NESD COVID-19 Planning - OVERVIEW

Updated 7/29/20 SUBJECT TO CHANGE

Background:

*The Office of Head Start is giving local programs the power to make reasonable decisions that best meet the needs of the children and families in our program while ensuring their safety

*Resources we're using to make decisions:

- CDC Guidelines (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html
- SDDOE Guidelines (https://doe.sd.gov/coronavirus/documents/Guidance-DayCare.pdf)
- Calls with Local Health Officials
- Guidance from Office of Head Start / NHSA https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/ohs-covid-19-updates

Every Enrolled Family will receive: Take-Home Kits:

- Learning Kit: General manipulatives/learning materials – crayons, scissors, markers, glue sticks, write and wipe board, letter cards, shape cards, etc.
- Health Kit: Toothbrush, toothpaste, information on toothbrush/hygiene, health and safety information for the home

Delivery Services - Centers:

Centers will work with their coordinators and managers to determine which Plan they will be implementing at any given time – with flexibility to change to a different plan during the year based on number of cases in a community and/or center.

Plan A) Full Services – Fully enrolled, in-person services, full busing, all with CDC recommended precautions

Plan B) Modified Services: (families split between Option B1 and Option B2:

-Each site's capacity of in-person slots will be determined by square footage – i.e. ability to socially distance.

-Each family/child's need for in-person services will be determined through; parent questionnaire – other services received, day care options, date of application, etc.) Centers will let parents know the week after screening in their area

B1: Combination of In-Person and Virtual

Class A – Week 1 In-Person, Week 2 Virtual, etc.

Class B – Week 1 Virtual, Week 2 In-Person

- In-Person services will be offered for 4.5 hours M-R (i.e. 9:00-1:30) to allow for cleaning and planning for virtual needs
- For virtual weeks at home, families will receive individualized take home manipulatives and resources
- For virtual weeks at home, families will receive access to videos learning via TeachingStrategies, ClassDojo and Head Start YouTube Channel assigned to each site for uploaded teacher videos

TBD: IEP Services shared – will therapists will allow by their school district to come in to provide services?

IEP Services shared – will school districts allow cross-busing to their site for continued services (buses leave early with children who receive these?)

B2: Fully Virtual – with a possibility of being added to the in-person rotation if a slot becomes available

- Families will receive individualized take-home manipulatives, activities and resources weekly
- Families will receive access to video-learning via TeachingStrategies, ClassDojo and Head Start YouTube Channel assigned to each site for uploaded teacher videos

Plan C) Full Virtual Services

- Families will receive individualized take-home manipulatives, activities and resources weekly
- Families will receive access to video-learning via TeachingStrategies, ClassDojo and Head Start YouTube Channel assigned to each site for uploaded teacher videos

Attendance:

- Not following the 85% attendance for “dropping” for children
- But may take attendance into account when moving children from in person to virtual

Safety Precautions - Classrooms: (more direction to come on requirements for virtual services)

- Limit large group gatherings
- Sensory play must be individual (no group water or sand table)
- Hard/easily cleaned surfaces (no dp clothes, blankets, etc.)
- Art Area – HS will provide individual child boxes for supplies
- 2 X/month – ZOOM call with each family who is fully virtual to “see” family home life

Safety Precautions - PPE:

Head Start is following the Department of Health/Department of Education and CDC recommendations in order to keep children and staff as safe as possible.

- Staff will take the temperatures of the children BEFORE entering the bus or building and do a visual health check
- Staff will meet any drop-off or pick up outside the building / parents not allowed in building
- Staff will do daily symptom check of self by taking temperature and using screening checklist
- *Staff will wear masks* when in close contact with others
- *Children* may wear masks brought from home, but will not be required to
- *Increase cleaning/disinfecting* in high traffic areas and highly used areas/daily cleaning of others
- Attempt to keep *same-groups of children*/staff together to decrease spread
- Have *smaller class sizes* to improve social distancing efforts in classroom and on buses
- Have *individual supplies* for highly used items (i.e. art supplies).
- Eliminate some classroom activities that may be high risk (i.e. water table, sensory bins, shared playdoh, etc. – staff will incorporate learning experiences in other ways)
- Adding in increased scheduled hand washing times
- Other safety precautions as recommended by OHS, CDC, DOE and local health officials.

Busing:

- Buses will run with 1 child per seat and/or children will wear face masks while on the bus
- Buses will keep children from each class separated on the bus for social distancing
- Buses will be cleaned after each class
- Assigned seats

Outdoor Play:

- Increase outdoor play when possible
- Brainstorm ways to plan “regular indoor activities” outdoors
- 1 class at a time on outdoor play equipment
- Equipment will be sprayed down in between class use (if multiple classes are using)

Food Service and Cleaning:

- Updated **JCL Product List** with instructions. Laminated for each center.
- **Foodservice** disinfecting procedure for dining rooms also laminated for each kitchen. Continue with sanitizer in kitchen prep area only.
- Spray bottles with HDQL disinfectant will be filled and ready for screening plus paper towels for those sites that do not have dispensers (including Home Visitors). Centers with JCL dispensers can fill their own bottles.
- HDQL must be wet on surface for 10 minutes to be effective. HDLQ is shelf stable. Does not need to be refreshed daily. We currently are not able to get disinfectant wipes. The kitchen sanitizer is not effective against Coronavirus.

Staff: - Attempt to recruit Subs for ill staff, STAY HOME IF SICK,

Delivery Services – Home Base:

Home Base sites will work with their coordinators and managers to determine which Plan they will be implementing at any given time – with flexibility to change to a different plan during the year based on number of cases in a community and/or home base area.

Plan A) Full Services – Fully enrolled, in-person services, groups socializations, all with CDC recommended precautions

Plan B) Modified Services: (home visitors and families decide option based on safety in community/area:

B1: Combination of In-Person and Virtual

Class A – Week 1 In-Person, Week 2 Virtual, etc.
Class B – Week 1 Virtual, Week 2 In-Person

- In-Person home visits will be offered for 1.5 (with approx. 1 in person home visit/day to allow for cleaning of materials, planning, etc.)
- Virtual weeks at home, families will receive a "virtual home visit" – via ClassDojo, ZOOM, phone call, etc. depending upon family resources and preference. (Time will range from 30-90 minutes depending upon child and family needs)
- Virtual weeks at home, families will receive individualized take home manipulatives and resources

B2: Alternative site home visits

- An alternative site may be used to reduce exposure / increase cleaning of home visits (i.e. outdoors, school classroom at colony sites, community room, etc.). This allows for home visitor to control cleaning/environmental issues.

B3: *Fully Virtual*

- Families will receive individualized take-home manipulatives, activities and resources weekly
- Families will receive access to video-learning via TeachingStrategies, ClassDojo and/or Head Start YouTube Channel assigned to each site for uploaded teacher videos

Plan C) Full Virtual Services

- Families will receive individualized take-home manipulatives, activities and resources weekly
- Virtual weeks at home, families will receive a "virtual home visit" – via ClassDojo, ZOOM, phone call, etc. depending upon family resources and preference. (Time will range from 30-90 minutes depending upon child and family needs)

Group Socialization:

Plan A) Full Services – full time allotted, full enrollment, full set up

Plan B) Modified Services – if cooperative sites allow and local health concerns are minimal, group socialization may be held using same health and safety precautions laid out for centers

Plan C) Virtual Group Socialization – shortened version of group via ClassDojo, YouTube Channel, ZOOM or Facebook Live

Guidance from OHS: "Asking parents to commit to a 90-minute virtual home visit may be unrealistic. Programs should work to build relationships with children and adults over time and try to increase length of the home visit incrementally to an amount of time that works best for the parents and child. Programs should also be as flexible as possible in scheduling virtual home visits to accommodate parents' work or conflicts. Even when a parent or caregiver is not available to participate in a virtual home visit, many children – especially preschoolers – can benefit from a virtual visit. They can listen to a story, tell a story, ask and answer questions, learn about shapes, numbers and letters etc. and practice social and emotional skills such as identifying feelings and practicing turn taking in conversation. Finally, enrolled families may desperately need the comprehensive services that Head Start provides. Meeting children's basic

needs is foundational to school readiness. Deliveries of food, formula and diapers, as well as educational materials, such as books, crayons, paper, puzzles, and other supplies and connecting with and supporting parents are all essential. Programs should also continue ensuring children have health insurance, are up to date on EPSDT and families are able to obtain other needed community services."

Exposure:

What to do if someone is sick: Protocol still being finalized using guidance from CDC and DOE

Saying 'a final decision' is a little tricky because there may be decisions made right up until school starts," "The plan is ongoing, and we want to be as flexible as possible, as safe as possible with again, that No. 1 priority of getting our kids in school."