



Important Contacts

Emergency Operations Center

- EOC (320)522-0216

Departmental Contacts

Vanessa Goodthunder Director
(W)507-697-8254

Michelle Freitas
Health/Safety Coordinator
507-697-8258

Updated
1-11-2021

Lower Sioux Indian Community

COVID-19 Preparedness Plan

CWOO Staff and Families

2020-2021

[Contents](#)

Introduction and Purpose.....[3](#)
Goals.....4
Applicability and Scope.....4
Responsibility.....[4](#)
COVID-19 Preparedness Plan.....[4-5](#)
Screening & Policies Staff or Families/Students Exhibiting Signs & Symptoms of COVID-19.....[5](#)
COVID -19 Signs and Symptoms.....[5-6](#)
What is PPE and How to put on and take off.....6
Screenings.....7-9
Handwashing.....9
Respiratory Etiquette: Cover your cough or sneeze.....[9](#)
Workplace Mask Policie/Face covering.....9
Social Distancing.....10
If children are sick.....10-12
Parent Drop-off and Pick-up.....12
Reliance on Social Distancing.....10
Houskeeping.....13
Toys/Toy Cleaner.....14
Family Screening and Home visits.....14
Home Based Program Option for Learning.....14-15
Inhalers/NEBULIZERS.....15
Asthma/Medically Vulnerable.....15
Toothbrushing.....15
Nap/Rest time.....15
Eating Style.....15-16
Recruitment.....16
Enrollment.....16
Registration.....16
For Distance Learning/education.....17

For Family Services.....17

For Health.....17

Safety.....17

For Nutrition.....17

Indoor/Outdoor play and Walks.....18

Preschool and Classroom Guidance.....19

Communications and Training.....20

Parent Communications.....20

Temporary Telecommuting.....20

Closing Rooms/Center Policie.....21

Handling Suspected or confirmed positive cases of COVID-19 in center.....21

Appendix A – Guidance for developing a COVID-19 Preparedness Plan.....23

General

COVID 19 Symptoms pg 6

Employees signs and symptoms of COVID-19 pg 7

Prevention and control of Infectious Disease pg 8& 11

Toy Cleaner log pg 14

Classroom Checklist for cleaning pg 18

Zone Cleaning logs pg 20

WEB staff and WEB children pg 21

Return to Work Staff pg 22

Return to class child/student pg 22

Introduction and Purpose

In order to serve the best interests of the Cansayapi Wankanyeza Owayawa Oti,(CWOO) has prepared at a minimum these safety standards. Each government department, business, school, and agency shall establish their specific “COVID-19 Preparedness Plan.” It is important to note that during the COVID-19 pandemic, information in this preparedness plan overrides existing policies and procedures that are in place (if discussed in this plan). All other policy statements are still valid and must be implemented.

Each departments COVID-19 Preparedness Plan shall establish and explain the necessary policies, practices and conditions to meet the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19 and federal Occupational Safety and Health Administration (OSHA) standards related to Community/Students/workers exposure to COVID-19.

CWOO is committed to providing a safe and healthy workplace for all families, students and staff. Managers and all staff are responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 and other infections, in our workplaces that requires full cooperation among staff and management. Only through this effort, can we establish and maintain the safety and health of our staff and workplace, and learn environment for our students.

Policies should be practical, feasible, and appropriate for child(ren) and families. School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working. It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts and communities.

The AAP strongly advocates that all policy consideration during the schoolyear should start with the goal of having students physically present in school. The plan will have a strong commitment of management and be developed and implemented with the participation of employees in order to create safety ownership through-out the workplace.

CWOO’s COVID-19 Preparedness Plan must include and will implement at a minimum the following:

1. infection prevention measures.
2. prompt identification and isolation of sick persons.
3. engineering and administrative controls for social distancing.
4. housekeeping, including cleaning, disinfecting and decontamination.
5. communications and training for managers and staff necessary to implement the plan; and
6. provision of management and supervision necessary to ensure effective ongoing implementation of the plan.

Management and staff are responsible for implementing and complying with all aspects of this preparedness plan. CWOO managers and supervisors have full support in enforcing the provision of this policy.

THE BEST WAY TO PROTECT YOURSELF AGAINST COVID-19

Staff have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The best way to protect yourself from COVID-19 is to:

- Wash your hands frequently with warm soapy water for at least 20 seconds.

Updated 1-11-2021

- Stay home when you are sick.
- Cover your cough.
- Avoid close contact (social/physical distancing) – stay at least 6 feet from other people, do not gather in large groups.
- Cover your mouth and nose with a cloth face cover when around others (as recommended by authorities); and,
- Clean and disinfect frequently touched objects and surfaces.

Goals

The goals of the CWOO in responding to a case or information of COVID-19 include:

- The safety of all staff, members, visitors, and vendors.
- The physical and emotional well-being of employees, members, visitors, and vendors.
- Prevention of the spread of COVID-19

Applicability and Scope

This plan applies to all Staff and Families of CWOO. Staff and families are our most important assets. We are serious about health and safety, and keeping our staff working at CWOO.

The scope of this plan is intended to mitigate, prevent, prepare, and respond to COVID-19. When encountering a situation which has not been expressly addressed in this plan, use good judgment and the guiding principles outlined here in:

CDC does NOT currently recommend universal symptom testing (Testing all students/staff)

Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day.

Responsibility

The Lower Sioux Community Council or their designated person is ultimately responsible for managing all emergency preparedness and responses within the Lower Sioux Indian Community. The Tribal Emergency Response Committee (TERC) has been vested with the responsibility for all emergency preparedness and response operations. The Council, in conjunction with the TERC, has the authority to utilize all personnel and resources necessary to control or contain the situation. Individual departments are an integral part of the emergency organization.

In response to COVID-19 the Lower Sioux Indian Community, and CWOO has adopted a COVID-19 Preparedness Plan. All LSIC entities are to add to these guidelines to allow for the safest operation of their department and/or company. Development and Implementation with your staff is crucial to create safety ownership for all.

CWOO COVID-19 Preparedness Plan

Employee involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our employees in this process by getting staff comments, questions, concerns and frequent conversations. Leadership is dedicated in supporting and advancing disaster resiliency of **Çağşayapi Wakanyeza Owayava Oti** by implementing best practices and “A Whole Community” approach to emergency management to mitigate loss of life, property and harm to the environment. Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines and federal OSHA standards, Minnesota Educational Department recommendations, EHS/Head Start processes, along with local health knowledgeable representatives, and other relevant agencies related to COVID-19 and addresses:

- hygiene and respiratory etiquette;
- engineering and administrative controls for social distancing;
- housekeeping – cleaning, disinfecting and decontamination;
- prompt identification and isolation of sick persons;
- communications and training that will be provided to directors, managers, supervisors, and employees necessary to ensure effective implementation of the plan.

Screening & Policies for Staff

Working with local health officials to determine strategies appropriate for our community’s situation. Continue using preparedness strategies and consider the following social distancing strategies:

During COVID operations COVID rapid testing will be available for Staff.

If possible, classes should include the same group each day, and the same staff/providers should remain with the same group each day. Keep each group of children in a separate rooms/play areas. Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.

Postpone special events such as festivals, holiday events, and special performances.

Consider whether to alter or halt daily group activities that may promote transmission.

Limit direct contact between parents and staff members and adhere to social distancing recommendations.

Be sure to follow Personal Protective gear guidelines and usage in center.

Winter coats, boots, backpacks and other items for students attending in center, will be handled as usual.

Arrange for administrative staff to telework from home, as needed.

COVID-19 Signs and Symptoms

People with COVID-19 have had a wide range of reported symptoms – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to SARS-CoV-2**. Symptoms can include:

- | | |
|---|-------------|
| • Fever or chills | Cough |
| • Shortness of breath or difficulty breathing | Fatigue |
| • Muscle or body aches | Headache |
| • New loss of taste or smell | Sore throat |

- Congestion or runny nose
 - Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms and children and youth with SARS-CoV-2 infection may experience any, all, or none of these.



COVID19-symptoms.
pdf

Close contact/Exposure: Someone who is with/near a sick person more than 15 minutes AND less than 6 feet apart. As well as cumulative time with sick person during the day.

Employees have been informed of and are encouraged to self-monitor for signs and symptoms of COVID-19. Posters will be hung up through-out the workplace to ensure employees are aware of symptoms to check and protocol to follow-up. The following policies and procedures are being implemented to assess employees' health status prior to entering the workplace and for employees to report when they are sick or experiencing symptoms.

PPE put on and take off

All CWOO staff and adults upon entering the center, will need to have face coverings during the required time of pandemic (guidance of state, local and community). Unless there are individuals that are separated from others in the center, or have (rare) cause for exceptions. Please see workplace mask policy for further instructions.

Children are encouraged to wear facemasks when in close contact with others (within 6 feet) but is recommended (not required) for those under 5 years of age, except during eating and naps, not at all for those under 2 years of age.

Training and practice using your face covering and glove proper procedure is essential.

1. **Identify and gather the proper needed Face covering/ mask and gloves.**
 - **Ensure face covering/mask fits correctly, covering nose and mouth.**
 - Ensure choice of smock size(s) is correct.
 - Ensure correct sized gloves are available upon need.
 - Ensure choice of chef/kitchen coats are correct (as needed)
2. **Perform hand hygiene (if no water is available), using hand sanitizer.**
3. **Put on Face covering upon entering the center.**
4. Enter room and put-on smock. Tie all of the ties or fasten buttons on the smock.

Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around ears.

5. **Put on gloves.** As needed, Gloves should cover the wrist.

How to Take Off Face covering/gloves

Remove gloves. Ensure glove removal does not cause additional contamination of hands.

Remove smock/chef coats. Untie all ties (or unsnap all buttons).

Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

Perform hand hygiene after removing the facemask and before putting it back on.

Health Screenings for staff

All staff will go through a Health Self Screen Check-in at front desk upon entry into CWOO. This will be at the Reception Desk. Screenings must be documented on the COVID-19 Employee Health-Screening Form being as confidential as possible. Staff will be screened one time per day.



Employee COVID 19
Health Screening Form

The process will look like the following:

- 1) All Employees enter in the CWOO front Entrance. Recommended to come in at least 10 minutes prior to your starting shift. To help with congregations, will stagger start-times of employees. Have a mask on.
- 2) Upon arrival at the Center, employee will wash their hands in the Staff (nearest available) Bathroom.
- 3) Employee will go to the Health Self Screen Check-in desk located at the Reception desk. If there is another person currently utilizing, employee will remain 6 ft away as possible to practice social distancing measures.
- 4) The Health Screen Check-In desk will have sanitization products, paper towels, hand sanitizer, trash can, clear signage of instructions, alcohol wipes, thermometer, pens, and a COVID-19 Employee Health-Screening Form for each employee. COVID-19 Employee Health-Screening Form will be alphabetically ordered by last name with dividers in the middle for clear accessibility.
- 5) Employee will step up to the Health Screen Check-In, find their COVID-19 Employee Health-Screening Form, and proceed to fill-out to complete their employee screening.

The Screening will include:

- Inputting the date of Health Screen.
- A temperature check – temperature should be below 100.4°. After thermometer is done being used, employee must clean with an alcohol wipe between each person.
- Employee will answer the following questions on the sheet OR use the temperature screening tablet, at the location.
 - o Have you had a fever of 100.4 or higher in the last 24 hours?
 - o Have you had a new onset or worsening Cough?
 - o Have you have Shortness of Breath?
 - o Have you had any of the additional symptoms of new sore throat, new muscle aches, new headache, chills, repeated shaking with chills, or new loss of taste or smell?

- Have you 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?
- Have you had close contact with an individual diagnosed (lab or clinical) with COVID-19 in the past 14 days?

Employee will use the sanitization products, (alcohol wipes) to clean the pen(s), also the Receptionist will sanitize “To be cleaned” containers of used pens, along with any surfaces touched to leave it sanitized for the next person.

6) If the temperature is below 100.4° AND the answer to all questions is “No”, the staff/visitor can enter the workspace. The staff/visitor must proceed to wash hands or use hand sanitizer after using the Health Self Screen Check-in.

7) If the answer to any of the questions are “Yes” OR the temperature is above 100.4°, the staff/visitor WILL NOT BE ALLOWED to enter the workspace and will be asked to return home.

If any symptoms are noted during the screening, the staff is excluded in accordance with the MDH COVID-19 guidelines for 10 days AND 24 hours with no fever without fever-reducing medication. An employee may return to work earlier if a doctor confirms the cause of the employee’s fever or other symptoms is not COVID-19 and releases the employees to return to work in writing.

CWOO has implemented leave policies that promote workers stay at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. This includes employees with underlying medical conditions or who have household members with underlying health conditions. Benefits include Paid Time Off, Family Medical Leave (FMLA), Administrative Leave, Temporary Telecommunication Policy and Leave Without Pay (LWP).

In addition, a policy has been implemented to protect the privacy of workers’ health status and health information.

Accommodations for workers with underlying medical conditions, or who have household members with underlying health conditions, have been implemented. See HR for details

If a staff member becomes sick during the workday the staff member should be sent home immediately. HR must be contacted if someone is sent home.

If a staff member is diagnosed with COVID-19, Managers must notify HR and the Health Coordinator. Staff must follow the Infectious disease policy.



Prevention and Control of Infectious I



mwbccovid19.pdf

Any staff sent home should be encouraged to contact their health care provider for further guidance. Staff should not return to work until the criteria to discontinue home isolation have been met, in consultation with your healthcare provider and local public health officials.

CWOO will follow the tribes Return to Work Policy.

Health staff will retain all forms as the forms are considered confidential and are a medical file. Access is on a need-to-know basis. Forms will be kept locked in the health office. Management will keep the past two-weeks of forms on-site. There will be no copies made of the employee forms. IF there is a failed screening and the employee is sent home, follow the HR employee process. Once that employee has returned to work/center, a new form with begin.

Supervisors must involve HR for any employee absence from work due to any COVID-19 related situation (ie employee experiencing COVID-19 symptoms, member of employees household experiencing symptoms, or employee not to be able to come to work due to no child care school for their children.)

In addition, the following policies must be followed regarding protecting staff health status and health information: LOWER SIOUX EOC, Corporate Manual, HR, Confidentiality Policy.

Handwashing

All employees are instructed to wash their hands or use sanitizer when a sink is not available. Employees are instructed to wash their hands for at least 20 seconds with soap and water at the beginning of their shift, frequently throughout the day, and after any of the following activities: using the restroom, sneezing, touching the face, blowing the nose, cleaning, sweeping, mopping, smoking, eating, drinking, and entering and leaving the building.

For Students: Reinforce handwashing during key times including but not limited to: arrival and dismissal; before, during, and after preparing or eating food; after using the bathroom; after blowing one's nose, coughing, or sneezing; after touching objects with bare hands that have been handled by other people.

All visitors to the facility will be required to wash their hands prior to or immediately upon entering the facility. Visitors may be limited to those providing essential services and parents/guardians dropping off or picking up their children. Centers will have hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) that can be used for hand hygiene, as long as it is followed by handwashing once the individual can get to a sink)

FDA is warning consumers and health care providers that the agency has seen a sharp increase in hand sanitizer products with over 70% isopropyl causing skin issues! An isopropyl wipe can be used in lieu of hand sanitizer, if needed until hands can be washed.

Respiratory Etiquette: Cover cough or sneeze

Employees and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all employees and visitors.

Workplace Mask Policy

All employees are now required to wear a mask or cloth face-covering that covers your mouth and nose at all times while in the workplace. Volunteers and visitors should be limited. Although we cannot deny parents coming into the center, we should encourage them to not enter in-order to help us protect against the spread of the virus. All adult visitors will be required to wear masks. Mask wearing will be demonstrated on posters and leadership will remind all staff of policy. Please see workplace mask policy for further instructions.

Please note the following exceptions:

- Employees who work on their own in an enclosed space (e.g., their own office) are permitted to remove their mask if they are seated at least six feet from the doorway. However, they must wear their mask or face covering at all other times.
- Employees who wish to eat or drink may remove their mask to do so, provided they are situated six feet away from others, perform the necessary hand hygiene and replace the mask when they are done.
- Employee is outdoors and/or working independently.

Children are encouraged to wear face covering, if can maintain wearing it properly.

Masks will be available at the Reception Desk and the Lower Sioux Emergency Operations Command Center (Multi-Purpose Room of the Recreation Center). If notice Mask stock is out, please contact the employee by calling 320-522-0216 or by emailing LSIC.EOC@lowersioux.com.

Reliance on Social Distancing

Screening at home will greatly assist keeping children and staff healthy.

www.health.state.mn.us/diseases/coronavirus/schools/homescreen.pdf

Social/Physical distancing is implemented in the workplace/center, will be demonstrated on posters in the center. Through the following engineering and administrative controls:

- Meetings and events that require close contact (Parent Conferences etc.) will be conducted via tele meets/Zoom meeting or electronic communication.
- Employees are to refrain from gathering in large groups and/or confined areas, whenever possible, staff should try to maintain six feet of distance between others.
- Classrooms student/staff capacities have been adjusted to limit exposure.
- Staff will be provided with appropriate protective equipment supplies, which include masks, gloves, disinfectant, smocks, and other Personal protective gear as appropriate.
- Do not use other staff's personal protective equipment, phones, computer equipment, desks, cubicles, workstations, offices whenever possible.

If Children/Staff are Sick

The most common symptoms of COVID-19 in children are fever and cough.

The symptoms of COVID-19 are similar in adults and children and can look like other common illnesses, like colds, strep throat, or allergies. The most common symptoms of COVID-19 in children are fever and cough, but children may have any of these signs or symptoms of COVID-19.

Students/staff should stay home, except to get medical care.

- Separate as much as possible from other people.
 - Call ahead before visiting the doctor
- Monitor symptoms
Cover coughs and sneezes

Updated 1-11-2021

- Clean hands often
 - Clean all “high touch: surfaces every day
- Avoid sharing personal items

Close contact/Exposure: Someone who is with/near a sick person more than 15 minutes AND less than 6 feet apart. As well as cumulative time with sick person during the day.

Note: A classroom of students who are together for most of the school day in a classroom could be considered close contacts, even if sitting 6 feet apart, because of the length of time spent together in a room doing many different activities.

If a child becomes sick during the day, the child NEEDS to be kept in a space away from other children while under the watch of one staff person that is in the room while waiting for parent/guardian to pick the child up.

For calling parent/family for pickup:

When a child becomes sick with COVID Symptoms, Classroom teacher will notify Center Supervisor/Health Coordinator.

The family advocate will begin to call family contacts beginning with the primary guardian. If the primary guardian does not answer, the advocate will then contact the secondary parent.

If both do not answer, the advocate will begin to call the families emergency contacts. The parent or authorized person MUST pick up the child within 30 minutes.

If after 30 minutes and the parent has not made contact with the school, and 45 minutes have passed from the time the child has been sick, CWOO will then call Child Protective Services.

If the care provider/staff is wearing appropriate PPE and the child/student is wearing a mask (or can be kept separated by a table or chair across the room, the exposure is considered low risk. These persons would closely monitor for symptoms for 10 days and would not need to quarantine.

Any child sent home should be encouraged to contact their health care provider for further guidance. If a child is diagnosed with COVID-19, CWOO managers must notify HR and the Health Services. Follow the Infectious disease Policy.



Prevention and
Control of Infectious I

- Child Screenings include:
 - **Utilize temporal scanner or no touch thermometer, whenever possible.**
 - A temperature check – temperature should be below 100.4°. If non-contact thermometers are used, they must be cleaned with an alcohol wipe between each person. Screeners may re-use the same wipe if it remains wet.
 - A visual assessment of the child for signs of illness which could include:
 - Flushed cheeks;
 - Rapid breathing or difficulty breathing (without recent physical activity);

- Fatigue; and/or
- Extreme Fussiness.
- **Family Screening at classroom**
 - In the past 10 days, including today, have you had symptoms of acute respiratory illness (e.g., acute cough, shortness of breath, sore throat)?
 - Including today, have you had a fever > 100° F or symptoms of a fever such as chills, muscle aches, and/or weakness?
 - Have you 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?
 - Have you had close contact with an individual diagnosed (lab or clinical) with COVID-19 in the past 14 days?
 - Have you or anyone close to you had a headache, sore throat, or new loss of taste or smell?
 - Have you given your child Tylenol/ Motrin in the last 24 hours? If so why.

If the temperature is below 100.4° AND the assessment shows no signs of illness, the child can enter the center.

If there is a failed screening, OR temp is above 100.4 that person (employee or child) WILL NOT BE ALLOWED to enter the center.

All completed screening forms should be given to the Health Staff.

Parent Drop-Off and Pick-Up

Parents are encouraged to use the Home Screening Tool
www.health.state.mn.us/diseases/coronavirus/schools/homescreen.pdf

Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands upon entering. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use.

Arrival and drop off times/plan to limit direct physical contact with parents (as much as possible.) Children 2-5yrs can be encouraged to wear face coverings, as long they can wear properly.

Attendance taken by and at Receptionist after family utilizes temporal scanner. Asking for any phone/contact changes and inquiring who will be picking child up that afternoon.

Each family will complete Child/Family screening questions.

A second/third station can be utilized to minimize gathering of people in front reception area.

Parents will walk children to their classroom.

At the end of the day, Parents will walk children from classroom back to their cars.

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.

Car seats:

Families will take child’s car seats with them at drop-off. Should the child need someone else to pick up their child, the car seat may stay at CWOO, but it will need to be bagged.

Housekeeping

Regular cleaning and disinfecting practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, playground and areas in the work environment, including restrooms, break rooms, and other meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, elevator panels, railings, star cases, copy machines and all other shared areas. Staff who perform cleaning will be trained in any COVID specific instructions.

Smocks from classrooms will be left at the center each day to be laundered.

The terms *cleaning*, *sanitizing* and *disinfecting* are sometimes used interchangeably which can lead to confusion and result in cleaning procedures that are not effective .

For example, if there is visible soil on a diaper changing or table surface, clean it with detergent and water before spraying the surface with a sanitizer or disinfectant. Using a sanitizer or disinfectant as this “first step” is not effective because the purpose of the solution is to either sanitize or disinfect. Each term has a specific purpose and there are many methods that may be used to achieve such purpose.

Task	Purpose
Clean	To remove dirt and debris by scrubbing and washing with a detergent solution and rinsing with water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
Sanitize	To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations.
Disinfect	To destroy or inactivate most germs on any inanimate object, but not bacterial spores.

Note: The term “germs” refers to bacteria, viruses, fungi and molds that may cause infectious disease. Bacterial spores are dormant bacteria that have formed a protective shell, enabling them to survive extreme conditions for years. The spores reactivate after entry into a host (such as a person), where conditions are favorable for them to live and reproduce .

Only U.S. Environmental Protection Agency (EPA)-registered products that have an EPA registration number on the label can make public health claims that can be relied on for reducing or destroying germs. The EPA registration label will also describe the product as a *cleaner*, *sanitizer*, or *disinfectant*. In addition, some manufacturers of *cleaning* products have developed "green cleaning products". As new environmentally-friendly cleaning products appear in the market, check to see if they are 3rd party certified by Green Seal: <http://www.greenseal.org>, UL/EcoLogic: <http://www.ecologo.org>, and/or EPA's Safer Choice: <http://www.epa.gov/saferchoice>. Use fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution (6). If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered (7). All products must be used according to manufacturer's instructions. The following resource may be useful: [Green Cleaning, Sanitizing, and Disinfecting: A Toolkit for Early Care and Education](#).

Employers will provide staff with hazard information, including access to and review of the Safety Data Sheets (SDS) as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances such as, cleaning, sanitizing and disinfecting supplies in use in the facility. The SDS explain the risk of exposure to products so that appropriate precautions may be taken.

Toys/Toy cleaner (Zon0)

Toys that cannot be cleaned and sanitized completely **should not** be used during COVID.

Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried or in a mechanical dishwasher that meets the requirements of Standard 4.9.0.11 through Standard 4.9.0.13. Play with plastic or play foods, play dishes and utensils, should be closely supervised to prevent shared mouthing of these toys.

Machine washable cloth toys should be used by one individual at a time. These toys should be laundered before being used by another child.

Indoor toys should not be shared between groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.

Contamination of hands, toys and other objects in childcare areas has played a role in the transmission of diseases in center settings. All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in their mouths during play or eating, or after toileting with inadequate hand hygiene. Using a mechanical dishwasher is an acceptable labor-saving approach for sanitizing plastic toys if the dishwasher can wash and sanitize the surfaces and dishes and cutlery are not washed at the same time.

A dish pan containing soapy water to begin removal of soil, THEN it can be put in a dry container used to bring the toys to a Toy cleaning machine area.

Small toys with hard surfaces can be set aside for cleaning by putting them into a labeled TOTE.

Having enough toys to rotate through cleaning makes this method of preferred cleaning possible.

Toy Cleaner instructions and Wash Machine Logs will be in the utility room in the cleaning binders.

Family screening

- Prior to conducting face-to-face home visits, a family screening (strengths and needs/hearing/vision /Nutrition assessments) must take place. The staff member must call the family and ask if anyone in the household is sick. If not, face-to-face contact can occur if social distancing is maintained. (ie. Park, porch visits, front yard, community space)

Home Based

- Visits for Home Based children will be based on the comfort of the family and staff member. The priority is to connect with the family during their normally scheduled visit time. Home Visitors will assess with each family what will work best for them. Options include phone, virtual, packets sent home, or face-to-face contact - in home, outside the home (back yard), or outside in a community space. Visitors must wear masks whenever they are in close contact or working in contact with children/families.
- Distance learning materials will be sent home as needed and will continue visits on Zoom weekly.
- In person visits scheduled (not mandatory to visit for entire time) curriculum and materials would be delivered on day of weekly visits. Home Based teacher/staff will need to comply with mask requirements when unable to social distance and as well as will change scrubs and gloves changed at each family visit.
- Curriculum/activities delivered weekly.

Inhalers/Nebulizers

NO nebulizers will be utilized as COVID-19 can be carried in droplets and excess moisture of nebulizers can spread the virus. CWOO highly recommends all asthma and respiratory and breathing medical instructions be clear on process of administration. As included in Health history and special medication instructions. The inhalers can be utilized with proper personal protections and correct spacers for age-appropriate children. In designated room for best possible administration.



nebulization.pdf

Asthma/Medically Vulnerable

No child and Family should be excluded from school unless required to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and school leadership will partner together to collaboratively identify and develop accommodations, when needed.

According to the CDC, people with asthma should use inhalers with spacers (with or without a face mask, according to each student's personal treatment plan) instead of nebulizer treatments whenever possible during the COVID-19 pandemic. Based on limited data, the use of asthma inhalers (with or without spacers or face masks) does not appear to release coronavirus particles into the air. A spacer or valve holding chamber is recommended when using an MDI. It is best for students to have two spacers, one for home and one for school. If a student does not have their own spacer, consider using cardboard spacers, disposable mouthpieces. Review of Complex child Web resource is important www.complexchild.org

Toothbrushing

NO toothbrushing at the center, during COVID. Parent should be encouraged to brush the children's teeth before coming to the center and before they go to bed in the evening.

Naps/Rest time

During naptime, cots will be distanced as space allows. Whenever possible, cots will be placed 6 feet apart, also with children laying head to toe. If classroom space does not allow cots to be placed 6 feet apart on all sides, will be distanced as much as possible or with plexiglass. Blankets and cot bedding being washed daily. Limiting blankets and stuffed toys from home/outside the center. If needed, item must be bagged and labeled with child's name.

Meals/Eating Style

CWOO **will NOT** be implementing family style (self-scooping or handling of food/dishes) in the classrooms during COVID.

Each classroom will have disposable utensils.

Kitchen Staff will dish up each plate(component meals to meet CACFP) for the students/staff meals using gloved hands and utensils in the kitchen.

Covered plates will be delivered to the classrooms and handed to the teacher at the door. Glasses and milk will be provided to the room.

Sitting at the table, the children will be given their plate and milk from the teacher. Children will not be touching serving utensils. Teachers will hand out utensils and napkins as needed. Utilizing plexiglass spacing as needed.

The teacher(s) will eat with children. Maintaining physical distance as possible.

Upon completion all covers/plates and items will be placed in the hallway tub for pickup by kitchen staff, to be washed and sanitized. All other items will be disposed of properly.

Alternate CWOO plan:

Kitchen staff to dish-up (plate) food in hallway. Three component meals to meet CACFP, Glasses and milk will be provided to the room.

From carted pans/ dished for each child then handed to teacher.

Teacher then serves children,

The teacher(s) will eat with children. Maintaining physical distance as possible.

Upon completion all covers/plates and items will be placed in the hallway tub for pickup by kitchen staff, to be washed and sanitized.

Recruitment

Prior to conducting face-to-face visits, a family screening must take place. The staff must call the family and ask if anyone in the household is sick. If not face to face, contact can occur as long as social distancing is maintained. Enrollment Packets will be sent to families and collected or returned to center.

If possible, a phone or virtual interview should take place first, then a home visit should follow in order to verify and obtain information.

Assess with each family what will work best for them, options include phone, virtual, or face to face contact- can be done at the center, outside or outside in a community space.

For displaying posters, and visiting agencies, practice social distancing as much as possible.

Enrollment

The registration process will be modified to support the health and safety of families and staff. Families must be scheduled for registration by appointment.

No child and Family should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and school leadership will partner together to collaboratively identify and develop accommodations, when needed.

Distance Learning/Education:

Education staff will put together materials/packets to send home. Including activities, worksheets, and food/nutritional information needs. Teacher will set up virtual communication, via Web visits, calls or other means of connection.

Family Services

The following will be completed over the phone prior to the family coming to the center:

Family Services Information	Court Orders
Families as Learners	Family Strengths
Parent Interest Survey	Special Skills

Appropriate information on the CACFP

Health

Staff will continue put together health/activity suggestions for packets to send home and communication via Facebook posts, videos or various interactions. The Health History forms regarding the child and family.

CWOO will purchase thermometers for staff and CWOO families (as needed). The staff will also prepare COVID-19 Signs/Symptoms and Prevention materials.

Safety

CWOO will still conduct safety, fire, intruder and tornado drills. When possible maintain distance, but masks will be required (when required by health authorities/center procedure guidance.)

Nutrition

Staff will continue to put together health/meals, recipes suggestions for packets to send home and communication via Facebook posts, videos or various interactions. The Nutrition Assessment forms regarding the child and family food programs/summer food service program (CACFP) most information should be in enrollment/information packets.

When the family comes to the Center, the staff will:

Go over the data Policies and Forms.

Discuss and give out Parent Handbook, Nutrition (CACFP)packet and Policy, COVID-19 Preparedness Plan information. Finish all forms and obtain parent signatures.

All height/weight and vision screenings will be conducted as possible when children are in center. Distance learning heights and weights will be tracked as possible.

The goal to obtain Height/Weight/ and Vision evaluations as quickly as possible. While hearing assessments may need to be delayed until physical distance requirements are changed. Teachers will assist.

CWOO will work to “take actions that are feasible, reasonable and safe in terms of continuing to provide services and implementing management and oversight systems. Programs will not be held accountable to meet

timeline requirements that are not possible or reasonable for them to achieve during the 2020-2021 program year.

CWOO will maintain records of services provided and those that were not provided. General disaster Recovery flexibilities IM from March 2019.

Indoor/Outdoor play and walks

Hand sanitizer stations will be provided for shared work areas, the indoor play area, with foot activation. Students will be supervised when using.

Indoor/outdoor play equipment that is touched must be cleaned and disinfected between groups of children. Indoor/outdoor play equipment that cannot properly be cleaned and disinfected should not be utilized.

Cleaning: when surface are dirty, they should be cleaned, using a soap or detergent ad water solution, prior to disinfection. Indoor/outdoor play equipment should be sprayed with soapy water and wiped down. Follow the cleaning and sanitation policy

Disinfecting: after cleaning spray indoor/outdoor play equipment should be sprayed with soapy water and then wiped down. Follow the cleaning and sanitation policy.

A sprayer will be utilized for cleaning the playground equipment. Staff will have proper training on the solution and how to use.

Area will be sprayed upon students leaving the play area, the posted schedule should allow enough time between classes for disinfectant to work. (Approx. 5 minutes)

CWOO will create a playground schedule which includes times for cleaning/disinfecting and times that each group of children are able to play on with the indoor/outdoor play equipment. CWOO cleaning schedule and logs

In cleaning binders and available to staff.

Buggies/Strollers:

Walks are not required daily, but still ok to do if children can be distanced in buggies. Not seated right next to each other. Buggies will be cleaned and sanitized after each use and before used by another child or class.

Classroom guidance

During COVID-19 policy –

Staff will maintain the same small group of students. Leadership will review needs due to class size, staff available and students needs.

Room Capacity:

Class sizes will be maintained via size of the room, needed teaching staff and number of children for proper distancing. Until further review of COVID-19 situation allows/or requires change of class sizes/change in physical distancing guidance.

NOTE: A classroom of students who are together for most of the school day in a classroom could be considered close contacts, even if sitting 6 feet apart, because of the length of time spent together in a room doing many different activities.

Guidance about soft covered furniture in our classrooms:

Some classes have had small soft seats or soft chairs in their classrooms. Do they need to be removed? No need to fully remove the upholstered chairs. No need to remove furniture. Clean if soiled. Wash hands after use if shared with others.

Arrival/Departure: Staff will limit wait time for handwashing and bathrooms. Staff will take small groups of children to restroom and keep children distanced at cubbies, tables and other areas that are utilized while waiting for all children to arrive and or depart.

Choice time: Areas may only allow a limited number of students in the area at one time. Interest areas will be labeled with the number of students. The children will use nametags to identify the area in which they are choosing to play. Staff will monitor children's movement between the areas, and between each side of the classroom.

Water/sand tables and outdoor sandboxes **will not** be utilized during COVID.

Playdough/molding sand: If these materials are used, each child will have their own container, labeled with their name and used only in small group lesson so staff can ensure children are using only their materials.

Art Materials: All art materials will be stored in individual containers for each child, labeled with their name, and pat away immediately after use.

Dramatic Play: Only washable items and dress up clothes will be available. Dress up items that are worn on the face (sunglasses, scarf or other) will not be used. Washable dress up items will be laundered daily.

Large group/circle time and group read aloud: activities and lessons previously occurring during large group time will instead occur in small groups or individually during choice time and or scheduled small group. Staff will keep children distance as much as possible during small group activities.

Wait time/lines: Staff will limit lines and wait times as much as possible for bathroom use, handwashing, and transitions to and from the playground and other areas. Other staff will be utilizing when possible to help keep children distanced during transitions and to help reduce wait times during meal prep/ arrival and or departure times.

Communications and Training

The CWOO COVID Preparedness Plan training is required.

Preparedness Plan was communicated to all employees and continued necessary training is being provided. Additional communication and training will be ongoing and provided to all employees. Directors, managers, and supervisors are to monitor how effective the program has been implemented through continued communications.

This Preparedness Plan has been prepared and will be posted/printed for staff/others throughout the workplace. Will be updated as necessary.

Training for all center staff will be provided as soon as possible regarding this preparedness plan and other safety precautions. All training materials are located on Shared Drive in OCVID-19> Trainings folder. Additional communication and training will be ongoing as needed. Preparedness plan has been reviewed by CWOO leadership and will be available in the center.

Parent Communications

A welcome communication will be sent to families via text, Facebook, and printed Handouts of the information provided to parents to ensure all receive that same information.

The information will also be posted in the center for staff and visitors to see.

Add signature page that they have received.

Plan signature page

Contact information on questions.

Advocate and Health/Safety Coordinator

Temporary Telecommuting

CWOO has developed a telecommunications policy for employees that can work from home, implemented flexible work hours, maintains six feet of distance between employees, provides signage or instructions for employees and visitors, supports communication plans to address employee concerns; etc. All employees have been provided recommended protective supplies, such as masks, gloves, disinfectant, shields, etc.

Telecommuting is a flexible work arrangement under which an employee performs the duties and responsibilities of such employee's position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work (www.opm.gov). The Community Council has established a policy to approve telecommuting arrangements. A director recommends to Council if the option of telecommuting arrangements will work for essential employees whose job duties are conducive to working from home. However, an on-site essential employee is required to be physically present in the workplace. The director must meet with staff to determine whether each employee is essential and report their recommendations to Human Resources and Community Council. The Council will work with Human Resources to make the final decision if an employee is essential, and whether the employee can telecommute or work on-site. Contact Human Resources for the Temporary Telecommuting COVID-19 Policy.

The Department Director needs to make a request to the IT department by submitting a ticket via Kaseya icon or informationaltechnology@jackpotjunction.com if no access to Kaseya.

The Director must notify the EOC of the employees in the department that are telecommuting. Refer to LSIC policy Essential Employees Temporary Telecommuting COVID-19 (dated 03/24/2020).

Handling suspected or confirmed positive cases of COVID-19

One mitigation strategy alone will not eliminate the spread of COVID-19, but the thoughtful combination of multiple strategies taken together may substantially reduce the risk of transmission. All members of the school community, including staff, students, families, visitors, and others must be vigilant in monitoring for symptoms of illness and protect others by staying home when they are feeling ill and following COVID-19 specific exclusion and self-quarantine guidance when appropriate.

CWOO will designate a staff person(s), Health Coordinator who will be responsible for responding to COVID-19 concerns upon families request with Family Advocate. This will assist in coordination with local health authorities regarding positive COVID-19 cases.

Put systems in place to allow staff and families to self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or had a close exposure to someone with COVID-19 within the last 14 days in a manner that is consistent with applicable laws and privacy policies, including the Family Educational Rights and Privacy Act (FERPA).

KEEP separate waiting room for a staff/child who is sick.

- The person who is sick should stay separated from other people in the center (as much as possible).
- **A separate work/waiting room and bathroom:** Wear disposable gloves and only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit contact with the person who is sick.
- Caregivers can **provide personal cleaning supplies** to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners. If they feel up to it, the person who is sick can clean their own space.
- **Shared bathrooms:** The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.

Remember: Close contact/Exposure: Someone who is with/near a sick person more than 15 minutes AND less than 6 feet. (11-5-20 or a combination of time 15 min or more, within the closer than 6 feet)

CWOO Leadership will follow the MDH Decision Tree for People with COVID-19 Symptoms (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)

CWOO web of effect when someone is exposed to COVID or has COVID.



WEB_Staff.docx



WEB_Children.docx



14 Day Meal Kit Guide.pdf

Closing Rooms/Center Policies

CWOO Leadership will notify all staff and families if the Center needs to shut down certain classrooms, due to exposure or positive cases of COVID-19. Leadership, along with Health Coordinator, Community health and EOC council will be reviewing when partial or full closure is necessary for the health of the staff and students.

Will be communicated via text, FB announcement, written letters and all forms of communication for family and staff safety.

CWOO would like to remain on the side of caution, as COVID-19 virus is serious, but many in depth discussions have formed and continue to shape, these policies.

Upon the need to close classrooms in center, the students that are able to continue to learn will be provided distance learning materials and support until the center classroom may reopen.

Upon the continue closer of classrooms or center closing, all students and families will continue to be provided with safe and appropriate distance-learning opportunities.

It is not required for students or staff members to have documentation of a negative viral test or a letter certifying release from isolation to return to school, but they must follow guidance regarding when to return to school.

www.health.state.mn.us/diseases/coronavirus/schools/clean.html

[Staff Return to work policy.](#)

Notify MDH of confirmed COVID-19 cases among students and staff (as required by Minnesota Rules, Chapter 4605.7050). An MDH inbox has been established for school COVID case reporting:

health.schoolcc.followup@state.mn.us

Develop system for notifying staff, families, and the public as needed if a person with COVID-19 was on the school premises while infectious. Do this in coordination with local health officials while maintaining confidentiality in accordance with FERPA and all other state and federal laws.

Information from this plan was developed using:

Centers for Disease Control and Prevention (CDC)

Minnesota Department of Health (MDH) guidelines for COVID-19

Federal Occupational Safety and Health Administration (OSHA) standards related to worker exposure to COVID-19.

Minnesota Department of Education (MDE) COVID updates

Indian Health Services

Lower Sioux Health Center

Lower Sioux Emergency Operations Council (EOC)

American Association of Pediatrics (AAP)

Appendix A – Guidance for developing a COVID-19 Preparedness Plan

General

www.cdc.gov/coronavirus/2019-nCoV

www.health.state.mn.us/diseases/coronavirus

www.osha.gov

www.dli.mn.gov

Handwashing

www.cdc.gov/handwashing/when-how-handwashing.html

Updated 1-11-2021

www.cdc.gov/handwashing

<https://youtu.be/d914EnpU4Fo>

Respiratory etiquette: Cover your cough or sneeze

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

www.health.state.mn.us/diseases/coronavirus/prevention.html

www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Social distancing

www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

www.health.state.mn.us/diseases/coronavirus/businesses.html

<https://complexschild.org>

Housekeeping

www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Employees exhibiting signs and symptoms of COVID-19

www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

www.health.state.mn.us/diseases/coronavirus/basics.html