Hamilton White Child Development Center
COVID 19 Procedures

All protocol and procedures are taken from the Centers for Disease Control and/or the Mississippi Department of Health website.

I. Implement Social Distancing Strategies
II. Modify Drop Off and Pick Up Procedures
III. Implement Screening Procedures Upon Arrival
IV. Intensify Cleaning and Disinfection Efforts
V. Staff Members and Face Coverings
VI. Procedures for Illnesses
VII. Contact with COVID-19
VIII. FAQs for the CDC
IX. COVID-19 Flow Charts (Symptoms, Exposure, Positive Case)
Social Distancing Strategies

- Child care classes will include the same group each day, and the same child care providers should remain with the same group for the day, if possible.
- Special events such as festivals, holiday events, classroom parties, and special performances will be postponed/canceled.
- We will review daily group activities that may promote transmission.
  - Keep each group of children in a separate room.
  - There will be no mixing of children. This includes staggering playground times and keeping groups separate.
  - If possible, at nap time, children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. If a 6-foot distance is not possible, children will be placed head to toe.
- There will be modified arrival and drop off procedures. Parents will sign children in at the entrance and a child care provider or assistant will assist in getting children to the classrooms. Curb side drop off and pick up will limit direct contact between parents and staff members and adhere to social distancing recommendations.

Parent Drop-Off and Pick-Up

- Hand hygiene stations will be set up at the entrance of the facility, and children can clean their hands when they enter. Hand sanitizer with at least 60% alcohol will be next to parent sign-in sheets and sanitary wipes will be used for pens. Children will wash their hands when entering the classrooms.
- Child care providers will greet children as they arrive.
- Infants can be transported in their car seats. Car seats will be stored out of children’s reach in the hallway.
- One designated parent should be the drop off/pick up volunteer to walk children to the drop off and pick up entrance.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

Parent Information for Drop Off and Pick up:

Ewing

1. Parents should stay in their car until it is their turn. If there is a car in front of you, do not get out of your car. Only one parent and their child(ren) should be outside checking in at a time. Please do not line up.

2. Check in will be just outside the entrance that faces 4th Avenue.
   a. Please bring the following for Infants: Bottles/Food/Pacifiers/Diapers/Center Shoes (optional) and a couple changes of clothes.
b. Please bring the following for Toddlers: Nap Mats/Blankets/Pacifiers/Diapers/Center Shoes (optional) and a couple changes of clothes.

c. Please bring the following for 2-year old: Nap Mats/Blankets/Pacifiers/Diapers/Center Shoes (optional) and a couple changes of clothes.

3. Screening of child:
   a. We will screen every child.
      i. Children who have a fever of 100.0 degrees or above will not be admitted to the facility.
      ii. We will ask parent to confirm that their child has not shown any of the following symptoms in the past 24 hours: fever, new or worsening cough, shortness of breath, sore throat, loss of taste or smell, vomiting, or diarrhea.
      iii. We will ask parent to confirm that their child has not shown 2 or more of the following symptoms in the past 24 hours: fatigue, headache, congestion/runny nose, body aches.

4. Staff Person will complete the sign in sheet for each child and walk child inside. Staff person will return to repeat the process with next child. Please stay in your car until parent in front of you returns to their car. Infants will be carried in in their carrier.

5. We will need the name and text number of the parent who is picking up the child.
   a. Text your teacher on the classroom phone and tell them your name, color of the car, and that you are waiting outside. Do not text until you are stopped at pickup.
   b. A staff person will bring your child to your car.

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Bailey

1. Parents should stay in their car if more than 2 parents/children are visible in the lineup. Only one parent and their child(ren) should be outside checking in at a time. Only line up on the marked areas in the walkway to the entrance, ensuring appropriate distance between others dropping off.

2. Check in will be just outside the entrance of the building.
   a. Please bring the following for children: Pacifiers/Diapers/Center Shoes (optional) /Nap Mats/Blankets/a couple changes of clothes.

3. Screening of child:
   b. We will screen every child.
      i. Children who have a fever of 100.0 degrees or above will not be admitted to the facility.
ii. We will ask parent to confirm that their child has not shown any of the following symptoms in the past 24 hours: fever, new or worsening cough, shortness of breath, sore throat, loss of taste or smell, vomiting, or diarrhea.

iii. We will ask parent to confirm that their child has not shown 2 or more of the following symptoms in the past 24 hours: fatigue, headache, congestion/runny nose, body aches.

4. Staff Person will complete the sign in sheet for each child and walk child inside. Staff person will return to repeat the process with next child. Please stay in your car until parent in front of you returns to their car.

5. We will need the name and text number of the parent who is picking up the child.
   a. Text your teacher on the classroom phone and tell them your name, color of the car, and that you are waiting outside. Do not text until you are stopped at pickup.
   b. A staff person will bring your child to your car.

**Screen Children Upon Arrival (if possible)**

Persons who have a fever of 100.0°F or above or other signs of illness should not be admitted to the facility. Parents should be on the alert for signs of illness in their children and to keep them home when they are sick. Children will be screened upon arrival using the following method:

**Reliance on Barrier/Partition Controls**

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member’s face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
  - Perform hand hygiene
  - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child’s temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

**Clean and Disinfect**

Intensified cleaning and disinfection efforts will be implemented and will include the following:

- A cleaning schedule of every 3 hours will be implemented.
- Routine cleaning, sanitizing, and disinfecting of surfaces and objects that are frequently touched, especially toys and games will be used. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.
- Cleaning products will be used according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective.
- All cleaning materials will be kept secure and out of reach of children.
- Cleaning products will not be used near children, and staff will ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

**Clean and Sanitize Toys**

- Toys that cannot be cleaned and sanitized will not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions will be set aside until they are cleaned by hand by a person wearing gloves. They will be cleaned with water and detergent, rinsed, sanitized with an EPA-registered disinfectant, rinsed again, and air-dried.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all.
- Toys that need to be cleaned will be set aside. This includes placing in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Toys will be rotated through cleanings.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

**Clean and Disinfect Bedding**

- The Center will use crib bedding (sheets) that can be washed.
- Each child’s bedding is separate and stored in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child.
- Nap mats/blankets/bedding that touches a child’s skin should be cleaned weekly and will be sent home at the end of the week to be washed.
Caring for Infants and Toddlers

Diapering

When diapering a child, wash your hands and wash the child’s hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child’s hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Staff Members/Face Coverings/Social Distancing

- All employees will follow the DSU COVID protocol and be screened upon entering the building.
- Staff should wear face coverings throughout the day. If washable, these should be washed each evening. If disposable, new masks can be used each day or when needed throughout the day.
- Child development interns will be allowed in the center on a restricted basis as needed to appropriately meet program requirements; students will adhere to all sanitizing, exposure, and illness related protocols required of all DSU students, staff, and employees.
- Children over the age of two should wear masks. Masks should not be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - MSDH recognizes that getting younger children to be comfortable wearing masks and to keep them on may create some difficulties. Under these circumstances, parents, guardians, licensed child care providers may consider prioritizing the wearing of masks to times when it is difficult for the child to maintain a social distance of at least six (6) feet from others who are not part of
their household (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper mask size and fit and providing children with frequent reminders and education on the importance and proper wearing of masks may help address these issues.

- Facemasks will be provided to children in the three and four-year-old classrooms for such instances above. They will not be expected to wear these throughout the school day.

**Procedures for Illnesses While at Center**

1. An isolation room is available for children who become sick while at center. If a student is placed in the isolation room, the following procedures will take place:
   a. The parent will be notified immediately to pick up their child.
   b. The classroom teacher, teacher assistant, or Center Director will wait with the child until the child is picked up by the parent.
   c. If the child is removed during lunch time, the child will eat their lunch in the isolation room.
   d. For the infants, toddlers, and two-year-olds, a diapering station is available in the isolation room for restroom needs. For the three and four-year olds, the student will be escorted to the restroom. The restroom will be thoroughly cleaned and sanitized after use.
   e. The isolation room will be thoroughly cleaned and disinfected once the student has been picked up.

2. If Covid-19 is confirmed in child or staff member:
   a. Close off areas used by the person who is sick.
   b. Open outside doors and windows to increase air circulation in the areas.
   c. Wait up to 24 hours or as long as possible before you clean/disinfect to allow respiratory droplets to settle before cleaning/disinfecting.
   d. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
   e. If it has been more than 7 days since person who is sick visited or used facility, additional cleaning/disinfecting is not necessary.
   f. Continue with routine cleaning and disinfecting.

3. Utilize sub list and identify availability when applicable.

4. Maintain social distancing strategies: Keep each group of children separate. Space beds and nap mats ideally 6 ft apart and head to toe if possible.

5. If a classroom has to be placed in quarantine due to an individual(s) in that class testing positive for COVID-19, tuition will be reimbursed for those days the students are out on quarantine. This exception is being made strictly in light of the pandemic and will not extend to other closures beyond this current pandemic period.
   - Reimbursement for absences or quarantining of children resulting from exposure external to the Center classroom or for other unrelated illnesses will not be considered for reimbursement.
Contact with COVID-19

1) See attached “Exposure Flow Chart” for contact protocol.

*FAQs for the CDC

1. What if a child or staff member is showing signs of COVID 19 symptoms?
   a. Staff members will complete a daily screening before coming to work as required by the University. If fever or other symptoms are present, staff members will contact Human Resources and be required to see a physician.
   b. If child has a 100.0 fever or higher, the child does NOT come to school and the parents MUST contact their Primary Care Physician. In order for child to return to school, we must have a clearance letter from the physician.
   c. Please keep child at home if symptoms are visible. These will be screened at drop off.
   d. If occurring at the center, parent will be called to pick up the child.
   e. Parents are encouraged to get the child tested, however you may keep your child at home for 14 days after the symptoms first appeared to avoid COVID-19 testing.
   f. See attached “Symptom Flow Chart” for more details.

2. What if a child or staff member is tested for COVID 19?
   a. The child or staff member should be quarantined until results come back and the Center should be notified. Parents of the children in that classroom will be notified of a child or staff member being tested.
   b. If results for the test come back positive, the Center should be notified, and parents of children in that classroom will be notified of a positive case. (See the attached “Positive Case Flow Chart”)
   c. Upon Center notification of a child or staff member being tested, that classroom will be closed for cleaning if child or staff member is positive. Parents will be notified of classroom closure and positive case.

3. What if a child has been exposed to someone who has been tested and/or is positive for COVID-19?
   a. See attached “Exposure Flow Chart”

4. Are there any travel restrictions?
   a. If a child has traveled internationally, the child must quarantine and be tested for COVID 3-5 days after travel and stay in quarantine for a full 7 days.
      i. If the test is negative, the child can return to class after the full 7 day quarantine is complete.
      ii. If the test is positive, the child must be isolated for 10 days from first day of symptoms or date of test.

5. What are some possible questions the drop-off parent may be asked when being screened?
   a. Have you or your child had fever in the last 7 days?
b. Have you recently traveled internationally?
c. Has anyone in the child's home recently been tested for COVID 19?
d. Have you or your child exhibited any symptoms of COVID 19 in the past 7 days?
e. If needed, the child may be asked to quarantine for 14 days.

Note: These statements are subject to revision as the COVID 19 pandemic continues to evolve.
The Mississippi State Department of Health defines "close contact" as:
- Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- Providing care at home to someone who is sick with COVID-19.
- Having direct physical contact (touched, hugged, or kissed) with someone who has COVID-19.
- Shared eating or drinking utensils with someone who has COVID-19.
- Having had someone who has COVID-19 to sneeze, cough, or somehow get respiratory droplets on you.

**Isolative vs. Quarantine**
The CDC defines quarantine and isolation in the following ways:
- Quarantine keeps someone who might have been exposed to the virus away from others.
- Isolation separates people who are infected with the virus away from people who are not infected.
**Hamilton-White Child Development Center**

**Positive Case Flow Chart**

**A child tests positive for COVID-19**

If non-symptomatic, must isolate for 10 days from test date.

Isolate immediately

How long to isolate?

If symptomatic, isolate until ALL are met:
- 10 days since symptoms first appeared
- Must follow up with director before returning to school
- 3 days with no fever or symptoms (without medication)
- Respiratory symptoms have improved

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Hamilton-White Child Development Center
Symptom Flow Chart

Fever equal or greater than
100.0°

1 or more symptoms below
(new or worsening cough, shortness of
breath, sore throat, loss of taste or smell,
vomiting, diarrhea)

2 or more symptoms below
(fatigue, headache,
congestion/runny nose,
muscle/body aches)

Child does NOT report to
school. Parent MUST
contact their Primary Care
Physician & provide
clearance letter before
returning to school.

See physician to determine need for
testing. A physician note will be required
for return to school.
 Notify the Director, Kelsey Overstreet
846-4320

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