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SIU Carbondale Head Start plans to start the 2021-22 school year as scheduled on August 24, 2021, contingent on guidance from Office of Head Start (OHS), Department of Children and Family Services (DCFS), and the University. The entire plan, including procedures and appendices, is available online at headstart.siu.edu. The five-page overview will be printed and distributed to employees and families. This plan will be reviewed at both the employee pre-service and parent orientations. Children will attend in-person in either full-day or half-day classes at one of the program’s four centers. At this time, no fully-remote option is planned for the upcoming program year as OHS does not recognize fully-remote or virtual as an accepted program option. The following slots are allocated to each site:

<table>
<thead>
<tr>
<th>CENTER</th>
<th>8-hour (full-day)</th>
<th>3.5-hour (double-session)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbondale (CD)</td>
<td>85</td>
<td>60</td>
<td>145</td>
</tr>
<tr>
<td>John A. Logan (JL):</td>
<td>34</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Marion (MN)</td>
<td>34</td>
<td>60</td>
<td>94</td>
</tr>
<tr>
<td>Murphysboro (MB)</td>
<td>34</td>
<td>30</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td><strong>187</strong></td>
<td><strong>150</strong></td>
<td><strong>337</strong></td>
</tr>
</tbody>
</table>

Below are the meeting times for each program option:

<table>
<thead>
<tr>
<th>CLASS</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-day</td>
<td>8:00 am-4:00 pm</td>
</tr>
<tr>
<td>Morning Double Session</td>
<td>8:00 am-11:30 am</td>
</tr>
<tr>
<td>Afternoon Double Session</td>
<td>12:30 pm-4:00 pm</td>
</tr>
</tbody>
</table>

The assigned slots are based on full staffing. Some locations may begin the school year at reduced capacity based on staffing and add children as child development staff are hired. Currently, Murphysboro and Logan will have all classrooms open; Carbondale will open five of seven; Marion will only be able to open two of four. The program has been actively recruiting employees since March and will continue to do so until fully staffed. If you are a job seeker, please call 618-453-0731 to learn about open positions.

**Attendance.** To date, the program is nearing full enrollment in the spots available for children, and families are waiting to receive valuable Head Start services. Enrolled children are expected to attend every day that they are illness free. Families will be given support and opportunities to maintain consistent attendance; however, if consistent attendance cannot be established and maintained, your child will be placed on the waiting list. Another eligible child on the waiting list will then be given the opportunity to enroll. Parents should contact their assigned Community Outreach Worker or Center Director to address barriers preventing child attendance. The program will make every effort to provide the support necessary for regular child attendance (See COVID Policy and Procedure 13 for details).

**Class size.** Per DCFS guidelines, ratios will remain as originally planned, until further guidance indicates that a reduction is appropriate. This means that a maximum of 17 children will be enrolled in full-day and 15 in half-day classes. The program will
continue to implement the cohort model within each classroom to reduce the amount of child contact and intermingling in the classroom. See Procedure 2 for more details about the cohort model.

**Dental Health.** The program will be holding on-site dental screening and fluoride varnish application in the fall. The screenings will be performed by the SIU Dental Hygiene program. Dental health is a vital component of overall health; decayed teeth can impact a child’s ability to develop appropriately and focus on learning. Students must have a signed permission slip to receive this free service. Parent must be sure to have signed the permission slip to receive dental services on the following days:

- Wednesday, October 6th, 2021 at the Carbondale center
- Wednesday, October 13th, 2021 at the John A. Logan center in the morning and at the Marion Center in the afternoon
- Wednesday, October 20th, 2021 at the Murphysboro center

The program will resume child toothbrushing in the fall. Program staff who brush children’s teeth or help children brush should be fully vaccinated against COVID-19 and should wear a properly fitted mask covering their nose and mouth for additional protection. See Procedure 16 for more detailed steps for safe toothbrushing.

**Disabilities Services.** The program will continue to serve children suspected or eligible for IDEA services. The screening and referral processes identify children with suspected disabilities. The Disability and Mental Health Coordinator will work with both the families and school districts in the referral process. Meetings regarding a child’s IDEA services will continue to be held in person (socially distant with masks) or virtually as determined by the specific school district. The Disabilities and Mental Health Coordinator will work with each family to schedule and attend meetings in either setting.

**Dual Language Support.** Children and families who are dual language learners are supported through interpreters and translators who are fluent in the language of the family. Interpreters assist center staff in communicating with parents via telephone or in person. They also assist in the administration of screenings and assessments in the child’s first language. Interpreters work directly with children in the classroom to promote bilingualism and biliteracy. Interpreters will be scheduled to provide services in a way to minimize cross contamination between classes. Documents can be translated into the preferred language of families by the program’s translation staff. ClassTag, the program’s communication and web-based instructional platform, allows families to receive and send communication in a preferred language.

**Family Assessments.** Normally, the family assessment is completed in-person with families in the home soon after enrollment. This year, parents should meet with their assigned Family Advocate either in-person (with social distancing), online, telephone, or the best method determined by the family. During this visit, the Family Advocate will complete a family assessment to identify needed services and establish family goals. This is an important part of Head Start’s comprehensive services for families and is a required component of the program.
**Family Engagement.** Head Start is all about family engagement. Last year, the program (for the first time ever) did not allow parents to enter centers to prevent the spread of COVID. In the upcoming school year, parents will be allowed into centers on a limited basis and remote options for parent engagement and education will continue to be offered. It is important that parents are involved in their child’s educational process and the program will continue to meet the needs and interests of all families. Up to two parents may be allowed in a classroom at any one time, and parents must sign up to volunteer with the Center Director. Parents who show up without making prior arrangements may not be permitted to enter the classroom. All parents must clear a health screening and wear a mask while in the center, and the program strongly encourages all individuals over the age of 12 to receive the COVID vaccination.

Male involvement activities will continue to support fathers and father-figures in promoting relationships with their children and families. Male Advisory Panel (MAP) Meetings will occur both in person and virtually in the fall. After the first MAP meeting, the group will determine an activity schedule and how the activities will occur (in person or virtually) based on community health statistics and results of the male involvement survey, which is part of the parent orientation packet.

**Health Assessments.** All assessments will be performed on their usual schedule. This includes hearing, vision, height, and weight assessments. Health staff will sanitize instruments between each use and will wear masks at all times. Parents will receive assessment results and follow-up with any concerns that need to be addressed.

**Health Screening.** All children will be health screened before entering the bus or facility. This includes a temperature check and health assessment. If the child does not clear the health assessment, they will not be accepted into the care of Head Start. The child will also be re-screened midday and periodically as necessary. If a child is determined to have symptoms of COVID, they will be isolated and the parent will need to pick up the child immediately. See Procedure 3 for details.

**Mental Health Support.** This has been a difficult time for many families in our community. Mental Health Consultants are available for staff, children, and families as needed. One-on-one consultations with employees or parents can be conducted via telephone or in person (with social distancing) and are arranged through the Disabilities and Mental Health Coordinator. Children in need of additional support will also receive one-on-one support from the Mental Health Consultants while at school. Any needs for support should be communicated by completing and submitting a Mental Health Request to the Disabilities and Mental Health Coordinator.

The program will also be implementing a new parent curriculum this year that focuses on developing and recognizing family resilience. **Your Journey Together** promotes the resilience of families through a whole-family coordinated approach. YJT will be introduced to families through a series of modules and parent education activities.
**Parent Orientation.** Every family must complete a Parent Orientation within 30 days of the child starting in the program. Parent Orientation will take place on Intake Days, which are August 12th in Jackson County and August 13th in Williamson County. Parents will be contacted by their assigned Family Advocate to set up an appointment time. Parent Orientations will be completed individually for families who are enrolled past these dates.

**Remote or Virtual Services.** Although the program is not able to provide regular remote or virtual learning as a program option, it will be implemented in emergency closures. If an outbreak of COVID forces the local health department to close an entire classroom, instruction will be delivered via ClassTag, which is the selected online delivery application for remote learning. Parents should create an account early in the school year to become familiar with the program and be prepared for possible at-home learning. See Procedure 15 for more details about remote learning.

**Social Distancing and Safety.** Because children under the age of 12 are not eligible for the COVID vaccine, all children will be required to wear masks. All staff, parents, and volunteers, regardless of vaccination status, are required to wear masks when in the presence of Head Start children until it is determined safe again for vaccinated individuals to go mask free. The program will provide a clean mask for children each day that will be collected at the end of the day. See Procedure 1 for more details.

**Parent Committee and Policy Council Meetings.** The monthly parent committee and Policy Council Meetings will be held both in-person and online through the Zoom application. Parents who attend in person should wear a mask until further notice, regardless of vaccination status. When determined to be safe by local health departments and the University, vaccinated parents may attend in-person without wearing a mask. Links to these meetings are sent out by administrative staff and can also be found on the website: headstart.siu.edu.

**Parent Teacher Contacts and Conferences.** Contacts and conferences are normally held in the home or at the child’s assigned center. This year, the first home visits will be done on August 19 and 20. Due to COVID, Home Visits will be held either by phone, at the center, or in person depending on parent preference. The program will monitor area health conditions and schedule future parent contacts as determined appropriate and safe. See Procedure 14 for more details about home visits and conferences.

**Transportation.** Children will continue to be transported to and from centers as feasible given home address and space on the bus. When possible, children will be placed one per seat and grouped by class. Bus Drivers and Monitors will continue to implement screening and sanitizing processes as described in Procedure 10.
COVId policy and procedure 1: Use of Protective Equipment

Implementation responsibility: Health and Nutrition Coordinator

Monitoring responsibility: Executive Director

Policy

In response to the COVID-19 global pandemic, SIU Carbondale Start will require all employees and children to use Personal Protective Equipment (PPE) per instructions from the Illinois Department of Public Health, the Centers for Disease Control, DCFS, and Office of Head Start when in SIU-owned facilities or grounds (407.Subpart K(A)).

Procedure

I. Supplies

1. PPE, including masks, disposable gloves, smocks, and hand sanitizer must be kept on hand at all times by the Health and Nutrition Coordinator (HNC) for emergency purposes. The HNC will monitor the expiration dates on a monthly basis and replace as needed.

2. In the case of a specific pandemic, such as CV-19, the HNC will immediately upon the outset of the disease contact local, national, and regional resources to obtain a sufficient supply of PPE for staff and families.

3. If centers are open or re-open during the pandemic, the HNC will deliver sufficient PPE to each center for initial inventory (See Appendix B), which will consist of but is not limited to (407.Subpart K(A)(2)(a)):
   a. Cloth face masks for both adults and children (two per child and staff member)
   b. Hand Sanitizer
   c. Disposable latex gloves
   d. Smocks, as requested
   e. Face shields, as requested

4. PPE will be stored in each center’s storage area ((407.Subpart K.(A)(2)(b)):
   a. Carbondale Center: Carbondale Storage Room-108A
   b. John A. Logan Center: Storage Room
   c. Marion Center: Supply Closet/work room
   d. Murphysboro Center: Supply Closet

4. The Center Directors are responsible for distributing the PPE to classroom teachers and support staff and monitoring supply levels. A Supply Request Form (See Appendix C) for additional supplies should be submitted to the HNC well before any item becomes critically low, given the possibility of extended wait times for delivery and shortages.

5. The HNC and Health Specialist (HS) will create a small PPE station at the entry to each facility, which will contain masks for visitors, gloves, hand sanitizer, and a
Thermoscan thermometer to screen parents and visitors before gaining entry to the facility on limited occasions. Because this type of thermometer is touchless, it will not require disinfecting after each use, but will be disinfected between users and at the end of each day. It will be the Center Director’s responsibility to monitor that the PPE station has sufficient materials and communicate any needs to the HNC.

II. Use of Masks

1. Because SIU Carbondale Head Start serves children older than two years of age, all children will wear face masks to the extent practicable except when eating, playing outdoors, and napping. A parent may request an exclusion for their child by submitting a written request to the Health and Nutrition Coordinator, who will approve or deny the request based on the evidence and reason provided and document in the program’s data management system. Per 407.Subpart K.(E)(2), exceptions to use of a face mask include, but are not limited to:
   A. Children who cannot safely and appropriately wear, remove, and tolerate face coverings;
   B. Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
   C. Children with severe cognitive or respiratory impairments that have a hard time tolerating a face covering;
   D. Children for whom the only option for a face covering presents a potential choking or strangulation hazard;
   E. Children who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely.

2. When children are received, each will receive a laundered mask to wear for the day. Upon leaving the bus or center each day, the mask will be collected and laundered. Masks are laundered in the warmest water appropriate for mask fabrics and dried in the highest heat setting (per CDC).

3. “Use of masks” is defined as a mask covering the mouth and nose.

4. Mask use will be monitored by the Teachers and the Center Directors.

5. All employees, vaccinated or unvaccinated, must wear masks when in the presence of Head Start children, excluding during mealtime and when outdoors. Masks should be worn covering both the nose and mouth. Each supervisor is responsible for monitoring employee mask compliance and reporting chronic violations to the Executive Director. If a documented health condition prevents a staff member from wearing a mask when working with children, this documentation should be provided to the HNC in the form of written documentation from their medical provider.

6. Parent and visitor access to facilities will be limited, but those who do enter the building will be required to wear a face mask. Parents who refuse to do so will be referred to the Executive Director for consultation.
III. Use of Gloves

1. Each classroom and bathroom will have disposable gloves available for the purposes of touching food, bodily fluids, and first aid implementation during the course of the day.
2. Disposable gloves are not to replace regular hand washing or sanitizing per the program's original hand hygiene procedure.
3. Gloves should be disposed after use and not to be re-used.
4. After using gloves, staff will be required to wash their hands.

IV. Use of Hand Sanitizer

1. Every classroom and every work area will have access to hand sanitizer pumps. Additionally, the University is supplying individual bottles of hand sanitizer for each employee and supplies to refill as needed.
2. When arriving to work each day, employees are expected to wash hands and may choose to apply hand sanitizer. Hand sanitizer may not take the place of hand washing.
3. Hand sanitizer should never be applied independently by a child. See COVID Policy and Procedure 6(4) for detailed procedure.

V. Use of Face Shields

1. Face shields are not required; however, employees who wish to use a face shield may request one from the HNC.
2. At this time, face shields may not replace the use of masks, so if a face shield is requested, both the mask and face shield must be work simultaneously.
COVID POLICY AND PROCEDURE 2: Child Grouping
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Child Development Coordinator

POLICY
In response to pandemic or other highly contagious disease, SIU Carbondale Head Start may limit the number of children in centers and classrooms and group as needed per guidance from DCFS and other local health resources.

PROCEDURE
1. Each classroom will begin the school year with up to 15 children in half-day and 17 in full-day sessions, depending on local health conditions and guidance from DCFS. Children should be kept with the same teachers, including during meal, snack, rest, and play. (407.Subpart K(B)(1)(a)) and not placed in a different classroom or in a situation in which intermingling with children from other classes is possible (407.Subpart K(F)(9)).
2. Using a cohort model, half of the children in each classroom should be assigned to one teacher and half to the other teacher. The teachers should strive to work closely with their assigned children but should not prevent children from playing with other children in the classroom (407.Subpart K(B)(3)(a)).
3. Administrative staff should limit entry into centers and refrain from entering classrooms unless absolutely necessary to complete their job responsibilities. Administrative staff whose work requires access to classrooms should maintain a six-foot distance from children and staff as much as possible and wear a mask at all times.
4. In cases where a teacher is ill and must be absent, a qualified substitute will be placed in the classroom (See Attachment E: Substitute List).
5. When a child is introduced to the classroom as a new enrollment, a transition process as described below must be followed.
   A. The ERSEA Coordinator and Center Director work together to select a health approved child for enrollment based on the active waitlist and selection criteria.
   a. When an enrollment slot becomes available, the Center Director completes an ERSEA Form and submits to the ERSEA Coordinator.
   b. If the parent accepts the slot, Community Outreach Worker is responsible to review the program’s 2021-22 Learning Plan and precautions for child attendance.
   B. The teacher will provide individualized support to the new child to ensure the child becomes accustomed to the routines and expectations of the classroom, especially focusing on safety practices.
COVID POLICY AND PROCEDURE 3: Daily Health Screening
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Health and Nutrition Coordinator

POLICY

In response to pandemic or other highly contagious disease, SIU Carbondale Head Start will screen employees, children, parents, and other visitors daily for symptoms of disease per directive from DCFS, the University, and local health departments.

Children and unvaccinated employees suspected of having COVID-19, diagnosed with COVID-19, or having been in close contact with persons diagnosed with COVID-19 will be excluded per guidance from the local health department. Vaccinated employees who have been exposed to a confirmed case but are asymptomatic may be required to work from home, depending on their position and level of infection at their assigned center. Vaccinated employees who have been exposed to a confirmed case and are symptomatic will be required to quarantine per health department directive and may return with written clearance from the health department.

PROCEDURE

I. Employees
   1. An indoor screening area will be created at the entrance to each center.
   2. Each employee will be required to complete a health self-screening immediately upon entry at the PPE station, and document clearance on the weekly Health Screening form.
   3. The screening will consist of a temperature reading, taken with a touchless Thermoscan thermometer and a series of six questions (CDC) posted at the PPE station:
      1. Do you have a fever (100.4°F or higher)?
      2. Do you have a cough?
      3. Are you experiencing shortness of breath?
      4. Do you have a sore throat?
      5. Are you experiencing head or muscle aches?
      6. In the past 14 days, have you been in close proximity to anyone with the above symptoms or who tested positive for COVID-19?
   4. Non-contact thermometers are used and do not require disinfecting after each use, but must be disinfected after employees and children arrive in the morning (approximately 9 am) and at the end of each day (407.Subpart K.(C)(3)(b)).
   5. If an employee registers a temperature above 100.4°F or answers yes to any of the seven questions, he or she cannot access the facility and must be referred to the local health department. If the employee uses public transportation, he or she will be placed in the established isolation area.
6. Any employee suspected of having or diagnosed with COVID-19 will be excluded until documentation from the local health department indicates a negative COVID-19 test and isolation and/or quarantine orders have been fulfilled. Additionally, unvaccinated employees who have been identified as a close contact will be excluded until cleared by the health department.

7. The Center Director must submit the Health Screening Log weekly to the HNC for review and compliance.

8. Employees may be rescreened during the course of the day if it appears that they are unwell or experiencing any sign of respiratory illness, including, but not limited to: difficulty breathing, cough, or runny nose (407.Subpart K.(C)(1)(c)).

II. Children

1. Children will be screened in the same manner as employees as described in the Procedure (3)(1)(1-3) before allowed entry to Head Start buses and/or facilities (407.Subpart K.(C)(1)(a).

2. If the temperature is below 100.4° and the assessment shows no signs of illness, the child may enter the facility. The child must proceed to wash their hands before having any contact with other children or staff. Children may need additional support from staff to use good handwashing techniques. If soap, water, and sink are not available in the immediate location, hand sanitizer may be used then followed by immediate handwashing in their classroom assigned bathroom:
   A. CD-Blue, Yellow, Purple, Red- Blue Bathroom
   B. CD-Orange, Green, - Orange Bathroom
   C. MN- bathroom connected to classroom
   D. JL- bathroom connected to classroom
   E. MB- bathroom closest to classroom

3. If a child arrives late to school, the family will be received at the front entrance, and either the Center Director or Community Outreach Worker will screen the child at the PPE station.

4. A child suspected of having, diagnosed with, or directly exposed to COVID-19 will be excluded until documentation from the local health department indicates in writing that the child is clear to return (per Illinois Department of Public Health COVID Decision Tree).

5. Each full day classroom implements health checks twice daily. These will be conducted at lunch and snack. Each half day classroom will be screened at lunch/snack.
   A. The Daily Health Check form is used to screen for visible symptoms of illness, such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue; and/or extreme fussiness.
   B. The Center Director is responsible for making two copies of Daily Health Check forms in COPA per classroom and distributing to classrooms.
Completed forms are submitted in to the Center Director at the end of each week. The forms are then submitted to the HN service area.

a. If a teacher determines that a child appears ill, he or she will immediately contact the Center Director for additional symptom screening.

6. If a child has a temperature or symptoms associated with contagious disease, he or she will be immediately removed to the center’s isolation area and the parent will be called to pick up the child. Isolation areas are located in the following spaces:
   a. Carbondale: maroon room
   b. Marion: room 0123
   c. Murphysboro: Main office
   d. JL: Center Director’s office

7. The isolation area should be cleaned and sanitized after each use screened per the program’s Cleaning and Sanitizing Schedule (Appendix I) and is limited to one child or staff member. If a situation indicates a need for multiple isolation areas, the Center Director should immediately contact the HNC or Executive Director.

8. When sent home, the Teacher completes the Child Sent Home Sick Form.

9. The Center Director will contact the HNC for next steps.

10. Children’s temperatures will also be taken by the Center Director or assigned staff before nap each day and recorded on the Child Health Screening Form (Appendix F). If above 100.4° F, the Center Director will remove the child from the classroom, following the same procedure as described in Procedure (3)(II)(10)(12).

III. Parents and other Essential Visitors

1. Parents and outside visitor access to Head Start facilities will be limited (407.Subpart K(C)(1)(d)) to two (2) parents per classroom on regular classroom days and up to four (4) parents on special family involvement events in October and February, and other events scheduled throughout the program year. Parents and visitor access to centers should be on an as-needed basis and when in the facility, each individual will be required to wear a mask, regardless of vaccination status.

2. Parents will be encouraged to use the drive-up pick up and drop off procedures described in Procedure 5: Enhanced Drop Off and Pick Up. Those who do bring their child to the center should be either greeted at the main entrance or classroom entrance, but parents should not enter classrooms unless necessary and approved. Parents who want to volunteer for the day should be pre-approved by the Center Director to ensure that no more than two (2) parents are present on regular school days.

3. Health screening for parents and volunteers will be similar to the process described for employees in Procedure 3(I)(1)(2)(3), in which the Center Director
or assigned office staff members will conduct the screening at the PPE station at entrance.

IV. Confidentiality
1. The results of health screening conducted on employees, children, parents, or any other person are not to be shared with anyone other than the Health Services staff and the Executive Director.
2. Documents containing health screening results should be stored in areas where they are not visible.
3. This includes “loose talk” between teachers and other staff members.
4. Each employee must sign a Confidentiality Agreement annually, and this will be strictly enforced.
5. If it is determined that a staff member has violated the confidentiality agreement, they will be disciplined per the University’s progressive discipline protocol.
COVID POLICY AND PROCEDURE 4: Enhanced Napping Procedures
IMPLEMENTATION RESPONSIBILITY: Teachers
MONITORING RESPONSIBILITY: Center Director

POLICY

During periods of pandemic or highly contagious disease, child cots will be placed at an appropriate distance (as recommended by DCFS and Office of Head Start) to promote social distancing and child health (407.Subpart K(F)).

PROCEDURE

1. Teachers must pre-plan and create a classroom map indicating where every child will sleep daily. A copy of this plan will be given to the Center Director and ECD service area for review and approval.
2. Teachers must intentionally place children at least six feet from mouth to mouth; this can be accomplished by placing children in cots toe to toe.
3. If children cannot be placed six feet apart, teachers will use classroom furniture to create a barrier between children.
4. During naptime, children will not be required to wear masks, but must wear a mask when transitioning to the bathroom, at the end of nap, etc.
5. Staff will wear masks during naptime when in the classroom.
6. Bedding will be washed weekly and as needed in hot water temperatures at the center or through the laundry service.
7. No bedding from home will be allowed into the centers.
8. The Center Director/Coaches will monitor nap time to ensure children are properly spaced. In the event that the physical environment inhibits proper spacing, the Center Director/Coaches will work with the classroom teacher to adjust the environment to promote proper spacing (as much as possible) during naptime.
9. Cross-contamination of bedding will be prevented by:
   A. Disinfecting of each cot by the support staff member after nap each Friday or the last day of the school week.
   B. Blankets will be folded and laid flat in child cots, that when cots are stacked, they are not touching each other.
   C. Children will not be permitted to share bedding.
COVID POLICY AND PROCEDURE 5: Enhanced Drop off and Pick Up
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Executive Director

POLICY

In order to limit the number of individuals to which children and employees are exposed, a drive-up system of child drop off and pick up will be implemented at each center.

PROCEDURE

1. Prior to the opening of centers to children, Center Directors will submit a plan for drive up drop off and pick up of children to the Executive Director for approval. This plan should include:
   a. How children will be kept safe from other traffic
   b. Which employees will be greeting and taking responsibility for children each day
   c. Where parents will pull up and what system will be used to designate drop off zones.
   d. How signage will effectively communicate drop-off and pick-up procedures (407.Subpart K(A)(1)(b))
2. When parents drop off their child through the drive-up system, they are required to wear a mask at all times (407.Subpart K(E)(3)). Staff who interact with parents should refrain from any physical contact with parents, such as hand shaking.
3. If someone other than the parent is dropping off the child, that individual should be able to answer the six-question symptom checker described in the Daily Health Screening procedure.
4. Children boarding and de-boarding buses should try to maintain a six-foot distance, as feasible.
5. Because all children will be entering through the same main entrance, receiving staff should coordinate child entrance to the building, maintaining a six-foot distance between children.
6. If a child is dropped off or picked up outside the scheduled drive up times, the Center Director or designated office staff member should collect the child at the entrance and conduct the health screening as described in Procedure 3(II).
7. During times of pandemic, children are not required to be signed in and out by authorized adults. It is imperative, however, that the Center Director, Bus Monitor, and other staff who release children ensure that individuals who pick up children are authorized on the Emergency Data Form and that accurate names and times are recorded on sign in and out forms.
**COVID POLICY AND PROCEDURE 6:** Enhanced Hand Hygiene

**IMPLEMENTATION RESPONSIBILITY:** Teachers

**MONITORING RESPONSIBILITY:** Center Director

**POLICY**

All employees are to be conscientious in adhering to the program’s hand hygiene policy and procedure. To prevent the spread of COVID-19, additional measures may be taken, such as the use of hand sanitizer until instructed otherwise.

**PROCEDURE**

1. Children must clean their hands according to DCFS guidelines, at the following times:
   a. Upon arrival at the center
   b. Before and after each meal
   c. After using the toilet or having diaper/pull up changed
   d. After handling of any animal
   e. After wiping or blowing nose
   f. After touching soiled items (blood, saliva, urine, feces, vomit)
   g. Before and after any cooking or nutrition activity
   h. After playing outdoors
   i. Before and after engaging in water play at the sensory table
   j. After engaging in sand at the sensory table/sandbox

2. Employees must clean their hands according to CDC guidelines, at the following times:
   a. Upon arrival at the center
   b. After using the bathroom
   c. After helping a child with toileting
   d. After wiping or blowing nose
   e. After touching soiled items (blood, saliva, urine, feces, vomit)
   f. After handling of any animal
   g. After caring for a sick child
   h. Before and after eating or drinking
   i. Before serving food
   j. Before and after dispensing medication
   k. Before and after administering first aid
   l. When changing rooms or caring for a different group of children

3. Hand Washing Procedure with accommodations
   A. The staff member who is supervising the child while hand washing will provide verbal and (if needed) hand over hand assistance to ensure proper handwashing techniques.
B. If hand over hand support is needed, the staff member will hold the child’s upper forearms and assist with proper handwashing. This physical support will accompany verbal instructions from the adult.

C. The adult and child will not share the running water at any time during this support.

D. After assisting the child with handwashing, the adult will wash their hands.

4. Each classroom should be equipped with a pump bottle of hand sanitizer and kept out of the reach of children. Teachers may pump the hand sanitizer directly into the hands of children. Children should never apply hand sanitizer themselves and must be monitored during the application so that hand sanitizer is not ingested. Hand sanitizer is not an acceptable substitute for soap and running water. (407.Subpart K(J)(1))

5. Additionally, a pump bottle of hand sanitizer will be mounted outside each classroom, well out of the reach of children, for employees entering the classroom.
COVID POLICY AND PROCEDURE 7: Environmental Safety
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Health and Nutrition Coordinator

**POLICY**

Classroom and office environments must be modified, cleaned, and sanitized to prevent the transmission of COVID-19 (407.Subpart K(G)).

**PROCEDURE**

I. Classroom Cleaning

1. High touch surfaces including doorknobs, toys and other frequently handled items will be sanitized at naptime, or 11:30, at the end of the day and as needed per the Cleaning and Sanitizing Schedule in Attachment H (407.Subpart K(G)(1)).
2. Daily cleaning and sanitizing will occur per the program’s the Cleaning and Sanitizing Schedule (407.Subpart K(G)(2)).
3. Under no circumstances will the children participate in cleaning and/or sanitizing materials. Staff will solely be responsible for cleaning and sanitizing materials and high touch surfaces. This cleaning and sanitation will be completed at distance from children and not during active classroom time.
4. Each classroom will have a designated box for materials that have been mouthed and require sanitation. Materials will be sanitized at naptime or end of day and returned for child use.

II. Classroom Practices

1. Parents will be encouraged to send an extra set of clothing to leave in the classroom. These clothes will be stored in individual closed containers in the classroom cubby shelf.
2. Centers will have restrictions and practices in place to contain disease transmission including the following:
   A. Individual art pouches/boxes and supplies will be purchased for each child’s individual use. Art will be completed at a horseshoe table, which will be sanitized after use.
   B. Tablets will be used individually and sanitized after each use.
   C. Children’s hands will be sanitized or washed before using books in the classroom.
   D. The number of children permitted to play at each center is two-three.
   E. Extra chairs will be removed from the room to promote social distancing.
   F. Materials in general will be limited to promote social distancing but still will comply with DCFS standards.
   G. Soft surface items (dress up clothes, plush toys, etc) will be laundered weekly with bedding.
3. Staff will keep children distanced as much as possible during Large/ small group activities.

III. Facilities

1. Signs demonstrating ways to prevent the spread of COVID are to be posted in bathrooms, building entrances, in classroom, kitchen, etc. Signs should be posted both for adults and in child-friendly pictures that are easy to understand.
2. Door knobs, sink faucets, desk tops and other high-touch areas must be disinfected per the Cleaning and Sanitizing Schedule (407.Subpart K(G)(1)).
3. Staff will limit lines and wait times as much as possible for bathroom use, handwashing, and transitions to/from the playground and bus. Other center staff will be utilized when possible to help keep children distanced during transitions, and to help reduce wait time during meal prep/set up, arrival, and/or departure times.
4. In double-session classrooms, the entire room must be sanitized with an electrostatic spray sanitizer between sessions.
COVID POLICY AND PROCEDURE 8: Gross Motor Activities
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Child Development Coordinator

POLICY

SIU Carbondale Head Start must have additional measures in place to ensure a safe outdoor space for children, staff, and visitors during times of pandemic.

PROCEDURE

1. Only one classroom at a time may use the outdoor playground space (or gym in Carbondale) at one time (407.Subpart K(B)(1)(b)).
2. Each classroom will be scheduled for 30 minutes of gross motor activity. Five additional minutes have been added to each gross motor time allotment to allow for equipment sanitization between groups (407.Subpart K(G)(1)).
3. In order to maximize space and time for gross motor activities, centers will utilize the following spaces.
   A. Carbondale classrooms will use both outside playgrounds and gym (on inclement weather days) to maximize gross motor time and space.
   B. Marion classrooms will use both outside playgrounds to maximize gross motor time and space.
   C. Murphysboro classrooms will use attached playground, and no more than one classroom may be in that space.
   D. John A. Logan only has two classrooms, neither of which will use the playground simultaneously.
4. Each gross motor area will have a cart of available classroom materials. Teachers will select one or two materials from the cart to provide to the children during their gross motor time. After gross motor time, but prior to leaving the area, teachers will sanitize all gross motor materials with sanitizing spray and leave to airdry (407.Subpart K(G)(2)).
COVID POLICY AND PROCEDURE 9:  Communication
IMPLEMENTATION RESPONSIBILITY:  Teachers
MONITORING RESPONSIBILITY:  Executive Director

POLICY

In times of pandemic and as guided by OHS, DCFS, the University, and local health departments, SIU Carbondale Head Start will establish an enhanced communication plan to ensure that parents and staff receive timely delivery of pertinent information such as possible exposure to or a diagnosed case at facilities of highly contagious diseases and closure and reopening information (407.Subpart K(A)(d)).

PROCEDURE

1. In the instance that a child or staff member tests positive for COVID-19, the Emergency Communication Plan (Appendix J) directs what is shared, who shares, who receives, when, and how, so that all staff and families are aware of this development and can take appropriate measures to safeguard their health.
2. The Communication Plan will be shared with parents prior to child enrollment at the center at Parent Orientation and will be available on the program’s website.
3. A stipulation for enrollment is submitting a signed enrollment agreement (Appendix K) which indicates parental agreement to share any possible exposure or diagnosis of COVID-19. The Community Outreach Workers will then case note in COPA and track that each family has been contacted and that all agreements have been reviewed and signed with all parents/legal guardians.
4. During pre-service and at new hire orientations, employees will receive an overview of the Communication Plan and expectations for children, families, and staff to report suspected illnesses.
COVID POLICY AND PROCEDURE 10: Enhanced Transportation Services
IMPLEMENTATION RESPONSIBILITY: Center Directors
MONITORING RESPONSIBILITY: Executive Director

POLICY

Under guidance provided by Office of Head Start, the CDC, and Illinois Department of Transportation, additional safety measures will be taken in the transportation of Head Start children. These include the use of social distancing and PPE in addition to increased cleaning and sanitizing.

PROCEDURE

I. Use of PPE

1. All Bus Drivers and Bus Monitors are required to wear a mask that covers both mouth and nose at all times while in in the building or on the bus. SIU Carbondale Head Start will provide these masks for all employees. Bus Driver and Monitor masks will be located in the Center Director’s office.

2. Bus Monitors should carry a small bottle of hand sanitizer in their smocks. This can be used as needed. If a child sneezes or coughs on his or her hands, the Bus Monitor should apply hand sanitizer to the child’s hands and supervise the application. Under no circumstance should a child apply hand sanitizer independently.

II. Screening and Pick-Up

1. All transportation staff will self-screen when arriving for work and document clearance in the Health Log. as described in COVID Policy and Procedure 3.I

2. Before accepting a child on the bus, the Bus Monitor must greet the parent and child directly outside the door of the bus. The parent and child must also be wearing masks. If the child is not wearing a mask, provide one and receive the child. If the parent is not wearing a mask, politely ask the parent to wear one. If the parent refuses, be sure to stay six-feet apart when engaging with him or her and inform the Center Director of the parent’s refusal when you return.

3. The Bus Monitor is then to perform a health screening as described in COVID Policy and Procedure 3(II)(4), which includes a temperature check and five-questions health screening:
   A. In the past 10 days, including today, has the child shown symptoms of acute respiratory illness (e.g., acute cough, shortness of breath, sore throat)?
   B. Including today, has your child had a fever > 100° F or symptoms of a fever such as chills, muscle aches, and/or weakness?
C. Has your child been in close contact (household or intimate) with an individual with undiagnosed fever and/or acute respiratory symptoms (cough, shortness of breath) in the past 14 days?
D. Has your child had close contact with an individual diagnosed (lab or clinical) with COVID-19 in the past 14 days?
E. Has your child or anyone close to your child had a headache, sore throat, or new loss of taste or smell?

4. If the child is fever-free and the parent/responsible adult answers no to the symptom checker questions, the child may board the bus. The Bus Monitor should report that the child cleared the screening by initialing beside child name on the bus attendance sheet. These sheets are submitted to the Center Director weekly.

5. If the child has a temperature above 100.4°F or reports symptoms, do not accept the child on the bus. If the temperature is above 100.4 °F, scan the child again to be sure that the first reading was accurate. If the second scan is different from the first scan, a third scan may be taken and the most reliable temperature will be used and recorded.

6. If a parent is upset because a child cannot board the bus, the Bus Driver should radio the center and have the Center Director or Community Outreach Worker on radio duty call the parent to explain why the precautions must be taken. Under no circumstance should a child who has a fever or symptoms of illness be allowed to board the bus.

7. The parent does not need to sign in the child, but you must clearly document on the sign in sheet who brought the child to the bus and what time you received the child. These sign in forms are due to the Center Director after the last route of each work week.

III. Social Distancing

1. Parents should not board the bus, but in cases where a child needs the parent on the bus, he or she must wear a mask at all times.
2. The Bus Monitor may leave the bus to collect the child and assist the child onto the bus.
3. Children should have assigned seats and be seated by classroom whenever possible.
4. When loading children at pick-up points, load the children by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are already seated on the bus.
5. When unloading children at drop-off points, unload children by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are seated on the bus.
IV. Illness on Bus

1. If a child clears the health screening, but then becomes ill on the bus, the Bus Monitor should first calm the child.
2. The Bus Driver should immediately radio to the center the first name and last initial of the child and the nature of the illness for further direction. Neither the Bus Driver nor Monitor should act to return the child home without consulting the Center Director.
   A. Upon approval from the Center Director, the bus driver may return the child to their home.
   B. If the decision is made to bring the child to the center, the Center Director or Community Outreach Worker monitoring the radio should immediately call the parent to pick up the child.
   C. If the parent does not arrive before the bus, the child must be immediately moved to the isolation area (with appropriate staff supervision) until the parent arrives.
3. If the child has vomited or experienced diarrhea, the Bus Monitor should make sure children are not exposed to the substance. The Bus Monitor, wearing gloves, should clean up the child and surrounding area using the program’s established Universal Precautions protocol. Items such as vomit absorb, cleaning solution, and paper towels should be kept in the storage compartment of the bus.
4. Refuse from cleaning should be wrapped in a plastic bag and deposited in the bus trash can along with the gloves worn to clean up. Any non-disposable items handled during the cleanup (i.e. spray bottles, containers), should be wiped with a disinfecting wipe and returned to locked storage.

V. Cleaning and Disinfecting

1. After each route, the Bus Driver and Monitor are to spray each seat with the disinfectant spray provided by the program (SuperHQ). This must be allowed to sit on the seats for ten (10) minutes and be wiped off with paper towels by the Bus Monitor and/or Bus Driver.
2. High touch areas, such as the child hand rail, bus controls, knobs, etc., should be cleaned with a disinfecting wipe.
3. While the disinfectant is sitting, the Bus Driver and Monitor should spray a light mist of disinfecting spray on each seat belt. This should not be enough to overly dampen the belt.
4. The Bus Monitor must pick up any trash and deposit in the bus trashcan.
5. Finally, the Bus Monitor should empty the trashcan after each route.
COVID POLICY AND PROCEDURE 11: Enhanced Meal Time Practices
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Health and Nutrition Coordinator

POLICY
During times of health pandemic, SIU Carbondale Head Start may suspend or modify its family-style meal procedures and place additional mealtime precaution measures to prevent the transmission of communicable disease.

PROCEDURE
1. Meals will be placed in bowls and covered by kitchen staff and will be sent to their classrooms on sanitized carts. Included on the cart is individual plates and utensils.
2. Meals will be served in the classrooms per each room schedule.
3. A cook or assistant bring the meal cart to the classroom door and knock to indicate that the food has arrived.
4. Using gloves, a classroom teacher or support staff will retrieve the food cart.
5. Teachers will sit at their designated horse shoe table that has been cleaned and sanitized with sanitizing bleach solution per the program’s sanitization procedure with their designated children.
6. Children must be spaced out as feasible to ensure social distancing.
7. Teachers will distribute plates, silverware, cups, plate, napkins, and food from bowls with gloves.
8. After distributing these materials, the teacher will remove gloves and sanitize their hands.
9. Teachers and children will eat together and engage in conversation, per the program’s established procedure.
10. Children will scrape per the program’s established procedure.
11. When the meal is finished, a teacher will place the cart outside of the classroom and cooks will pick up carts and take back to the kitchen for cleaning and sanitizing.
12. Meal attendance will be conducted per the program’s current procedures, on the classroom i-pad. Only one teacher should input meal attendance and sanitize i-Pad with a disinfecting wipe after use.
13. After meal time, teachers will instruct children to swish with water (no toothbrushing) to assist with oral health care. This will be monitored by the Coaches and the Center Director.
COVID POLICY AND PROCEDURE 12: Training

IMPLEMENTATION RESPONSIBILITY: Coaches

MONITORING RESPONSIBILITY: Senior Business Manager

POLICY

SIU Carbondale Head Start will ensure that all staff are trained in the appropriate implementation of procedures to ensure that children, families, and staff are implanting enhanced safety practices reliably and as intended.

PROCEDURE

1. A Training Schedule (Attachment L) lists all training that will be provided to employees before any interaction with children and families occurs.
2. Child development administrative staff will train classroom teachers how to appropriately execute new procedures such as nap time, meal time, playground usage, using the cohort model.
3. A significant concern for staff and parents will be the requirement for children to wear masks. Child development staff will encourage teachers to act as role models and demonstrate for the children the appropriate use of PPE and while also exercising patience and compassion in the struggle many children are likely to experience. Children will not be punished or reprimanded for removing PPE.
4. Trainings should be conducted via a web-based platform (i.e. Zoom, Bridge) when feasible. Staff that need assistance with web-based platform or access to technology should connect with others inside their center to reduce intermingling and limit exposure across center wide staff, and maintain social distancing of staff amongst centers.
5. When in-person meetings are needed, staff must follow the region phase guidelines. If paperwork is needed, staff will receive necessary documents via center mailbox or email.
**COVID POLICY AND PROCEDURE 13:** Child Attendance

**IMPLEMENTATION RESPONSIBILITY:** Center Director

**MONITORING RESPONSIBILITY:** ERSEA Coordinator

**POLICY**

In order to both promote the school readiness of Head Start children and to provide the maximum number of eligible children services, SIU Carbondale Head Start will implement a mechanism to address chronic absence issues and transition children from center-based and fully-remote to the waiting list as necessary. To receive the greatest possible benefit, children are expected to attend every day that they are illness free.

**PROCEDURE**

1. As a condition of enrollment, families will be required to sign the learning agreement, which specifies that the child must be in attendance every day that he or she is illness free.
2. For center-based children, the attendance process will remain the same, with attendance taken as the first meal is served to the child.
3. The ERSEA Coordinator is responsible for monitoring child attendance patterns, and the Health and Nutrition Coordinator is responsible for monitoring accuracy of meal counts.
4. If a center-based child’s attendance drops below 70% or the child misses four or more consecutive days of school without contacting the center, the COW must contact the parent and complete an Attendance Improvement Plan. This plan will identify barriers to child attendance and mutually agreed upon solutions. Child attendance will be re-evaluated in two weeks. Parents must be advised at this time that continued absenteeism may result in the child being transferred to the wait list.
5. If it is determined that attendance has improved, the attendance should continue to be monitored by the ERSEA Coordinator and the assigned COW.
6. If the attendance plan is unsuccessful and the child’s attendance meets one of the following criteria, her or she may be transitioned to the waitlist:
   A. Attendance remains below 70%.
   B. The child has missed more than a total of 16 days.
7. The Center Director must submit the request to the ERSEA Coordinator for processing and approval and then notify the parent if approved.
8. Every effort should be made to work with the family to address the attendance issues and place the student in a class as space becomes available.
COVID POLICY AND PROCEDURE 14: Home Visits and Parent/Teacher Conferences
IMPLEMENTATION RESPONSIBILITY: Center Director
MONITORING RESPONSIBILITY: Child Development Coordinator

POLICY
SIU Carbondale Head Start staff will not be required to complete in-person visits with parents either in the center or family homes during periods of pandemic disease. For a period specified by the Program Director, these required events may be conducted virtually or via telephone.

PROCEDURE
I. Home Visits/Parent Contacts
   1. Head Start Program Performance Standards indicate that two home visits should be performed during the course of the program year. The program strives to conduct all visits in the home, but there are factors that necessitate virtual or alternate meeting locations. During a pandemic, home visits will be held via telephone or in person at the center and cannot be performed in the home until it is determined safe by the Program Director.
   2. Teachers will contact parents before the start of child attendance via telephone or video conference. It may be beneficial to text the parent to determine the best time and method to contact so that they are prepared.
   3. These contacts should be made before the child begins in-person. If the teacher is unable after repeated attempts to contact the family or the family is unwilling to participate, she or he should inform the Center Director, who is to provide guidance.
   4. During the home visit/parent contact, teachers are expected to:
      a. Complete Child and Family Questionnaire
      b. Review expectations of transitioning into program
      c. Discuss program COVID 19 Precautions and Procedures
      d. Review ClassTag and sign parent up to digital classroom
      e. Discuss school readiness and identify individualization goals
      f. Discuss developmental screening procedure
      g. Discuss IEP services and individualization (as needed)
      h. Discuss upcoming program events
      i. Discuss any concerns or questions the parent may have.
   5. Teachers should submit paper documents to the Center Director, who will forward to the Child Development Coordinator for processing. After processing the contact forms, they will be returned to the center for filing. Any concerns/needs documented on the parent contacts will be documented in
COPA and/or communicated with required staff. Documents should be submitted within five days of completion.

6. All parent contacts and attempts to contact will be documented in COPA.
7. The Child Development Coordinator will monitor that contacts have been made and will follow up with appropriate Center Director as needed.

II. Parent/Teacher Conferences
1. Parent/Teacher Conferences are held twice each program year. Normally, these conferences would be held at the centers at both a night and day time date, and the parents would meet with teachers in the child’s classroom.
2. The Child Development Coordinator is responsible for establishing timelines and due dates for conferences and monitoring for completion.
3. During times of pandemic, however, P/T Conferences may be held via telephone or in person at the center.
4. Each teacher will set up appointments for their cohort via ClassTag and/or other format.
5. At the P/T Conference, teachers will:
   A. Discuss current curriculum study and plan for future studies
   B. Complete developmental screenings with parents (if needed)
   C. Discuss developmental screening results and next step to be taken
   D. Review and update current child individualization goals
   E. Discuss IEP progress (if needed)
   F. Discuss future parent engagement events
   G. Discuss and provide support regarding remote learning
   H. Discuss any family needs
COVID POLICY AND PROCEDURE 15: Remote Learning
IMPLEMENTATION RESPONSIBILITY: Teachers
MONITORING RESPONSIBILITY: Child Development Coordinator

POLICY
SIU Carbondale Head Start will provide fully-remote or virtual learning for emergency and short-term use as deemed appropriate by the Office of Head Start.

PROCEDURE
1. In the case of extended closures due to inclement weather (two consecutive days or more) or any classroom closure related to an outbreak of a contagious disease, child development staff will be required to deliver instruction via ClassTag, the program’s chosen web-based delivery application. Other programs should not be used without the consent of the Child Development Coordinator (CDC).
2. When a classroom experiences an outbreak (as determined by the local Health department) requiring a transition to remote learning, all children and staff assigned to that classroom and other staff that have been identified by the health department as a close contact will be required to work from home. This is regardless of vaccination status. Teaching staff who need to use sick time during the closure should contact their supervisor.
3. Between the time of pre-service and before the first day of child attendance, Lead Teachers (LT) are required to set up a ClassTag account and upload two weeks of content that does not necessarily need to correlate to study themes. For each day, a gross motor, read aloud, question of the day, mighty minute, and small group must be included. Coaches or the CDC are responsible for supporting teachers in content development and upload and monitoring that it is complete before the beginning of the school year.
4. If the lesson plans are used due to a closure, the LT should consult with the CDC to determine the content for an additional two weeks of lessons.
5. In the case of closure due to infectious disease, a Family Advocate will bring either an electronic device or paper packet to the family’s home and leave at front door (contactless). LT should send the content of paper packets to the CDC via email for duplication. Paper packets should include an in-kind activity form to return at the end of the closure, which is prepared by the CDC.
6. Daily attendance/engagement is defined as:
   A. Posting a comment in regards to an activity after completion in ClassTag
   B. Participating in a live learning session through ClassTag via Zoom
   C. Sending child feedback to school along with signed in-kind through paper packet submission
COVID POLICY AND PROCEDURE 16: Toothbrushing
IMPLEMENTATION RESPONSIBILITY: Teachers
MONITORING RESPONSIBILITY: Center Directors

POLICY
A modified toothbrushing practice will be reinstated starting in the fall 2021 school year with extra precautions in place to reduce the risk of COVID-19 infection.

PROCEDURE

1. Employees who assist in the brushing of teeth should be fully vaccinated against COVID-19 and wear a properly fitted mask covering their nose and mouth.
2. Staff may also choose to wear disposable gloves that are located in each classroom.
3. Each child must have their own child-sized, soft-bristled toothbrush labeled with the child’s name. Toothbrushes should be replaced every three to four months or after an illness.
4. When dispensing toothpaste from a tube, put a pea-size amount of fluoride toothpaste for each child on the rim of a disposable cup. Have each child scoop the toothpaste from there onto their toothbrush.
5. When brushing, seat children as far apart as possible, with staff supervision.
6. After brushing, have children spit the remaining toothpaste into a disposable cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the disposable cup. Children can throw away the cups and napkins.
7. Encourage children to avoid placing toothbrushes directly on the classroom table or other surfaces.
8. Collect the brushes and store in the toothbrush sanitizer.
9. After brushing, clean and disinfect the table.
10. Wash hands with soap and water for at least 20 seconds before and after helping children brush their teeth.
11. If soap and water are not available, staff can use hand sanitizer that contains at least 60% alcohol.
12. After children brush, ensure that they wash their hands with soap and water for at least 20 seconds or use hand sanitizer that contains at least 60% alcohol.