

# Child Care COVID Response & Preparedness Plan

## Program Information

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**Child care program name:**

Alhadi Child Care Center

## Introduction

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### ***Our Commitment to Health & Safety***

Alhadi Child Care Center is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Michigan Departments of Licensing and Regulatory Affairs (LARA) and Health and Human Services, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind. To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure (e.g., an infected person spreading respiratory droplets through actions such as coughing, sneezing, or talking). The following plan outlines the recommended practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

## Changes to Our Physical Spaces

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### **We will use the following strategies in our classrooms and facilities to minimize the spread of illness:**

1. Where possible, dividing large group spaces to allow more children to safely use the space (e.g., using child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children).
2. Where possible, limiting or eliminating use of common spaces in the classrooms/facility. When common spaces must be used, we will rotate use of the space and clean between groups.
3. Rearranging classroom areas to seat children as far apart as reasonably possible and limiting the number of children sitting together.
4. Using touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
5. Ensuring ventilation systems operate properly and increasing circulation of outdoor air as much as possible (e.g., keeping windows and doors open to the extent that this does not pose safety risks).
6. Before re-opening we will ensure all water systems and drinking fountains are safe following CDC guidelines.

## Availability of Toys and Classroom Materials

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### **At this time, we will make the following changes to the toys and materials in our classrooms:**

1. We will remove toys and objects which cannot be easily cleaned or sanitized between use.
2. Given that cloth toys are not recommended at this time, we will remove these from classrooms.
3. We will temporarily suspend use of water and sensory tables.
4. Cloth toys will be used by one individual at a time and laundered before being used by another child.
5. Toys will be washed and sanitized before being moved from one group of children to another.

## Mealtimes

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**To limit opportunities for exposure during mealtimes, we will engage in the following recommended practices:**

1. We will space seating as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging seating.
2. We will modify our family-style meal service and have staff plate each child's meal so that multiple children are not using the same serving utensils.
3. We will serve meals in the classroom instead of group dining spaces.
4. Staff and children will wash hands before and immediately after children have eaten.

## **Naptime**

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**To reduce potential for viral spread, we will engage in the following recommended practices:**

1. Using bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
2. Bedding that touches a child's skin will be cleaned weekly or before use by another child.
3. Storing each child's bedding in individually labeled bins, cubbies, or bags.
4. Labeling each child's cot/mat.
5. Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, ideally 6 feet apart.
6. When possible, children will be placed head-to-toe (i.e., one child with their head at the top of the mat, the next child over with their head at the bottom of the mat).

## **Items Brought From Home**

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items from home as much as possible. However, we recognize that placing limits on children's comfort items may increase stress for children and staff as they may be especially needed during this time of transition.

**We ask that families and staff follow these guidelines with regard to children's comfort items:**

1. To avoid these items coming into contact with many children, efforts will be made for these items to be placed in a cubby or bin and be used at naptime or as needed.
2. If possible, comfort items should remain at the child care facility to avoid cross-contamination.
3. Items should be washed weekly (at our facility or the child's home) and daily if the comfort item is a soft material (e.g., blanket, stuffed animal, clothing).

## **Screening Families & Staff for COVID-19 Symptoms and Exposure**

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**Upon arrival to the program, staff and families are required to report if they or anyone in their household:**

**have received positive COVID-19 results;  
been in close contact with someone who has COVID-19; and/or  
have experienced symptoms such as persistent cough, fever, difficulty breathing, chills,  
change in smell or taste, diarrhea, and/or vomiting.**

**The procedures we will use to screen staff for symptoms and exposure include:**

Child ratios have not changed for child-care centers as we naturally and inherently practice proper social distancing procedures.

As well as proper classroom staffing, we have staffed additional bodies to facilitate proper cleaning, sanitizing and monitoring of symptoms.

**The procedures we will use to screen children/families for symptoms and exposure include:**

Daily temperatures with infrared thermometer scan will be taken upon arrival for staff and children.

Ongoing assessments for flushed cheeks, rapid or difficulty breathing, fatigue or extreme fussiness.

## **Daily Temperature Checks**

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## ***Temperature Checks***

As fever is the key indicator of COVID-19 in children, we will check each child's temperature upon daily arrival to the program. Staff will also be asked to take their own temperatures upon arrival to work. Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).

### **When children arrive to the program, temperature checks will occur**

before children enter their classroom.

### **Each child's temperature will be taken by:**

program staff.

### **The following staff members will be responsible for temperature checks:**

Eva Sobh  
Muna Althwej  
Samar Sabra  
Nariman saab

### **To minimize potential spread of illness, staff will:**

1. wear a face mask while taking the child's temperature.
2. wear disposable gloves, which will be changed before the next check if physical contact with the child occurred.
3. wash their hands (using soap and water for 20 seconds or using a hand sanitizer with at least 60% alcohol) between checks.
4. **disinfect non-disposable thermometers between uses (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab).**

## **Responding to Symptoms and Confirmed Cases of COVID-19**

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### ***Responding to COVID-19 Symptoms On-Site***

If a child or staff member has a temperature above 100.4 degrees and/or symptoms such as persistent cough, difficulty breathing, chills, diarrhea, or vomiting, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

### **If a child develops symptoms during care hours:**

- Parents will be contacted for prompt pick-up.
- The child will be isolated from other children and as many staff as possible (the child will not be left alone).
- The child will wait with the following designated staff member(s):: Muna Althwej
- The child and designated staff will wait in the following safe, isolated location:: Room 18

### **If a staff member develops symptoms during care hours:**

- They will be asked to go home immediately.
  - If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location: Room 18
- Other procedures include: Additional caregivers are staffed to immediately be available with children

## **Reporting Exposure**

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## Reporting Exposure

If a child, staff member, family member, or visitor to our program shows COVID-19 symptoms or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine whether to close individual classrooms or our facility, the duration of the closure, and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

**Our local health department can be contacted at:**

734-727-7078

## Returning to the Program After Experiencing Symptoms and/or a Positive COVID Test

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**If a staff member or child has a fever OR a cough (but no other symptoms):**

We will require a doctor's note and/or a negative Covid-19 test before returning to the center.

**If a staff member or child exhibits multiple symptoms of COVID-19, possible exposure is expected, OR an individual tests positive for COVID-19, the individual must stay home until:**

They have been fever-free for at least 72 hours without the use of medicine that reduces fevers AND  
Other symptoms have improved AND  
At least 10 days have passed since their symptoms first appeared.

**As per [Executive Order 2020-36](#), if staff or their close contacts have possible or confirmed cases of COVID-19, staff will be allowed to remain home without penalty of discharge, discipline, or other retaliation.**

**To accommodate for the potential need to quarantine staff or allow for longer absences from work than normal, we will implement the following staffing plan to ensure we can meet staff to child ratios:**

In the event that a staff member becomes ill, we will provide a substitute caregiver or administrative staff.

**Because child care staff members are part of Michigan's essential workforce, they are eligible to be tested for COVID-19.**

Staff can visit [this resource](#) to locate a nearby test site.

## Maintaining Consistent Groups

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**During this time, we will maintain the following group sizes:**

Leave blank if this age group does not apply to your program.

**Infants and Toddlers, birth until 30 months of age**

9

**Preschoolers, 30 months until 3 years of age**

8

**Preschoolers, 3 years of age until 4 years of age**

8

**Preschoolers, 4 years of age until school-age**

16

**School-agers**

18

## **To minimize potential spread of COVID-19, we will engage in the following best practices:**

1. To the extent possible, classrooms will include the same group of children and providers each day.
2. Each group of children will be kept in a separate room.
3. We will adjust staffing patterns to have children dropped off and picked up in their classrooms rather than a combined before-/after-care space.
4. We will limit the mixing of children across groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.
5. Canceling or postponing field trips and special events that convene larger groups of children and families.
6. Limiting non-essential visitors, volunteers, and activities including groups of children or adults.
7. Any in-person staff meetings will be limited to 10 people and social distancing requirements will be followed as much as possible.

## **Drop-Off and Pick-Up Procedures**

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### **We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.**

1. Only one adult per family should be present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though we recognize this is not always possible.
2. We will implement staggered drop-off and pick-up times to limit contact among parents.
3. Staff will greet children and families curbside or outside the building and walk children in and out of the building.
4. Children should enter the building without car seats.
5. We will have a hand hygiene station at the entrance to our building so children and parents can clean their hands.
6. We will ask parents and other visitors to wear masks while in the building.
7. We ask that parents avoid congregating in a single space or a large group.

### **We will temporarily be changing our sign-in/-out policies as follows:**

Parents will use a separate document to document pick-up/drop-off times, which they will sign and return at the end of each week.

## **Hand Washing**

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### **We will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:**

- Staff and children will wash hands often with soap and water for at least 20 seconds.
- Soap and water are the best option, especially if hands are visibly dirty. 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. Staff and children should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
- Staff should assist children with hand washing (especially infants who cannot wash hands alone) and use of hand sanitizer to ensure proper use and prevent ingestion.
- Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.
- Wearing gloves does not replace appropriate hand hygiene.
- Hand hygiene is especially important after blowing one's nose, going to the bathroom, before eating or preparing food (or helping children do any of these actions).

## **Cleaning and Disinfecting**

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## ***Cleaning and Disinfecting Surfaces***

**We will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:**

1. Daily cleaning/disinfecting of **high-touch surfaces** (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs).
2. Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
3. Regular cleaning of **electronics** (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
4. Use of a **schedule** for regular cleaning and disinfecting tasks.
5. Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
6. Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection.
7. Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
8. Keeping cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** during use to prevent inhalation of toxic fumes.

## ***Cleaning and Disinfecting Toys***

**We will engage in the following best practices to clean and disinfect toys:**

1. We will clean toys frequently, especially items that have been in a child's mouth.
2. We will set aside toys that need to be cleaned (e.g., out of children's reach in a dish pan with soapy water or separate container marked for "soiled toys").
3. We will clean toys with soapy water, rinse them, sanitize them with an EPA-registered disinfectant, rinse again, and air-dry.

## **Safety Equipment**

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### ***Face Mask/Coverings for Staff***

**Our plan for staff around face masks/coverings is as follows:**

Staff are encouraged, but not required to wear masks or face coverings on-site. Upon request we will provide non-medical grade face coverings to employees.

### ***Use of Gloves***

Staff will wear gloves in a manner consistent with existing licensing rules (for example, gloves should be worn when handling contaminants, changing diapers, cleaning or when serving food). Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not recommended for broader use and do not replace hand washing..

### ***Face Masks/Coverings for Children***

**Our plan regarding children wearing cloth face coverings during care is:**

Children are not required to wear a mask during care.

## **Partnering and Communicating with Families & Staff**

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### ***Communicating with Staff and Families***

**We will actively communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.**

The staff responsible for handling questions and outreach for **staff** is : Eva Sobh, Muna Althweij

The staff responsible for handling questions and outreach for **families** is : Eva Sobh, Muna Althweij

### **Training Staff**

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, and our new policies and procedures as outlined in this plan.

### **Supporting Children's Social-Emotional Needs**

Staff and families will partner together to support the needs and emotional reactions of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the "disappearance" of their child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation and we will work together to support all caregivers.

### **We will make the following resources available for staff and families to support children:**

[Crisis Parent and Caregiver Guide](#), from the Michigan Children's Trust Fund

[Talking with Children about COVID-19](#), from the CDC

[Helping Young Children Through COVID-19](#), from Zero to Thrive (includes Arabic and Spanish translations)

[Georgie and the Giant Germ](#), from Zero to Thrive and Tender Press Books

### **Supporting Staff Members' Social-Emotional Needs**

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead. As essential workers in the COVID-19 pandemic, we understand our staff may have worries about their own physical or psychological health, and the potential risk to their family members at home. Because young children internalize the stress of the adults who care for them, we know it is vitally important to provide supports and services to ensure the emotional well-being of our staff.

## **Contact Information**

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### **Email address**

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### **Comments:**