



BHK COVID-19 Preparedness and Response Plan

Family Guidance

BHK is committed to protecting the health of our staff, children, families, 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, Occupational Safety and Health Administration, and Caring for Our Children, 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 staff, children, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

About COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people have experienced no symptoms at all. According to the CDC, symptoms of COVID-19 may appear in as few as 2 days and as long as 14 days after exposure.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the viruses spread.

Basic Hygiene and Infection Control Measures

We ask all employees and enrolled families to cooperate in taking steps to reduce the transmission of infectious disease in BHK classrooms and through in-person services. Please follow good hygiene and infection control practices, including:

- Promote frequent and thorough **hand washing for at least 20 seconds**.
- Encourage workers, children and families to **stay home if they are sick**.
- Encourage **respiratory etiquette**, including covering coughs and sneezes.
- Reduce close contact with others by practicing physical or **“social distancing”** and if you are in the community wear a **cloth face covering**.
- Avoid touching eyes, nose and mouth with unwashed hands
- Maintain **regular housekeeping practices**, including routine cleaning and disinfecting of frequently touched surfaces.
- **Follow local and state guidance** on travel and stay at home restrictions.

Stay Home When Ill

During an infectious disease outbreak, it is critical that children and families do not attend school while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, shortness of breath, chills and fatigue. BHK's Temporary Exclusion Policy for Illness applies. Children identified with symptoms will be sent home ASAP in accordance with these health guidelines.

Changes to our Physical Spaces

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

- Where possible, **divide large group spaces** to allow more children to safely use the space (e.g. use furniture to divide a room and prevent mixing between groups of children).
- Where possible, **limit or eliminate 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.
- Rearrange classroom areas to **seat children as far apart as possible** and limit the number of children sitting together.
- **Remove area rugs.**
- **Use touchless trash cans** to provide a hands-free way to dispose of tissues and contaminants.
- Ensure ventilations systems operate properly and **increasing circulation of outdoor air** as much as possible.
- **Increase time outdoors**- it is great for physical and mental health.
- **Temporarily suspend non-essential visitors and volunteers**
- **Limit in-person staff meetings to 10 people** and social distancing requirements

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

- Remove toys and objects, which cannot be easily cleaned or sanitized between uses.
- Temporarily suspend use of water and sensory tables.
- Toys will be washed and sanitized before being moved from one group of children to another.

During this time, we will maintain the following **group sizes** (includes all individuals- staff and children):

- Infants and Toddlers, birth until 30 months- group size of 8-10
- Preschoolers, 3 years of age until 5 years of age- group size of 10-16
- School-agers- group size of 12-18
- To the extent possible, classrooms will include the same group of children and providers each day
- Limit contact with additional adults in classrooms (supervisors, therapists) and their time in classrooms, being mindful of maintaining learning pods without multiple individuals entering multiple groups
- We will stagger times for outdoor play and gym time
- Cancel field trips or events that convene larger groups of children and families

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

- Space seating as far apart as possible (ideally six feet apart) by limiting the number of children sitting together, rearranging seating, or staggering meals and snacks.
- Modify our family-style meal service and have staff plate each child's meal/snack so that multiple children are not using the same serving utensils. Meal vendors will provide meals that are individually portioned, packaged, delivered, and served as a unit, when possible.
- Staff and children wash hands before and immediately after eating.
- Tooth brushing following meals/snacks will be suspended. Please practice regular oral hygiene at home.

During [rest time/naptime](#), we will engage in the following recommended practices:

- Use bedding that can be washed.
- Label each child's crib/cot/mat. Store each child's bedding separate from other children's.
- Ensure cribs/mats/cots are spaced out as much as possible, ideally 6 feet apart.
- When possible, children will be placed head-to-toe to increase physical distance.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Regular checkups are an important way to keep track of your child's health and physical, emotional and social development. These [well-child visits are important for ALL children](#). EPSDT is key to ensuring that children receive appropriate preventive, dental, mental health, developmental, and specialty services at age-appropriate intervals.

EPSDT services, provided on a well-child visit includes:

- Comprehensive health and developmental history
- Comprehensive physical exam (at 1 week, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years and annually thereafter)
- Appropriate immunizations – routine vaccination is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks.
- Lab tests (lead screening, hemoglobin, etc.)
- Hearing and vision screening
- Health education (anticipatory guidance of child development, healthy lifestyles, and accident and disease prevention)
- Oral health exam
- Any necessary diagnostic services or treatment

Think of these visits are your chance to learn as much as you can about the best ways to help your child grow.

BHK programming requires children to have all of the EPSDT services listed above. Please [keep your child's well- child visits and immunizations up-to-date](#).

Items 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.

- Please leave your child's car seat in the car.
- Consider leaving a pair of shoes at the center for each child. If possible, they should be washed or sanitized weekly.
- To avoid items coming into contact with many children, efforts should be made for comfort items to be placed in a cubby or sealed bag and be used at naptime or as needed. If possible, a comfort item should remain at the center to avoid cross contamination from another site. Items should also be washed at least weekly.

Screening Families & Staff for COVID-19 Symptoms and Exposure

Staff conducting COVID-19 screening prior to entry into the center/classroom, will wear a medical grade facemask, and face shield. No contact thermometers will be used to obtain temperatures.

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

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

As fever is the key indicator of COVID-19 in children, we will check each child's temperature upon daily arrival to the program. After all screenings are completed or when contaminated with respiratory droplets, thermometers will be cleaned using an alcohol wipe. 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).

If your child does not have a fever and you answer no to all of the three questions above, your child may enter the classroom and BHK staff and your child will wash their hands for at least 20 seconds.

If a child has a temperature above 100 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.

- 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 (over age 2) will wear a mask/face shield if tolerated. Staff will wear a medical grade facemask, shield and gloves when caring for the sick child.
- BHK staff will contact individuals on your child's Child Information Record (emergency card) for pick up

NOTE: Please **keep your child's Child Information Record (emergency card) current** with designated individuals for pick up in case of an emergency.

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.

At the beginning of each day at the start of each work shift, BHK staff are screened for signs and symptoms of COVID-19 as required. Employees have been directed to promptly report any signs and symptoms of COVID-19 to Supervisor or HR before and during the workday.

If a BHK staff member develops symptoms during care hours:

- They will be asked to go home immediately
- If no other caregiver is immediately available to be with children, the staff member will put on a surgical mask and limit close interactions with children until they can be relieved by another staff member
- Children may need to be picked up if no other caregiver is available

Reporting Exposure

If a child, staff member, family member, or visitor to our program tests positive for COVID-19, 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.

Returning to the Program after Experiencing Symptoms and/or a Positive COVID-19 Test

Staff members and children should stay home and self-isolate if they show symptoms of COVID-19. Most children and staff members can return to work/care based on improved symptoms and the passage of time (see guidance below). Staff and children with underlying health conditions (e.g. compromised immune systems, chronic respiratory conditions), or who are at higher risk should consult with their primary care physician/medical provider before returning to work/care.

If a staff member or child has a fever or cough (but no other symptoms), they may return to work/care once fever free for 24 hours, without the use of fever reducing medications.

If a staff member or child displays principal symptoms* of COVID-19, he/she should remain in their home until:**

- **At least 24 hours have passed since last fever** (resolution of fever), without the use of medicine that reduces fever **AND**
 - **Improvement in other symptoms AND**
 - **At least 10 days have passed** since their symptoms first appeared (onset).
- *Principal symptoms of COVID-19 are defined as i) any one of the following symptoms not explained by a known medical or physical condition: fever, an uncontrolled cough, shortness of breath; or ii) at least two of the following not explained by a known medical or physical conditions: loss of taste or smell, muscle aches (“myalgia”), sore throat, severe headache, diarrhea, vomiting, or abdominal pain.
 - **If asked to ‘remain in home’, individuals should leave the home or place of residence only: i) to the extent absolutely necessary to obtain food, medicine, medical care, or supplies that are needed to sustain or protect like, where such food, medicine, medical care, or supplies cannot be obtained via delivery; or ii) to engage in outdoor activity, remaining at least six feet from people from outside their household.
 - If a child or staff member visits a healthcare provider and another cause is identified for the symptoms, the individual may return to care once symptoms improve and they have been fever-free for at least 24 hours without the use of medicine that reduces fevers.
 - If another cause is not identified, the individual should be tested for COVID-19.

Any and all people who had had close contact (within six feet of an individual for 15 minutes) with an individual who tests positive for COVID-19 or with an individual who displays the principal symptoms of COVID-19 should remain in their home or place of residence (apart from seeking medical care) until either:

- **14 days have passed** since the last close contact with the sick or symptomatic individual; **OR**
- The individual displaying COVID-19 symptoms receives a **negative COVID-19 test**.

If a staff member or child tests positive for COVID-19, our local health department will tell us when the individual may return. In general, individuals must stay home until:

- **At least 24 hours have passed since last fever** (resolution of fever), without the use of medicine that reduces fever **AND**
- **Improvement in other symptoms AND**
- **At least 10 days have passed** since their symptoms first appeared (onset) or since they were swabbed for the test that yielded the positive test result.

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.

- BHK maintains an active substitute staff pool.
- If substitute staff is not available, existing staff including supervisors may be used.
- The classroom may temporarily close if adequate staffing cannot be secured for the day.
- Please have a backup plan for care if your child is excluded or the classroom is closed.

Drop-Off and Pick-Up Procedures

- 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.
- Implement **staggered drop-off and pick-up times** to limit contact among parents. These practices need to be balanced with the impact on a child's transition time, the parent's work schedule, and the impact on instructional time.
- Please leave your child's car seat in the car.
- Have parents and children over two years of age **wear cloth face coverings**, when possible.
- Hand hygiene stations are at the entrance of our facilities so **children and parents can clean their hands**. We use hand sanitizer with at least 60% alcohol. The hand sanitizer should remain out of the reach of children and be used under adult supervision.
- 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 at the end of each week.
- **Notify your child's teacher if your child is not attending** for the day.

Transportation

Continue to avoid non-essential travel.

Additionally:

- Screen for COVID-19 by completing screening questionnaire and taking temperature of all children, parents, and staff members as they enter the bus.
- If symptomatic, the individual is advised to remain at home and seek medical guidance.
- Children and staff are to sanitize hands upon entering the bus.
- Everyone in the vehicle, to the extent possible, should wear cloth face coverings.
- If re-boarding the vehicle, sit in the same seat each time.
- Clean commonly touched surfaces in vehicles between transporting passengers. Staff will use disposable gloves while performing cleaning and disinfecting, and leave doors and windows open for ventilation.
- If travel is necessary, vehicles will be modified to allow for social distancing.

Cleaning and Disinfecting

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

- **Daily cleaning/disinfecting of high-touch surfaces** (e.g. sinks/faucets, toilets, light switches, door knobs, handles, phones, counter, tabletops, and chairs)
- **Normal routine cleaning of outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g.

grab bars, railings)

- Regular cleaning of electronics according to manufacturer's instructions
- Use of a schedule for regular cleaning and disinfecting tasks
- Cleaning dirty surfaces using detergent or soap and water prior to disinfecting
- Ensure staff wear disposable gloves to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
- Use CDC-recommended disinfectants such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
- Keep 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.

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

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

An enhanced cleaning and disinfection shall be performed after persons suspected or confirmed to have SARS-CoV2-19 have been in the center.

Personal Protection

The decision to wear face coverings is dependent on the age of the individual, number of children in care, the level of community spread, the ability to physical distance, and any order put in place by our local health department or state executive order. By Executive Order, Governor Whitmer has required all employers whose workers perform in person work to provide non-medical grade face coverings (e.g. homemade mask, scarf, bandana, or handkerchiefs) to their workers.

Cloth face coverings should never be placed on young children under age 2, anyone who cannot medically tolerate a face covering, or anyone unable to remove the face covering without assistance.

Face coverings for staff:

Staff are to wash hands before putting on a face covering, after touching the covering, and after removing the face covering. Staff are to wear their face covering, covering the nose and mouth, at all times when in a BHK operated facility with the exception of during meals, during rest/quiet time, or outdoors if they are able to physically distance. Face coverings shall be worn on buses, in indoor hallways and common areas, and in classrooms or similar indoor settings.

Consultants, therapists, and contractors will be screened for COVID-19 symptoms and will be denied building access if symptomatic. They are to wear a face covering while in BHK centers and classrooms.

Visitors, vendor, and delivery staff are required to wear face coverings while in BHK operated facilities.

Face coverings for children/families:

We do encourage parents, caregivers and children over the age of two to wear masks during screening process, prior to entry into the classroom, and when in the community in areas in which you are not able to maintain 6 feet of physical distance.

Cloth face coverings are highly recommended for children over age two. In BHK EHS classrooms, 2 and 3 year old children wear face coverings based on parent choice. In the preschool (3-5 year old) classrooms, children are highly recommended to wear face coverings. Children will not wear face coverings during meals, at rest/quiet time, or when outdoors.

A child wearing a cloth face covering is not a requirement for enrollment.

Smocks: BHK EHS staff are encouraged to don a smock upon entering the classroom and remove it when exiting the classroom. Staff should wear a laundered smock each day.

Gloves: BHK staff 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 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.

Keeping Everyone Safe during Home Visits

Before your home visit:

- Decide where your visit will occur- at your home, outside, in community, or virtually
- If completing an in person visit, BHK staff will contact you the day of your visit for a health screening. You will be asked the following questions:
 1. Anyone in the household received positive COVID-19 results;
 2. Has your child been in close contact with someone who has COVID-19; and/or
 3. Has your child felt unwell in the last 3 days or experienced symptoms such as persistent cough, fever, difficulty breathing, chills, change in smell or taste, diarrhea, and/or vomiting.

BHK staff will take temperature of all individuals participating in the home visit with a non-contact thermometer. If your family answers yes to any of the three questions above and/or has a fever of $\geq 100^{\circ}$ F, the visit will be cancelled and your family should contact your primary health care provider.

During the visit, everyone should:

- Wear a cloth face covering (except children under age 2 or an individual who is medically unable to wear a mask).
- Wash hands or use hand sanitizer at start of home visit
- Avoid close contact, try to maintain a 6 foot distance between staff and family
- Limit shared items

After the visit, everyone should wash hands or use hand sanitizer.

Partnering and Communicating with 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.

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 changes, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and

families may need some new tools in their toolbox to assist the child with emotional regulation and we will work together to support caregivers.

To help reduce the stress of re-entry to care, BHK recommends the following resources:

- Caring for Each Other: <https://www.sesamestreet.org/caring>
- Crisis Parent and Caregiver Guide: https://www.michigan.gov/documents/ctf/CTF_Parent_Guide_687268_7.pdf
- Talking with Children about COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>
- Helping Young Children Through COVID-19: <https://zerotothrive.org/covid-19/covid-19-kids/>
- Pediatricians from BCMH have a video explaining what a doctor visit looks like if your child is seen with COVID-19 symptoms: <https://www.facebook.com/coppercountrygreatstart/videos/1646136765533314/?extid=3aJIHr5G4Ns5XUaT>
- Conscious Discipline resources:
 - The Task of the Mask
 - When We All Come Together Again
 - Managing Scared During COVID-19

This Plan responds to the COVID-19 outbreak. As this pandemic progresses, BHK will update this Plan and its corresponding processes.

This Plan will expire upon conclusion of its need, as determined by BHK Leadership and in accordance with guidance from local, state, and federal health officials.

DISCLAIMER: This information was developed based on latest information, but is subject to change at any time.

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