may have come in contact with the suspected infected person.
- The supervisor will notify Director and HR, and begin the contact tracing process. A contact tracing form will be completed. Should child care be notified of a staff member or child testing positive or being exposed to COVID-19, all staff and children will be notified whether or not they are considered to be a close contacts.

As with any other communicable disease outbreak, child care will assist in identifying the close contacts within the program and communicating this information back to the LHD.

With guidance from the LHD, child care will be responsible for notifying parents and staff of the close contact exposure and exclusion requirements while maintaining confidentiality.

4 Ensuring Continuity of Programming

Should the need arise to close a classroom or the facility due to exposure, full time child care staff will maintain communication with families via email and Class Dojo.

5 Social and Emotional Learning Supports

Give and Take staff and families work together in Strengthening Families, a research-informed approach to increase family strengths and enhance child development. There are five key Protective Factors woven into this approach: parent resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

Our main focus this year will be support in times of need due to social and emotional stress brought on by the COVID-19 pandemic. Give and Take Child Care staff will ensure open lines of communication by checking in with families regularly regarding any support they might need, whether it be funding support for child care payments or resources for social and emotional health.

6 Testing Options

In accordance with NJ Executive Order 264, all unvaccinated child care staff will be tested for COVID-19 at LADACIN's Administration Building. Testing is performed by BDL at no expense to the staff.

7 Resources

Executive Order No. 264 (institutes vaccination/testing requirement for child care)
<https://www.nj.gov/dcf/news/Executive.Order.264.pdf>

Executive Directive No. 21-011 (protocols for COVID-19 testing and vaccination reporting)
<https://www.state.nj.us/health/legal/covid19/VaxTestEDCoveredSettings.pdf>

CDC COVID-19 Resources for Schools & Child Care Programs
[https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child \care/index.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child\care/index.html)



Safe, Healthy and Nurturing Environment
Where Diverse Cultural, Religious and Language Backgrounds
Are Respected and Celebrated