

Maryland's Child Care COVID-19 Build-A-Plan Tool

Program Information

Child care program name:

Antioch Child Care Center

Program type:

Child Care Center or Letter of Compliance Facility

Maryland jurisdiction

Prince George's County

If families or staff have questions about this plan, they may contact:

lbrame@antiochccc.com

Introduction

Our Commitment to Health, Safety, and Children's Learning & Development

Antioch 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 Maryland State Department of Education and Maryland Department of Health, 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. 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.

Keeping our children, families, and staff healthy and providing high-quality care is a community effort. To assist us in implementing the strategies in this plan, we can draw on the following resources for support (e.g., coaching, technical assistance, etc.):

Prince George's Child Resource Center 301.772.8420 | childresource.org

Other - Write In: MSDE Office of Child Care

Other - Write In: Maryland Health Department

Ratios & Group Sizes

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

Infants: Staff-to-child ratio of 1:3 and maximum group size of:

Toddlers: Staff-to-child ratio of 1:3 and maximum group size of:

Two-year-olds: Staff-to-child ratio of 1:6 and maximum group size of:

9

Preschool (3- and 4-year-olds): Staff-to-child ratio of 1:10 and maximum group size of:

20

School-age (children 5 and older): Staff-to-child ratio of 1:15 and maximum group size of:

15

Classroom Cohorts

To reduce opportunities for viral spread, we will be implementing "classroom cohorts," where the same group of children and staff remain together every day, with as little mixing between groups as possible. To support this practice, we will make the following temporary changes:

- We will limit the mixing of groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.
- If restrooms are shared by children from different classrooms, they will be used by children from one classroom at a time and disinfected between use by different classrooms.
- Children will eat in their classroom rather than the cafeteria or dining hall.
- We will adjust staffing patterns to have each staff member exposed to as few groups as possible, while still ensuring there is adequate coverage for breaks, etc.
- Communal areas shared by staff (e.g., break room, shared restrooms) will be used by only one person at a time, and high-touch areas will be disinfected between uses.
- High-touch surfaces in shared staff restrooms will be disinfected between use.

Supporting Social/Physical Distancing

Our program will use the following strategies to encourage physical/social distancing in our learning environments:

- Rearranging furniture to section off play spaces and maintain 6-foot separation, when possible.
- Limiting the number of children in one space at a time (e.g., using Velcro strips, or a pocket chart to show how many children may be in an area at one time).
- Having duplicates of toys/materials and/or setting up multiple areas for high-interest activities (e.g., multiple block areas or art stations).
- Helping preschool children define their personal space using yarn, masking tape, mats, carpet squares, sheets of cardboard, hula hoops, etc.
- Use of plexiglass dividers between play spaces so children can still see each other.
- Using markers (e.g., tape) on the floor to indicate spaces to line up.
- Conducting more activities in small groups (e.g., read-alouds, introducing a topic) that might usually be done in a large-group (e.g., circle time).
- Planning activities that do not require close physical contact between individual children.
- Incorporating additional outside time as much as feasible.
- Encouraging children to use alternate greetings or shows of affection that limit physical contact (e.g., waving, bowing, or curtsying to each other; air hugs or high fives).
- Staff will continue to provide hands-on support for any child with a special health care need (e.g., assisting with mobility equipment, nebulizers, communication devices, etc.)
- Limiting non-essential visitors, volunteers, and activities, including groups of children or adults.
- Canceling or postponing field trips and special events that convene larger groups of children and families.

Food & Mealtimes

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

- Spacing children as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging tables/seating.
- Serving meals in the classroom instead of group dining spaces.
- Staff and children will wash hands before and immediately after children have eaten.
- Placemats will be used for children to define their space (wiped down and sanitized with the same procedure used for cleaning tables after meals).
- Kitchen staff will prepare food wearing face coverings and masks with additional sanitizing and disinfecting practices.
- Kitchen staff will deliver meals/snacks outside classrooms, and classroom staff will bring food into the classroom. Classroom staff will place used dishes outside the classroom for kitchen staff to pick up and clean.
- Cooking/food activities in the classroom will be temporarily suspended.

Nap & Rest Time

To reduce the potential for viral spread, our program will engage in the following recommended practices:

- Using bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
- Bedding that touches a child's skin will be cleaned weekly or before use by another child.
- Sanitizing cots/mats daily by spraying thoroughly and allowing them to air dry.
- Storing each child's bedding in individually labeled bins, cubbies, or bags.
- Labeling each child's cot/mat to ensure they are used by the same child each day.
- Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, ideally 6 feet apart.
- 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:

- To avoid these items coming into contact with other children, efforts will be made to store these items in a cubby or bin and be used at naptime or as needed.
- If possible, comfort items should remain at the child care facility to avoid cross-contamination.

Toys and Materials in the Learning Environment

Availability and Use

At this time, our program will make the following changes to the toys and materials in our learning environments:

- Providing duplicates of toys and multiple sets of materials to limit the number of children touching the same objects.
- Each child will have their own set of toys and materials (e.g., a bin of toys they have chosen for choice time which will be disinfected after use, their own set of art supplies).
- Temporarily suspending use of water and sensory tables.
- Temporarily removing toys and materials from the classroom which cannot be easily cleaned or sanitized between use.
- Rotating the toys that are out at any particular time so that they can be adequately cleaned and sanitized.

Cleaning and Sanitizing

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

- Toys and other materials will be washed and sanitized before being used by another classroom cohort.
- Cleaning toys frequently, especially items that have been in a child's mouth or if a child coughs or sneezes on them.
- Setting aside toys that need to be cleaned (e.g., out of children's reach in a container marked for "soiled toys" or "yucky bucket").
- Cleaning toys with soapy water, rinse them, sanitize them with a CDC-recommended disinfectant, rinse again, and air-dry.
- Cleaning toys in a dishwasher.

Cleaning and Disinfecting

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

- Frequent cleaning/disinfecting of **high-touch surfaces** (e.g., sinks, toilets, diaper stations, light switches, door knobs, counter and tabletops, chairs).
- Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
- **Outdoor toys** (e.g., tricycles, balls) are cleaned and sanitized between use by different classroom cohorts.
- Regular cleaning of **electronics** (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
- Use of a **schedule** for regular cleaning and disinfecting tasks.
- Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
- Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection.
- Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
- 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 the Facility if Someone is Sick

If someone has been in the building who tests positive for COVID-19 or shows COVID-19-like illness (any one of these symptoms: *cough, shortness of breath, difficulty breathing, new loss of taste or smell* OR two or more of these symptoms: *fever, chills, muscles aches, sore throat, headache, nausea, vomiting, diarrhea, fatigue, congestion, or runny nose*), we will follow [CDC guidance](#):

- Close off areas used by person who is sick.
- Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
- Open outside doors and windows to increase air circulation in the area
- Temporarily turn off room fans and/or in-room, window-mounted, or on-wall recirculation HVAC (we will NOT deactivate central HVAC systems).
- Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices).
- Vacuum the space if needed (with a high-efficiency particulate air [HEPA] filter if possible).
- Follow guidance listed above regarding types of surfaces and disinfectants

Healthy Hygiene Practices

Our program 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:

- A written hand washing procedure approved by the Office of Child Care shall be posted at each sink used for washing hands.
- Hand hygiene is especially important after toileting or diapering, before eating or preparing food, handling an animal, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
- 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, staff may use alcohol-based hand sanitizers with at least 60% alcohol if soap and water are not readily available. Staff should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
- We will not use alcohol-free wipes on children's hands as this is not recommended.
- 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.

Face Coverings

Who Should Wear Face Coverings

The following policies apply with regard to wearing face coverings at the child care program:

- Child care staff are **required** to wear cloth face coverings throughout the work day.*
- Parents (and other adults) are **required** to wear cloth face coverings during drop-off and pick-up, when performing temperature checks, and if they enter the building.*
- It is **required** that children 5 and older wear a cloth face covering while in the child care program *if they can do so safely and consistently.***
- It is **recommended** that 2-, 3-, and 4-year-olds wear a cloth face covering while in the child care program *if they can do so safely and consistently.***
- Face coverings will **not** be placed on children under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance.

Other policies: We request that parents bring their child to the day care with a mask. Mask will be removed if the child can not consistently keep it on.

Use, Removal, and Storage of Face Coverings

Our program will use the following recommended practices with regard to face coverings:

- Children's face coverings should be removed **by the child** for meals, snacks, naptime, high-intensity activities (e.g., running), outdoor play (if physical distancing can be maintained), or when it needs to be replaced (e.g., becomes wet or soiled).
- Staff and children should remove face coverings by touching only the straps.
- Staff and children should wash their hands if they touch their face covering or face; before and after removing a face covering; and before replacing a face covering.
- Cloth face coverings should be worn properly (i.e., cover the nose and mouth; never be worn around the neck or over the head or if they pose a strangulation risk).
- Face coverings should never be reused unless stored properly between uses and should not be shared among children and/or staff.
- Cloth face coverings will be placed in a clean paper bag (marked with the child's name and date) when removed until the face covering needs to be put on again.

Family Responsibilities for Face Coverings

We ask that families follow these policies regarding the provision and washing of children's face coverings:

- Parents should provide cloth face coverings (or surgical face masks) for their own child/children.
- Face coverings should be free of choking hazards (e.g., stickers, buttons) and be clearly marked with the child's name and which side of the covering should be worn facing outwards.
- Parents should provide a sufficient supply of clean/unused face coverings for their child each day to allow replacing the covering as needed.
- If a child does not have an adequate supply of face coverings on a particular day, we will inform the family that additional face coverings are needed, but the child may remain in care that day.
- Parents should take home their child(ren)'s face coverings to launder them.

Other policies related to face coverings include:

We will provide face mask to children in addition to the parent providing mask from home.

Drop-Off and Pick-Up Procedures

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

- Parent access to the facility will be limited to the area just inside the entrance with social distancing during temperature/symptom checks and child hand-off.
- 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.
- Implementing staggered drop-off and pick-up times to limit contact among parents.
- There will be hand sanitizer or wipes at the sign-in station for parents/guardians to clean pens/keypads between each use.
- Parents and other visitors should wear masks while in the building.
- Parents should avoid congregating in a single space or a large group.
- There will be place markers (e.g., strips of tape, cones) 6 feet apart near our entrance so families know where to stand safely from one another while waiting to check-in.
- Staff will work with families to arrange for transferring any devices or equipment (e.g., wheelchair, mobility devices, etc.) into/out of the program in the context of our modified drop-off/pick-up procedures.

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, we will ask staff and families to report if staff/children have: had any symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, new loss of taste or smell, OR fever of 100.4 degrees or higher, chills or shaking, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose). been diagnosed with COVID-19, tested for COVID-19 due to symptoms and are awaiting a result, or have been instructed to isolate or quarantine by a health care provider or health department had close contact (been within 6 feet for more than 15 minutes total in a 24-hour period) with anyone with a confirmed or probable case of COVID-19 within the last 14 days and did not complete quarantine.

The procedures used to screen staff for symptoms and exposure include:

There will be an assigned staff member daily to take the temperatures and as the covid health questions. She/he will be responsible for recording the temperature and completing the covid screen health form daily. The temperature check staff member will be in full PPE during the temperature check. All temperature check data will be shared with the Director only.

The procedures used to screen children/families for symptoms and exposure include:

There will be an assigned staff member daily to take the temperatures and as the covid health questions. She/he will be responsible for recording the temperature and completing the covid screen health form daily. The temperature check staff member will be in full PPE during the temperature check. All temperature check data will be shared with the Director only.

If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact:

lbrame@antiochccc.com

Daily Temperature Checks

Temperature Checks

As fever is a key indicator of COVID-19 in children, staff will check each child's temperature upon daily arrival to the program. Staff will also take their own temperatures and record them upon arriving 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.

: Handwashing will be completed before the child enter the classroom.

Each child's temperature will be taken by:

program staff using a **face covering and disposable gloves** while taking children's temperatures.

The following staff members will be responsible for temperature checks:

The following staff member responsible for temperature checks will be a teacher or an aide with over two years employment with the center

Program staff will:

- maintain physical distancing from parents/guardians during temperature checks.
- wear a cloth face covering while taking the child's temperature.
- wear disposable gloves, which will be changed before the next check if physical contact with the child occurred.
- wash their hands (using soap and water for 20 seconds or using a hand sanitizer with at least 60% alcohol) between checks.
- disinfect non-disposable thermometers after each use as recommended by the CDC (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab).

Responding to COVID-19 Symptoms On-Site

Responding to COVID-19 Symptoms On-Site

If a child or staff member develops any COVID-19 symptoms (i.e., cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose) during care, 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):: Will be assigned at the time of incident
- The child and designated staff will wait in the following safe, isolated location::

If a 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 cloth face covering (if not already on) 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.
- 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: nurse room on second floor

When Children and Staff Should Stay Home and When They Can Return

When Children and Staff Should Stay Home

A child or staff member will not be allowed in the child care program if they:

- Have been diagnosed with COVID-19.
- Have had any of the following new symptoms: *cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose.*
- Were tested for COVID-19 due to symptoms and are waiting for test results.
- Have been instructed by a health care provider or the health department to isolate or quarantine.
- Have been in close contact (i.e., within 6 feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days and have not completed quarantine.

When Children and Staff May Return to the Program

When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, alternate diagnoses). To help inform our decision-making process, our program will use the following resources:

- MDH Decision Aid Flow Chart: [Decision aid flow diagram 1.7.21](#)
- Consultation with health care providers and health department

Quarantine and Temporary Classroom/Program Closures

Reporting Exposure

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents are encouraged to keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure. If a child, staff member, family member, or visitor to our program shows symptoms of a COVID-19-like illness 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 the extent and 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 program will determine when to contact our health department/licensing specialist:

- By consulting the **Child Care Closure Guidance** document: <https://bit.ly/CenterClosureGuidance>
- Reviewing the *Exclusion, Quarantine, and Closure Recommendations* and *FAQ* sections of the **COVID-19 Guidance For Child Care Facilities** document: <https://bit.ly/MSDEChildCareGuidance>

Other - Write In:

Our local health department can be contacted at:

301-883-7879

Supporting Families, Staff, and Children

Communicating with Staff and Families

Our program 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 : Laurice Brame

The staff responsible for handling questions and outreach for **families** is : Laurice Brame

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 and Special Health Needs

Staff and families will partner together to support the physical and emotional needs 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 also continue to support children with special health needs and will collaborate with their families and other service providers to ensure their needs are met.

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.