



# **SIU Carbondale Head Start 2022-23 Learning Plan**

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## TABLE OF CONTENTS

### **Overview**

|   |   |
|---|---|
| Available Enrollment Slots.....                     | 1 |
| Class Times .....                                   | 1 |
| Attendance .....                                    | 1 |
| Class Size .....                                    | 1 |
| Dental Health .....                                 | 2 |
| Disabilities Services .....                         | 2 |
| Dual Language Support .....                         | 2 |
| Family Assessments .....                            | 2 |
| Family Engagement .....                             | 2 |
| Child Vaccinations.....                             | 3 |
| Health Assessments.....                             | 3 |
| Health Screening.....                               | 3 |
| Mental Health Support.....                          | 3 |
| Parent Orientation .....                            | 4 |
| Social Distancing and Safety.....                   | 4 |
| Parent Committee and Policy Council Meetings .....  | 4 |
| Parent Contacts and Parent/Teacher Conferences..... | 4 |

## **Policies and Procedures**

|  |    |
|--|----|
| 1. Personal Protective Equipment.....                | 5  |
| Supplies.....  | 5  |
| Use of Masks.....                                    | 6  |
| Use of Gloves.....                                   | 7  |
| Use of Hand Sanitizer.....                           | 7  |
| Use of Face Shields.....                             | 7  |
| 2. Child Grouping to Prevent Contagious Disease..... | 8  |
| 3. Daily Health Screening.....                       | 9  |
| Employees.....                                       | 9  |
| Children.....  | 9  |
| Parents and Other Essential Visitors.....            | 10 |
| Confidentiality.....                                 | 10 |
| 4. Enhanced Nap Time.....                            | 11 |
| 5. Enhanced Drop off and Pick Up.....                | 12 |
| 6. Enhanced Hand Hygiene.....                        | 13 |
| 7. Environmental Safety.....                         | 15 |
| Classroom Cleaning.....                              | 15 |
| Classroom Practices.....                             | 15 |
| Facilities.....                                      | 16 |
| 8. Gross Motor Activities.....                       | 17 |
| 9. Communication.....                                | 18 |
| 10. Enhanced Transportation of Children.....         | 19 |
| Use of PPE.....                                      | 19 |
| Screening and Pick Up.....                           | 19 |
| Social Distancing.....                               | 20 |
| Illness on Bus.....                                  | 20 |
| Cleaning and disinfecting.....                       | 21 |
| 11. Enhanced Meal Time.....                          | 22 |
| 12. Training.....                                    | 23 |
| 13. Child Attendance.....                            | 24 |
| 14. Home Visits and Parent Teacher Conferences.....  | 25 |

## Overview of Procedures

SIU Carbondale Head Start plans to start the 2022-23 school year with children on August 24, 2022, 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](http://headstart.siu.edu). The four-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 double-session classes at each of the programs four centers. The assigned slots are dependent 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.

The following slots are allocated to each site:

| CENTER              | 8-hour<br>(full-day) | 3.5-hour<br>(double-session) | TOTAL      |
|---------------------|----------------------|------------------------------|------------|
| Carbondale (CD)     | 96                   | 58                           | 154        |
| John A. Logan (JL): | 16                   | 29                           | 77         |
| Marion (MN)         | 48                   | 29                           | 77         |
| Murphysboro (MB)    | 32                   | 29                           | 61         |
|                     | <b>192</b>           | <b>145</b>                   | <b>337</b> |

Below are the meeting times for each program option:

| CLASS                    | TIME             |
|--------------------------|------------------|
| Full-day                 | 8 am-4 pm        |
| Morning Double Session   | 8 am-11:30 am    |
| Afternoon Double Session | 12:30 pm-1:30 pm |

**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 several opportunities to improve attendance; however, if consistent attendance cannot be established and maintained, another eligible child on the waiting list will be given the opportunity to enroll. Parents should contact their assigned Community 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 recommendations, 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 double-session 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 fluoride varnish application in the fall. The screenings will be performed by the SIU Dental Hygiene program. Dental health is a big component of overall health; decayed teeth can impact a child's ability to develop appropriately and focus on learning. Parent must be sure to have signed the permission slip to receive dental services on the following days:

- Wednesday, October 5<sup>th</sup>, 2021, at the Carbondale center
- Wednesday, October 12<sup>th</sup>, 2021, at the Marion center (John A. Logan children will be bussed to the Marion site for their dental exams)
- Wednesday, October 19<sup>th</sup>, 2021, at the Murphysboro center

**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 can assist center staff in communicating with parents via telephone or in person. They can also assist in the administration of screenings and assessments in the family's first language and aid in the classroom, working directly with the child. 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 their 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 Community Worker either in-person (with social distancing), online, telephone, or the best method determined by the family. During this visit, the Community Worker 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.** In the upcoming school year, parents who can document that they are fully vaccinated will be allowed into centers for classroom volunteering and engagement. Parents must follow the program's COVID protocols including the use of face masks and social distancing as appropriate. Additionally, virtual family engagement opportunities 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.

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 initially occur via zoom or phone 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.

**Child Vaccinations.** The Center for Disease Control recently approved the use of COVID vaccinations for children younger than five. At this time, we are not mandating that children are vaccinated. We are, however, strongly recommending that Head Start children are vaccinated. This will help to keep our children and staff safe and healthy over the course of the school year. If a positive case is identified in a classroom, vaccinated children with no symptoms may continue to attend school. Unvaccinated children will be required to isolate for a period of at least five days.

**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.** Mental Health Consultants will be 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 continue to implement a parent curriculum that focuses on developing and recognizing family resilience. *Your Journey Together* promotes the resilience of families through a whole family coordinated approach. Along with YJT, we will be incorporating Build Your Bounce (BYB): Promoting Adult Resilience, and The Pyramid Model to further family engagement to support families in their children's social-emotional development through a series of modules and parent education activities.

**Parent Orientation.** Every new family must complete a Parent Orientation within 30 days of the child starting in the program. A day and an evening session have been scheduled to accommodate family schedules. The evening session is scheduled on Monday, August 22<sup>nd</sup> from 5-6 pm and the daytime session on Friday, August 26<sup>th</sup> from 10-11 am. Children may attend and will spend the hour in their assigned classrooms. For families who enroll later in the year, parent orientations will be completed individually.

**Social Distancing and Safety.** 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 and employees 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 Policy Council Meetings will be held both in-person and online. Parent meetings will be held in-person contingent on guidance from Office of Head Start (OHS), Department of Children and Family Services (DCFS), and the University (and will be held via Zoom if deemed necessary). 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](http://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 22 and 23. Due to COVID, Home Visits will be held either by phone or at the center 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.*

|                                       |                                  |
|---------------------------------------|----------------------------------|
| <b>COVID POLICY AND PROCEDURE 1:</b>  | Use of Protective Equipment      |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Health and Nutrition Coordinator |
| <b>MONITORING RESPONSIBILITY:</b>     | 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.

## 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. The HNC will immediately upon the outset of a pandemic or widespread disease contact local, national, and regional resources to obtain a sufficient supply of PPE for staff and families.
3. The HNC will deliver sufficient PPE to each center for initial inventory (See Appendix B), which will consist of but is not limited to:
  - A. Cloth face masks for both adults and children
  - B. Hand Sanitizer
  - C. Disposable latex gloves
  - D. Smocks, as requested
  - E. Face shields, as requested
1. PPE will be stored in each center's storage area:
  - 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 HNC, who will approve or deny the request based on the evidence and reason provided and document in the program's data management system. 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. 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 a written statement from their medical provider.
6. All individuals entering facilities with children, including parents and vendors, must 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 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.
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 instructions.

### **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.

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>COVID POLICY AND PROCEDURE 2:</b>  | Child Grouping                |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director               |
| <b>MONITORING RESPONSIBILITY:</b>     | 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. As feasible, children should be kept with the same teachers, including during meal, snack, rest, and play and not placed in a different classroom or in a situation in which intermingling with children from other classes is possible.
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.
3. Administrative staff should limit entry into centers and refrain from entering classrooms unless 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 always wear a mask.
4. In cases where a teacher is ill and must be absent, a qualified substitute who has been vaccinated will be placed in the classroom.
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.
  - B. When an enrollment slot becomes available, the Center Director completes an ERSEA Form and submits to the ERSEA Coordinator.
  - C. If the parent accepts the slot, Community Outreach Worker is responsible to review the program's 2022-23 Learning Plan and precautions for child attendance.
  - D. 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.

|                                       |                                  |
|---------------------------------------|----------------------------------|
| <b>COVID POLICY AND PROCEDURE 3:</b>  | Daily Health Screening           |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director                  |
| <b>MONITORING RESPONSIBILITY:</b>     | Health and Nutrition Coordinator |

## **POLICY**

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

## **PROCEDURE**

### **I. Employees**

1. Unvaccinated employees must screen daily in the Center Director's office.
2. 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:
  - A. Do you have a fever (100.4°F or higher)?
  - B. Do you have a cough?
  - C. Are you experiencing shortness of breath?
  - D. Do you have a sore throat?
  - E. Are you experiencing head or muscle aches?
  - F. In the past 14 days, have you been in close proximity to anyone with the above symptoms or who tested positive for COVID-19?
3. 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.
4. 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 will be asked to provide a negative test result or quarantine for five days.
5. Any employee diagnosed with COVID-19 will be excluded per CDC guidelines. Generally, employees may return after five days of isolation.
6. Any employee may be screened during 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.

### **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.
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.

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 per CDC guidelines. This means that vaccinated children and those with a positive test in the 90-days prior who are asymptomatic may continue to come to school if exposed to a positive case. Unvaccinated children and those with symptoms (regardless of vaccination status) will be required to isolate for five days.
5. All full-day classrooms will rescreen children at naptime.
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.
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.

### **III. Parents and other Essential Visitors**

1. Parents, volunteers, and other essential visitors may only enter classrooms with proof of vaccination.
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 may not enter the classroom unless fully vaccinated and masked.

### **IV. Confidentiality**

1. The results of health screenings 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.

|                                       |                             |
|---------------------------------------|-----------------------------|
| <b>COVID POLICY AND PROCEDURE 4:</b>  | Enhanced Napping Procedures |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Teachers                    |
| <b>MONITORING RESPONSIBILITY:</b>     | 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.

## **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. If 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.

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>COVID POLICY AND PROCEDURE 5:</b>  | Enhanced Drop off and Pick Up |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director               |
| <b>MONITORING RESPONSIBILITY:</b>     | Executive Director            |

## **POLICY**

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. Parents may elect to use drive up drop off and pick up systems at each center.
2. Designated staff will conduct the health screening and if clear, will take the child out of the car and into the care of Head Start.
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).

|                                       |                       |
|---------------------------------------|-----------------------|
| <b>COVID POLICY AND PROCEDURE 6:</b>  | Enhanced Hand Hygiene |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Teachers              |
| <b>MONITORING RESPONSIBILITY:</b>     | 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.
  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.

|                                       |                                  |
|---------------------------------------|----------------------------------|
| <b>COVID POLICY AND PROCEDURE 7:</b>  | Environmental Safety             |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director                  |
| <b>MONITORING RESPONSIBILITY:</b>     | Health and Nutrition Coordinator |

## **POLICY**

Classroom and office environments must be modified, cleaned, and sanitized to prevent the transmission of COVID-19.

## **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.
2. Daily cleaning and sanitizing will occur per the program's the Cleaning and Sanitizing Schedule.
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. The number of children permitted to play at each center is two-three.
  - C. Materials in general will be limited to promote social distancing but still will comply with DCFS standards.
  - D. 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. Doorknobs, sink faucets, desk tops and other high-touch areas must be disinfected per the Cleaning and Sanitizing Schedule.
2. 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.
3. In double-session classrooms, the entire room must be sanitized with an electrostatic spray sanitizer between sessions.

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>COVID POLICY AND PROCEDURE 8:</b>  | Gross Motor Activities        |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director               |
| <b>MONITORING RESPONSIBILITY:</b>     | 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.
2. Each classroom will be scheduled for 30 minutes of gross motor activity.
3. To maximize space and time for gross motor activities, centers will utilize the following spaces.
  - A. Carbondale classrooms will use three 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 air dry.

|                                       |                    |
|---------------------------------------|--------------------|
| <b>COVID POLICY AND PROCEDURE 9:</b>  | Communication      |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Teachers           |
| <b>MONITORING RESPONSIBILITY:</b>     | 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.

**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 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.

|                                       |                                  |
|---------------------------------------|----------------------------------|
| <b>COVID POLICY AND PROCEDURE 10:</b> | Enhanced Transportation Services |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Directors                 |
| <b>MONITORING RESPONSIBILITY:</b>     | 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 always covers both mouth and nose 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 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. Before accepting a child on the bus, the Bus Monitor must greet the parent and child directly outside the door of the bus. If the child is not wearing a mask, provide one and receive the child.
2. 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?
- 3. 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.
- 4. If the child has a temperature above 100.4° or reports symptoms, do not accept the child on the bus. If the temperature is above 100.4°, 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.
- 5. 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 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.

### **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 always wear a mask.
- 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. 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 handrail, 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.



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|---------------------------------------|----------------------------------|
| <b>COVID POLICY AND PROCEDURE 11:</b> | Enhanced Mealtime Practices      |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director                  |
| <b>MONITORING RESPONSIBILITY:</b>     | 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.

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|---------------------------------------|-------------------------|
| <b>COVID POLICY AND PROCEDURE 12:</b> | Training                |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Coaches                 |
| <b>MONITORING RESPONSIBILITY:</b>     | 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. Child development administrative staff will train classroom teachers how to appropriately execute new procedures such as nap time, mealtime, playground usage, using the cohort model.
2. 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.
3. Trainings may be conducted in person or via a web-based platform (i.e. Zoom, Bridge) as 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.

|                                       |                   |
|---------------------------------------|-------------------|
| <b>COVID POLICY AND PROCEDURE 13:</b> | Child Attendance  |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director   |
| <b>MONITORING RESPONSIBILITY:</b>     | 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 Community Worker 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 Community Outreach Worker.
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.

|                                       |  |
|---------------------------------------|--|
| <b>COVID POLICY AND PROCEDURE 14:</b> | Home Visits and Parent/Teacher Conferences |
| <b>IMPLEMENTATION RESPONSIBILITY:</b> | Center Director                            |
| <b>MONITORING RESPONSIBILITY:</b>     | Child Development Coordinator              |

## POLICY

SIU Carbondale Head Start staff will not be required to complete in-person visits with parents in family homes during periods of pandemic disease. For a period specified by the Executive 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 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 to be safe.
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 daytime 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