

Gan Yeladim Early Learning Center COVID-19 Mitigation Plan

*Updated June 3, 2020.
Printed copy available onsite.*

These policies may change as new developments and guidelines from the Centers for Disease Control and Prevention, American Academy of Pediatrics, State of Alaska, and Municipality of Anchorage become available.

Basic sources:

- Municipality of Anchorage Phase 3 Operating Requirements, Licensed Child Care Facilities for community with minimal to moderate community transmission, May 27, 2020
- State of Alaska, Reopen Alaska Responsibly Phase III/IV Guidance, May 21, 2020 (p. 1-2, 6)
- State of Alaska COVID-19 Testing, What You Need to Know
- State of Alaska, What to do if you have confirmed or suspected coronavirus disease (COVID-19)
- CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again, May 2020 (Appendix F, pp. 40-44)
- CDC Disposition of Non-Hospitalized Patients with COVID-19

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I. COVID-19 AND CHILDREN.

Information that is available about COVID-19 in children suggests that most children have mild symptoms or are asymptomatic. However, a small percentage of children have been reported to have more severe illness and a very small percentage of children may develop a severe disease, Multisystem Inflammatory Syndrome in Children (MIS-C) associated with Covid-19 following the infection.

If there are any enrolled children or their families with high risks or disabilities, their parents or guardians may contact the Gan Yeladim Early Learning Center Director about how to best serve their needs.

II. GUIDING PRINCIPLE: SETTING A NEW STANDARD DURING THE COVID-19 PANDEMIC.

Gan Yeladim Early Learning Center (GYELC) cares for your child like you would.

Education and development are important, but we know that it needs to occur in a way that maintains the health and safety of the students. That's why protection and preparedness are critical considerations in everything we do at Gan Yeladim Early Learning Center (GYELC).

COVID-19 is expected to remain a risk in our community until a vaccine or effective treatment is developed. This may not happen until 2021 or later. As Alaska reopens, public health officials expect to see an increase in cases.

We will end up with a “new normal” for the current COVID and post-COVID era, which will evolve as the situation in our region changes. As always, we are putting safety first to protect our children, families and staff.

As we reopen the center, all teachers and staff will go through extensive training on the health and safety practices we've developed to set a new standard in childcare. Although mandatory restrictions on our center's operations are easing, we are committed to following best practices—not just the legally-required minimum. We will continue to follow the guidelines and recommendations from the Centers for Disease Control and Prevention (CDC), State of Alaska (State), and Municipality of Anchorage (Muni).

Please remember that we are all in the “GYELC BUBBLE” together. Children are unavoidably in close contact and many are too young to practice baseline preventive measures, such as social distancing, hand sanitizing and wearing face coverings even with adult guidance. Because of the way COVID-19 spreads, each household's actions affect everyone in GYELC community. For the safety of all in the “GYELC BUBBLE”, it is essential for parents and staff to be vigilant for symptoms of illness and stay in touch with GYELC about any illness or possible COVID-19 exposure in the enrolled child, staff member or their family/household members. This is to minimize the risk of COVID-19

spreading from asymptomatic or pre-symptomatic infected people to others in the “GYELC BUBBLE.”

These policies are detailed and we encourage you to read them carefully. We understand that some of these changes may take some getting used to, especially for the children, but we are dedicated to making the re-opening our GYELC as safe as possible. Please reach our Center Director, Esty Greenberg if you have any questions about our health and safety measures.

III. THE “GYELC BUBBLE”

Definition of our “GYELC BUBBLE:” Enrolled children and staff, their families and household members and their close contacts.

We are all in this together! Asymptomatic or pre-symptomatic COVID-19-infected people can transmit it to others unknowingly. An infectious person may transmit it to, on average, 2-3 people, who then may also unknowingly transmit it to 2-3 more people, and so on, and of all those people, someone may be the one to develop a severe infection.

If we ALL follow public health recommendations at home, at school, and outside our bubble in our everyday lives, we can keep our “GYELC BUBBLE” safe and low-risk for everyone in it, and keep from getting or transmitting COVID-19.

A. Pledge (Staff & Parents):

We require each family and staff member to commit to following state and local public health guidance and to implement measures to mitigate the spread of COVID-19, including these State of Alaska recommendations for individual actions:

- A. Frequent handwashing and disinfecting
- B. Limiting interactions with non-household members
- C. Avoiding crowded environments and large group settings
- D. Maintaining six-foot separation around non-household members
- E. Wearing cloth face coverings or masks when around non-household members
- F. Avoid non-essential travel out of Alaska

B. Disclosure Requirements (Staff & Parents):

Your disclosure to us:

We require each family and staff member to disclose to GYELC any exposure to, diagnosis or suspected diagnosis of, or symptoms of COVID-19 within the GYELC BUBBLE.

Please contact GYELC Director Esty Greenberg at 907-279-1200 immediately if you or anyone in your household or close contacts:

Has, within the past 14 days, had any of the following symptoms:

- Fever (100.4 F or higher), chills or shaking

- Cough, shortness of breath or difficulty breathing
- sore throat
- muscle aches
- headache
- diarrhea, nausea, vomiting or abdominal pain
- runny nose
- loss of sense of taste or smell (for adults)
- “Covid toe” (red or purple toe swelling)
- Symptoms of MIS-C (see Appendix D)

OR

Has, within the past 14 days:

- been exposed to a confirmed COVID-19 case
- been exposed to a suspected COVID-19 case or person with symptoms of COVID-19
- travelled outside of Alaska

C. Definitions

- **Household members** include individuals who may not live in the household but may be staying there or are otherwise present in the household on a regular basis (e.g. nannies, caregivers, home health workers, contractors engaged in long-term projects, etc.).
- **Close contact** is defined by the CDC as:
 - (1) being within approximately 6 feet of a COVID-19 case (symptomatic or asymptomatic) for a prolonged period of time (10 minutes or more) and can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or
 - (2) having direct (unprotected) contact with infectious secretions (saliva, sputum, nasal mucus, vomit, urine, stool) of a COVID-19 case (e.g., being coughed or sneezed on), including in the 72 hours before the person’s symptoms appeared. Considerations when assessing close contact include the duration of exposure and the clinical symptoms of the person with COVID-19.

Our disclosure to you: If a person (child, staff, household member) who was at the center within the past 7 days has symptoms of COVID-19, or has been exposed to a person who has been diagnosed with or has symptoms of COVID-19, the center will promptly notify all staff and families by phone, e-mail and written notice without disclosing the affected person’s identity in accordance with the Americans with Disabilities Act. The purpose of this notification is to allow families to make their own real-time risk assessments. For example, families with a uniquely vulnerable household member may prefer to keep their child home for a time until GYELC has clarified the situation.

Tracking of Possible Exposures: Names of everyone at GYELC who had “close contact,” with the sick person, based on length of time and circumstances of contact, will be recorded in a confidential “Potential COVID-19 Exposure Log.”

Exception: If a medical professional is able to definitively rule out COVID-19 as a cause (for example, cough caused by known recurring seasonal allergies, sore throat caused by strep, etc), we will take that into account when determining if the enhanced sick policy applies and if disclosure to the community is required. Our policies about notifications for strep throat or other non-COVID-19 contagious agents remain unchanged.

Explanation: The above policies are necessary for GYELC to be able to determine the appropriate precautions and notifications needed to protect children and staff and their families/households. The goal is to minimize the risk of COVID-19 spread from symptomatic and asymptomatic infected people to others in the GYELC bubble.

V. ENHANCED SICK POLICY

If a child, staff member, household member, or close contact has COVID-19 symptoms or a diagnosis of COVID-19 or a positive test for COVID-19, or has been exposed to someone with symptoms or a diagnosis of or a positive test for COVID-19, please inform the GYELC Director immediately. The affected child, staff member household member or close contact may not come to the center until they meet the requirements for “Return-to-School” as shown below or for “How to Discontinue Home Isolation and Return to School” as shown in Appendix C, depending on their individual circumstances.

If a child develops symptoms while at school, we will isolate the child in the designated “sick space” (the staff room, with a nap pad) with a staff member, promptly notify the family and request that the child immediately be picked up, and keep him/her comfortable until pickup. A sick child over 2 years old will be gently encouraged to wear a mask if possible until pick-up in order to reduce exposure of the staff member staying with them.

If a staff member develops symptoms while at work, she/he will immediately be isolated in the “sick space” (staff room), required to wear a mask if not already wearing one, and asked to go home.

Standard sick policies will also remain in place.

Persons who have symptoms of COVID-19 or who have a diagnosis of COVID-19 should contact their health care provider as soon as possible. For children and anyone under 21 years of age, parents should contact their provider immediately.

Persons who have been exposed to COVID-19 but have no symptoms, should

- 1) stay home for 14 days
- 2) check their temperature twice daily and watch for symptoms

3) contact their healthcare provider fever or symptoms develop. COVID-19 symptoms usually begin an average of 5 days after exposure, but can range between 2 to 14 days, with a very few occurring as long as 3-4 weeks after exposure.

If a symptomatic child or staff member obtains an alternative confirmed diagnosis, which is not COVID-19, from their health care provider (see Exception, in preceding section Disclosure Requirements), this will be taken into account when determining whether the enhanced sick policy applies.

Return-to-School, staff member or child with COVID-19 symptoms:

If the person had symptoms, the person can return to school if:

Option 1 (with testing):

- No fever for 72 hours (without using fever-reducing medication) **and**
- Other symptoms have improved **and**
- Two negative COVID-19 test results from samples taken at least 24 hours apart

OR

Option 2 (without testing):

- No fever for 72 hours (without using fever-reducing medication) **and**
- Other symptoms have improved **and**
- It has been at least 10 days since symptoms originally appeared

Return-to-School, child or staff member not showing symptoms, but exposed to suspected or confirmed COVID-19 case:

If a child or staff member was exposed to someone (household, close contact) confirmed to have COVID-19 or displaying symptoms, please inform us immediately and do not come to the school pending further instructions. Potential exposure will be dealt with on a case-by-case basis. Procedures may include requiring a symptomatic person to obtain a COVID-19 test; requiring the exposed staff member or child to self-quarantine for 14 days from the date of last contact with the symptomatic or confirmed-COVID-19-positive person and monitor for symptoms and/or seek testing, or other measures, as appropriate based on the particular circumstances and public health guidance. If no symptoms arise during the 12-14 days, we recommend that the quarantined person get tested at 12-14 days and then return to school or work after 14 days if they are still symptom-free and the test is negative.

Testing Encouraged

Obtaining negative COVID-19 PCR test results for the symptomatic child, staff member, symptomatic household member, or close contact will allow the child or staff member to return to school more quickly. We strongly encourage anyone with symptoms, even a single mild symptom, to follow the State of Alaska's recommendation to get COVID-19 PCR tested. Testing is free and available at multiple locations in Anchorage. Most people with COVID-19 will have a positive COVID-19 PCR test by the time they develop symptoms.

Testing Resources

Urgent care clinics and most medical offices are currently offering telemedicine visits (phone or video chat). Testing is free and available when recommended by a medical professional

There are public health resources available as well, including:

- Providence Alaska Medical Center 24-Hour Nurse Line: 907-212-6183.
- Alaska 2-1-1 referral services: 800-478-2221
- Municipality of Anchorage Public Health Nursing Services: 907-343-6718

If you have any difficulty obtaining a test, please contact us and we will connect you with a medical professional who can assist you.

III. TRAVEL POLICY

GYELC families, staff, or household members who have travelled outside of Alaska (whether by airplane, bus, automobile, train or boat/ferry) will not be permitted to enter GYELC until 14 days after their return to Alaska, and must meet the entrance screening requirements (see Daily Operations, Entrance Screening). Please notify the GYELC Director of your family's travel plans (destination and departure/return dates) prior to departure.

When a household member travels outside of Alaska, but the child or staff member does not, GYELC will evaluate and determine if the child or staff member may continue to attend or enter. Please be aware that even if the child or staff member is still able to come to school, the traveling household member will not be able to do drop-offs or pick-ups for 14 days after their return, and must still meet the screening requirements (see Daily Operations, Entrance Screening).

IV. DAILY OPERATIONS

A. Group Size and Capacity

- Classroom sizes will be limited to 10 in the toddler class and 15 in the preschool class.
- Classroom groups (toddler classrooms and preschool classrooms) will be kept apart with no mixing between groups, including between main staff. Each classroom group will have its own classroom with its own eating area, napping area and restroom facilities.
- To the extent feasible, each classroom group will be re-split into smaller sub-groups to maintain a student to teacher ratio of 8 or less and sub-groups will not be combined.
- Use of recreation space (tumble room and outdoor space) by the groups and sub-groups will occur in staggered shifts to maximize social distancing, with sanitization of common high touch surfaces between shifts.
- Different groups and sub-groups will utilize the outdoor space and tumble room at different times to maximize social distancing.
- Children will be kept in the same group of children and not combined. All groups of children will be tracked through Brightwheel sign in/out system

B. Entrance Screening (everyone will be screened before being allowed to enter the building)

- No one who is considered to be a potential COVID-19 risk to others based on pre-screening questions (in **Appendix A**) will be permitted in the center until the risk is resolved according to school guidelines.
- Before arriving at GYELC to sign in their child each day, families will need to answer a short health status questionnaire about the child and family and will need to verbally confirm their child is well before our staff brings them to the classroom. Staff will be asked to answer the same health status questionnaire every day and must confirm that they are well before arriving at GYELC. Any person unable to meet the screening requirements will not be allowed inside.
- Screening Personnel will wait inside the front door, and come out to screen people when they arrive at the front door. During winter months, screening may take place indoors or inside an enclosure with proper ventilation. Screening personnel will wear masks, face shields (barriers) and smocks that will serve to protect them from respiratory droplets that may be produced if the person being screened sneezes, coughs, or talks.
- Screening Personnel will do a non-contact visual inspection of the child/parent/staff member for signs of illness (which in children could include flushed cheeks, cough, sneezing, difficulty breathing, fatigue, or extreme fussiness).
- Screening Personnel will do non-contact Temperature Screening as follows:
 - Before and after beginning the screening shift, wash hands with soap and water for 20 seconds.
 - Before and after each family group screened, sanitize hands with hand sanitizer and sanitize thermometer with a new disposable alcohol wipe.
- A Sanitizing Station with a touchless dispenser for hand sanitizer with at least 60% alcohol will be available at the front entrance at the screening station. After screening, hands must be sanitized before entering the building.

C. Limitation of Visitors

- Only essential visitors who have undergone pre-screening questions, passed a temperature check, are wearing a mask, and have performed hand hygiene at the door will be allowed into the building. Classrooms will be reserved for teachers and children only.
- A log will be kept of all visitors to the school.
- All visitors over age 2 will be required to wear a face covering, and provided with a disposable mask if needed.
- Non-essential visitors will be discouraged.
- Deliveries and mail will be deposited outside front door.
- Visits from partners, classroom coaches, therapists, etc. will be cancelled.
- Tours for prospective families will be allowed subject to enhanced precautions, with an effort made to minimize interaction with enrolled children.

D. Drop-off and Pick-up Changes

- **Drop off**

- *Screening.* At drop-off of their child, every parent and child will be screened and required to sanitize their hands before entering the building as explained above.
- *Staggered drop-off.* When dropping off your child, wait in your car and call the office at 907-279-1200, and we will call you in when it is your turn. Only one parent and child will be allowed to be screened at the door and enter the building at one time. Any additional parents will wait in their car until the front door and the lobby is clear, and the parent dropping off their child has returned to their car.
- *Face coverings.* Masks or cloth face coverings are required for all parents at drop-off, and are recommended (but not required) for children over 2 years old at drop-off. During the first week of school the teachers will introduce the face covering concept to the children in a creative and age appropriate manner.
- *Entry through front door only.* Parents must bring their child to the front door to sign in regardless of whether the children's activity is outdoors at the time of drop-off.
- *Sanitizing supplies.* There will be a small table at the front door screening station. Staff will sign in child on the Brightwheel App. Alcohol wipes and a touchless hand sanitizer dispenser (with at least 60% alcohol) will be available
- *Parents drop off at door.* After screening and sanitizing hands, a teacher will come to the front door to escort the child to the classroom. In order to minimize exposure to students and staff, drop off will take place at the front door. Parents should say their goodbyes and return to their car as quickly as possible to allow the next family to come to the screening station and enter.

- **Pick-up**

- *Contactless pick-up.* Parents will use parking lot as a roundabout, and pull up near the entrance of the backyard and the teachers will bring out the child. For pick-up, child will always be brought out to the car. In order to allow enough time for teachers to assist in drop off and bringing out all necessary items, pick up time will be no later than 5:20.
- *Face coverings.* Staff will wear masks at pick-up and masks are recommended (but not required) for children over age 2 years at pick-up.
- *Sign-out.* Staff will be responsible for signing children out when they release the child to their parent.

- **Drop-off/pick-up person**

- Families are asked to assign one family member for drop-off and pick-up, if possible, to minimize exposure at the center. Ideally, the same parent or designated person should drop off and pick up the child every day, though we realize that may be difficult for some families' schedules. If possible,

older people such as grandparents or those with serious underlying medical conditions should not pick up and drop off children, because they are more at risk for severe illness from COVID-19.

- If drop-off or pick-up must be done by someone outside the child's immediate household, the exchange will take place outside and the non-household member will not be permitted inside.

- **Modified parent visitation policy**

- If an exception needs to be made for a parent to accompany their child at drop off, or come in the building for a different reason, please contact the Director, Esty to discuss the need. In the event that the parent needs to come in the classroom, they will follow the pre-screening requirements and they will put on shoe covers (touchless automated shoe cover dispensers will be provided by the school at the entrance to the classrooms).

E. Social Distancing Practices

GYELC will implement the following practices to maximize social distancing, acknowledging that true social distancing is difficult for young children:

- More outside opportunities and time between different classrooms will be staggered to avoid mixing groups.

Outdoor play structures will be utilized by one class at a time, with increased time between play to allow for cleaning of high-touch surfaces

- More physical space. Activities will be chosen that allow for more physical space between children. Additional rooms and outdoor space will (i.e. tumble room) be utilized to split each class in half allowing for more indoor space for social distancing in each room. This will also allow each teacher to create their own mini-group within the class. The distance between children while at tables, in chairs, and in groups and individual activities will be increased. The number of children in an interest area at a time will be limited and the number of small group activities on our lesson plans will be increased.
- Activities which require projection of voice or physical exertion, or use of wind instruments, will take place outdoors with social distancing in mind.
- Physical reminders (like tape and/or adding/removing furniture in appropriate locations) will be utilized as appropriate to help children remember social distancing practices indicating where to wait and sit (and where not to sit.) Standing in lines will be minimized.
- Item sharing will be limited. If items are being shared, children will be instructed to wash their hands after and items will be disinfected. Sensory tubs and water tables will be eliminated
- Guidelines will be explained to staff and children in an age-appropriate manner.
- At naptime, children's mats will be spaced out as much as possible, ideally 6 feet apart.

- There will be no center-wide events or trips, but individual classes may take walks or do other activities if there is no close contact with other students in other classes.

F. Behavioral Practices:

Staff will model behavior that reduces the risk of getting or transmitting COVID-19 and teach children in an age-appropriate manner to engage in:

- Social distancing
- Hand washing
- Avoid touching the eyes, nose, mouth
- Mask-wearing for children over 2 (recommended but not required)

G. Signage.

- Signs will be posted on the front door stating:
 - The health screening requirements for entry
 - Where mail and deliveries should be deposited
 - That all visitors must:
 - 1) wear face coverings
 - 2) social distance
 - 3) perform hand sanitizing at entry
- Signs will be posted at appropriate locations in the school and building with information about CDC guidelines for hand hygiene, social distancing, mask-wearing, diaper-changing, etc.

V. HYGIENE PRACTICES

A. Personal Protective Equipment (PPE) for staff, children and parents:

- All teachers will wear masks, glasses and long-sleeved smocks. Gloves will be available to teachers.
- Staff and children will leave a second pair of “indoor shoes” to be worn inside the school.
- Mask-wearing will be discussed with children when developmentally ready and those over 2 years will be encouraged to wear masks for some activities and for drop-off and pick-up. Children will be encouraged to view mask-wearing as normal in some situations. For safety reasons, children will not nap with masks.
- Disposable touchless shoe covers will be provided for parents or others who need to briefly enter the classroom.
- Children should have an extra change of clothing.
- Posters from the CDC and AAP (American Academy of Pediatrics) describing mask-wearing for adults and children will be posted.

B. Additional Required Parent-Provided Supplies

Please ensure that your child has the following available at school:

- Preschool: extra change of clothes and outdoor gear
- Both classrooms: “indoor” shoes for use inside the classroom

C. Hand Hygiene Protocols for Staff and Children

- Hand hygiene stations are set up at the entrance of the building, within each room and in the playground, so that children, staff and others can regularly sanitize their hands.
- All children, staff, and volunteers will wash or sanitize hands at the following times as recommended by the CDC:
 - Arrival to the facility
 - Before and after every session (approx. every hour)
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after taking or administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors or in sand
 - After handling garbage
- Teachers will roll up children’s sleeves at the beginning of the day to allow for easier handwashing
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Children will be supervised when they use hand sanitizer to prevent getting it in their mouth or eyes.
- Teachers will teach the children proper handwashing and assist younger children who cannot wash hands alone. After assisting children with handwashing, staff will also wash their hands.
- Posters from the CDC describing handwashing steps will be posted near sinks.

D. Food Preparation and Meal Service

- Meals will be served in classrooms. Each child’s meal will be served and plated individually by a staff member so that children are not serving themselves and using the serving utensils.
- All meals are prepared in kitchen and sinks in classrooms are not used for food preparation.
- Handwashing. Caregivers will ensure children wash hands prior to and immediately after eating. Caregivers will wash their hands before serving food and after helping children to eat.

- Tables and chairs will be arranged to have maximum space between children and to minimize children sitting directly opposite of each other.
- Disposable dishes and utensils will be used, and teachers will tie up garbage after meals.

E. General Cleaning and Disinfecting

- Hand sanitizing procedures throughout the day will be increased. Everyone who enters the building will need to wash hands. If soap and water are not readily available, an alcohol-based hand sanitizer with at least 60% alcohol will be used. In addition we will integrate handwashing into the curriculum.
- Increase in cleaning and disinfecting. An extra staff member will clean and disinfect high-touch surfaces on a 90-minute basis. This includes tables, handrails, doorknobs, light switches, countertops, handles, sinks, and faucets.
- Disinfectant, hand sanitizer, and paper towels will be stocked adequately and readily available throughout the center.
- Weekly cleaning and disinfecting will be conducted in compliance with CDC protocols.
- Immediate contaminations will be cleaned up right away (i.e. vomit, saliva, etc)
- All cleaning materials will be kept secure and out of reach of children. Cleaning products will not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent themselves and children from inhaling toxic fumes.

F. Air Circulation

- The current HVAC system at GYELC and in the building allows air to be filtered 4-6 times per hour. The entire preschool area is already separated from the main building by doors. In consultation with HVAC engineers, architects and infection control experts, eventually plans will be developed to modify airflow/HVAC in the building as feasible to increase inflow of outside air and increase exhausting of inside air in individual designated compartmentalized areas, to reduce the risk of airborne infection in one area from spreading to another. Areas to be considered separate from each other could be:
 - the preschool and maybe even each classroom and tumble room
 - the office,
 - the staff room
 - the main entry area, and maybe the conference room.
 - the upstairs main sanctuary large room
 - the kitchen (already has its own exhaust)

G. 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 and sanitized by hand by a person wearing gloves.

- Once a child uses an item they will be instructed to place used material in a designated area, either for disinfection or to remain for 24-72 hours for natural inactivation of the virus depending on the nature of the items.
- Cleaning and sanitizing will be done appropriate to the material involved. For Covid-19 the virus can last in the air for up to 3 hours, on cardboard for up to 24 hours, on plastic and metal for up to 3 days and on wood for up to 4 days.
- Cloth toys, large pillows or stuffed animals will be paused for use. Toddler students may bring one small stuffed toy for naptime that will fit in their cubby and will be sent home weekly to be laundered.
- Use of wind instruments such as recorders will be paused indoors.
- Use of sensory tables and other materials that are difficult to clean will be paused.
- Art supplies, including play dough, will be separated out for each child and kept in a name-labelled box in order to limit sharing of high-touch items.
- Toys will not be shared with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Toys will be set aside to be cleaned and sanitized according to their material. Some will be placed in a dish pan with soapy water, some set aside to be washed in the washing machine or in the high temperature commercial dishwasher, and some put in a separate container marked for “soiled” to be left untouched for a pre-determined number of days.
- Sets of books will be rotated to enhance hygiene. There will be morning and afternoon books, one whole set for a day and shelves for books for certain days of the week so books can be leapfrogged. Books, like other paper-based materials are not considered a high risk for transmission and will not need additional cleaning or disinfection procedures.
- Teachers may put out fewer manipulatives in order to better manage the disinfecting process

H. Hygiene Practices when Washing, Feeding, Comforting, or Holding a Child

- It is important to comfort crying, sad, and/or anxious young children, and they often need to be held. The following measures are intended to protect staff and other children.
- Staff will be provided smocks and keep hair tied back.
- Staff smocks will be changed mid-day, changed when soiled, and machine washed daily at the center.
- Staff will wash and sanitize their hands after contacting contaminated clothing.
- Staff will wash their hands, neck, and anywhere touched by a child’s secretions as needed.
- Teachers will change the child’s clothes if secretions are on the child’s clothes.
- Children’s soiled clothes will be placed in a labeled plastic bag and put in their cubby and sent home to be laundered daily.
- Children and staff will have multiple changes of clothes on hand at school.

I. Diapering (Toddler Classroom)

- When diapering a child, hands will be washed before the diapering begins, and gloves will be worn. Safe diaper changing procedures will be followed.
- The use of reusable cloth diapers will be paused at this time.
- Procedures will be posted in all diaper changing areas. Steps include:
 - Prepare (includes putting on gloves)
 - Roll out disposable table liner
 - Clean the child
 - Remove trash (soiled diaper and wipes)
 - Replace diaper
 - Clean up & sanitize diapering station
 - Remove gloves and discard into trash safely
 - Wash child's hands (even if gloves were used)
 - Disinfect diapering area with a fragrance-free bleach that is EPA-registered as a COVID-19 sanitizing or disinfecting solution.

VI. STAFF TRAINING

- **COVID-19 Mitigation Plan** will be kept on-site. Staff will be trained in these requirements and provided with a copy of the plan.
- GYELC will conduct staff pre-shift screening and maintain a staff screening log. No staff unable to satisfy the health screening requirements will provide services to children or be allowed to be inside the building or school, and are subject to GYELC's Enhanced Sick Policy.
- Face coverings (N-95 or cloth masks with N-83 liners if available) will be worn by all staff and provided by GYELC. Training will be provided to all staff on the proper use, removal and care of these masks.
- Signs and symptoms of COVID-19 will be taught to staff as well as behaviors that encourage
 - reduction of risks of getting or transmitting COVID-19
 - reduction of the stigma surrounding this disease
- GYELC will have back-up staff available in case staff members need to be on sick-leave or in quarantine.

VII. VULNERABLE/HIGH RISK GROUPS

Based on currently available information and clinical expertise, adults over age 65 and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Even if there are no high-risk individuals at GYELC, there are likely such individuals in our "GYELC BUBBLE" (staff and family households and close contacts), it is important for everyone in the bubble to practice healthy hygiene behaviors.

GYELC does not currently know of any staff members or teachers who maybe at higher risk. If an enrolled child or staff member has unique vulnerabilities that GYELC should be aware of, please contact us so we can discuss appropriate measures.

VIII. PROTOCOL IF A CONFIRMED CASE OF COVID-19 OCCURS AT GYELC

A. Notification

In the event of a confirmed COVID-19 case within our GYELC community:

- State, local, and federal health authorities will be notified immediately via phone call and e-mail.
- All staff and families (referred to as “they” in the rest of this section) will be notified immediately without disclosing the person’s identity, in accordance with the Americans with Disabilities Act.

Notification will occur if any of the following persons tests positive:

- Enrolled child, whether attending or not attending
- Staff member
- Any household member or close contact of an enrolled child’s family that they have come in contact with during the previous 2 weeks
- Any household member or close contact of a staff member that they have come in contact with during the previous 2 weeks.
- Any person who has been inside the school or building within the previous 2 weeks.

B. Temporary Closure and Disinfection

- The center may close immediately for a period of 72 hours or more after a positive test result in our GYELC community, depending on the degree of contact and risk level.
- Cleaning/sanitation/disinfecting will occur following CDC procedures.
- Subsequent measures will be taken based on the advice of public health officials.

If the center closes, it will not reopen until it has been deemed safe and appropriate to do so by the state, local, and federal health authorities.

APPENDIX A: HEALTH SCREENING QUESTIONS

For your convenience we created a separate document for the health screening questions to place in your home and answer every morning

1) Does your child or anyone in your family/household have any of the following symptoms now or since your child’s last school attendance (that you cannot connect to another health problem or reason)?

	Child 1:	Child 2:	Household Members
fever (100.4°F or higher)	Y__ N__	Y__ N__	Y__ N__
cough or shortness of breath	Y__ N__	Y__ N__	Y__ N__
headache	Y__ N__	Y__ N__	Y__ N__
sore throat	Y__ N__	Y__ N__	Y__ N__
chills or shaking	Y__ N__	Y__ N__	Y__ N__
muscle aches	Y__ N__	Y__ N__	Y__ N__
diarrhea	Y__ N__	Y__ N__	Y__ N__
nausea/vomiting	Y__ N__	Y__ N__	Y__ N__
abdominal pain	Y__ N__	Y__ N__	Y__ N__
runny nose	Y__ N__	Y__ N__	Y__ N__
loss of taste or smell (adults only)	Y__ N__	Y__ N__	Y__ N__
COVID toe (red/purple swelling)	Y__ N__	Y__ N__	Y__ N__

2) Has your child had any medication to reduce a fever before coming to school?

Y__ N__

3) Has your child or anyone in your family been exposed to anyone suspected or confirmed to have COVID-19 in the past 14 days?

Y__ N__

4) Has anyone in the child’s home been outside of Alaska in the last 14 days?

Y__ N__

APPENDIX B: AFFIRMATION OF PLEDGE AND DISCLOSURE

For your convenience we created a separate Google Doc for the Affirmation of Pledge and Disclosure

"GYELC BUBBLE" PLEDGE (STAFF & PARENTS)

We are all in this together. Our bubble includes enrolled children and staff, their families and household members, and their close contacts. Even one COVID-19-infected person who doesn't know they are ill may transmit it to, on average, 2-3 people, who then may also unknowingly transmit it to 2-3 more people, and so on, and of all those people, someone may be the one to have severe infection. If we all follow public health recommendations, at home, at school and outside of our bubble in our everyday lives, we can keep our "GYELC BUBBLE" safe and low-risk for everyone in it, and keep from getting or transmitting COVID-19.

For that reason, we require each family and staff member to commit to following, and ensuring that their family and household members also follow, state and local public health guidance and measures to mitigate the spread of COVID-19, including these State of Alaska recommendations for individual actions:

- D. Frequent handwashing and disinfecting
- E. Limiting interactions with non-household members
- F. Avoiding crowded environments and large group settings
- G. Maintaining six-foot separation around non-household members
- H. Wearing cloth face coverings or masks when around non-household members
- I. Avoiding non-essential travel outside of Alaska

I affirm that I have read and understand this pledge and affirm that everyone in my family/household agrees to follow this guidance in order to be part of the "GYELC BUBBLE."

Parents/guardian 1

Parents/guardian 2

Name (printed):

Name (printed):

Signature:

Signature:

Date signed:

Date signed:

"GYELC BUBBLE" DISCLOSURE REQUIREMENTS (STAFF & PARENTS)

For your convenience we created a separate Google Doc for the Affirmation of Pledge and Disclosure

Despite everyone's best efforts to prevent introduction of COVID-19 into any part of the GYELC BUBBLE, it may accidentally occur. Early detection and rapid protective actions are important to minimize risk of spread to others in the Bubble.

For that reason, we require each family and staff member to commit to disclosing immediately to the GYELC Director (Esty Greenberg at 907-279-1200) any exposure to, diagnosis or suspected diagnosis of, or symptoms of COVID-19 within the GYELC BUBBLE.

I will disclose to Gan Yeladim:

1) If, within the past 14 days, myself or anyone in my household or close contacts has had any of the following symptoms:

- Fever (100.4 F or higher), chills or shaking
- Cough, shortness of breath or difficulty breathing
- sore throat
- muscle aches
- headache
- fatigue
- diarrhea, nausea, vomiting or abdominal pain
- runny nose
- loss of sense of taste or smell (for adults)
- "Covid toe" (red or purple toe swelling)
- Symptoms of MIS-C (see Appendix D)

OR

2) If, within the past 14 days, myself or anyone in my household or close contacts has:

- H.** been exposed to a confirmed COVID-19 case
- I.** been exposed to a suspected COVID-19 case or person with symptoms of COVID-19
- J.** travelled outside of Alaska

Definitions for purposes of Pledges and Disclosures::

- *Household members* include individuals who may not live in the household but may be staying there or are otherwise present in the household on a regular basis (e.g. nannies, caregivers, home health workers, contractors engaged in long-term projects, etc.).
- *Close contact* is defined by the CDC as:

Gan Yeladim Early Learning Center COVID-19 Mitigation Plan

- (1) being within approximately 6 feet of a COVID-19 case (symptomatic or asymptomatic) for a prolonged period of time (10 minutes or more) and can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or
- (2) having direct (unprotected) contact with infectious secretions (saliva, sputum, nasal mucus, vomit, urine, stool) of a COVID-19 case (e.g., being coughed or sneezed on), including in the 72 hours before the person’s symptoms appeared. Considerations when assessing close contact include the duration of exposure and the clinical symptoms of the person with COVID-19.

I affirm that I have read and understand these disclosure requirements and affirm that everyone in my family/household agrees to follow these requirements in order to be part of the “GYELC BUBBLE.”

Parents/guardian 1

Parents/guardian 2

Name (printed):

Name (printed):

Signature:

Signature:

Date signed:

Date signed:

Staff member

Name (printed):

Signature:

Date signed:

APPENDIX C: HOW TO DISCONTINUE HOME ISOLATION AND RETURN TO GYELC

Persons who had COVID-19 and/or tested positive for COVID-19:

Persons with diagnosed COVID-19 who had symptoms may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as:
- Resolution of fever without the use of fever-reducing medications
- **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath)
- **and**
- At least 10 days have passed *since symptoms first appeared*.

OR

- Resolution of fever **without** the use of fever-reducing medications
- **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath)
- **and**
- Two negative tests in a row from consecutive respiratory specimens collected at least 24 hours apart (FDA COVID-19 molecular assay for detection of SARS-CoV-2 RNA).

Person Who Tested Positive but did NOT have any COVID-19 Symptoms may discontinue Isolation under the following conditions:

- At least 10 days have passed since the first positive COVID-19 test
- **and**
- No symptoms (e.g., cough, shortness of breath) have developed since the positive test.
- (If symptoms develop, then the symptom-based or test-based strategy should be used)

OR

Two negative tests in a row from consecutive respiratory specimens collected at least 24 hours apart (FDA COVID-19 molecular assay for detection of SARS-CoV-2 RNA).

At any time these policies can be reviewed and changed, as we follow developments and guidelines from the CDC, American Academy of Pediatrics, State of Alaska, and City of Anchorage

APPENDIX D. MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN AND ADOLESCENTS (MIS-C) (COVID-19-RELATED INFLAMMATORY SYNDROME)

Symptoms for parents to look for:

Fever (at least 100.4F for 24 hours)
Red irregular blotchy rash
Red lips, tongue, conjunctivae (eyes)
Red palms and/or soles
Listlessness, irritability
Diarrhea, vomiting, abdominal pain

CDC case definition:

Individual under 21 years presenting with:

- 1) Fever (at least 38 degrees Celsius for at least 24 hours or a subjective fever lasting 24 hours),
- 2) Laboratory evidence of inflammation
- 3) Evidence of clinically severe illness requiring hospitalization with multisystem (more than 2 organs) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological);

and

- 4) No alternative plausible diagnoses

and

- 5) Positive for current or recent COVID-19 by PCR, antibody or antigen test; or COVID-19 exposure within four weeks prior to onset of symptoms.

WHO preliminary case definition also adds:

The above and two of the following:

- a) Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet),
- b) Hypotension or shock,
- c) Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities,
- d) Evidence of coagulopathy,
- e) Acute gastrointestinal problems (diarrhea, vomiting, or abdominal pain).