



Hilltop

EARLY LEARNING ACADEMY

PANDEMIC COVID-19 HEALTH AND SAFETY PLAN
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Introduction

In order to ensure the safe operations of Hilltop Early Learning Academy and help reduce the transmission of Covid-19 and/or other novel viral respiratory virus', this document provides a guidance process, and actions that our families and staff can take to help slow the spread of respiratory illnesses such as Covid-19, pandemic flu or novel coronaviruses.

Hilltop Early Learning Academy continues to work with the local health officials, [Oregon Early Learning Division](#), [Oregon Health Authority](#), [CDC](#) as well as utilize the [American Academy of Pediatrics guidelines](#) to determine the set of strategies appropriate for our learning academy.

The Covid-19 virus is thought to spread primarily from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Knowing these facts, Hilltop Early Learning Academy has implemented specific safety measures for families, children and teachers to follow so that we can help reduce the spread of Covid-19 and keep everyone as healthy as possible.

In response to understanding how COVID-19 spreads, the Oregon Health Authority has identified the most effective methods to reduce the spread within child care and early education programs. These methods include:

- 1) the use of face coverings and face shields
- 2) physical distancing
- 3) restrictions on group size and creation of group stability
- 4) cleaning and sanitation practices.

[At Hilltop we will follow the guidelines outlined in the Oregon Early Learning Division \(ELD\) HEALTH & SAFETY GUIDELINES for Child Care and Early Education Operating During COVID-19 \(August 14, 2020\)](#)

Face Coverings and Face Shields

Face coverings “provide significant protection” and are the “best for ‘source control’ to prevent someone who has COVID-19 from spreading to others.” Face coverings come in three forms: cloth face coverings, face shields, and medical grade face masks. Face coverings and face shields must follow CDC guidelines. [Face Coverings](#)

According to the ELD Health and Safety Guidelines (August 14, 2020):

- All staff, contractors, other service providers, or visitors or volunteers who are in the Hilltop facility are required to wear a face shield or face covering.
- All children who are in grades Kindergarten and up who are in the Hilltop facility are required to wear a face shield or face covering.
- Adults and children who are kindergarten age and up must wear a face shield or face covering when outside if six feet of physical distance cannot be maintained.
- Allow a child between two years and Kindergarten to wear a face covering or face shield, if: requested by the parent/guardian, the face covering or face shield fits the child’s face measurements, and the child is able to remove the face covering or face shield themselves without assistance.

For additional requirements and information on Face Shields and Face Coverings please see: [Oregon Early Learning Division \(ELD\) HEALTH & SAFETY GUIDELINES for Child Care and Early Education Operating During COVID-19 \(August 14, 2020\)](#)

Social Distancing, Group Sizes and Stable Groups

Physical distancing is one of the most effective strategies for helping to reduce the spread of COVID-19. Yet, within the child care and early education environment, it is not always feasible to maintain physical distancing as a primary strategy for helping to stop the spread of COVID-19. Physical distancing for young children is at odds with nurturing and responsive caregiving. This is also the case for children of any age with certain disabilities and developmental delays. Therefore, the public health approaches for child care and early education programs relies more on limiting physical contact where possible and relies heavily on other measures, such as the use of face coverings, stable groups of adults and children, and frequent handwashing, cleaning, and sanitation (OHA, July 2020).

Group size and group stability, for both children and adults, is an area of great focus for helping to reduce the spread of COVID-19 in child care and early education settings. These two methods limit the number of potential contacts that children or adults may have with someone who has COVID-19, helping to limit transmission.

Group sizes and staff-to-child ratios must adhere to those specified in licensing rules by provider type, and by the provider’s license. For these group sizes and ratios there shall be a minimum of 35 square feet of indoor activity area per child.

Stable groups, or cohorts of children and adults help manage risks by reducing exposure and facilitating contact tracing in the potential spread of COVID-19 (Oregon Health Authority, July 2020). In stable groups, a reduced number of children and adults are interacting. If someone becomes infected, fewer people are exposed and fewer may have to quarantine if there is a positive case. At Hilltop, our stable groups will not mix with other stable groups and will remain separated. They will have their own designated classrooms, bathrooms and will not mix for recess, lunch or other activities.

At Hilltop:

- Our classes will include the same stable group per day, and the same child care providers will remain with the same group each day.
- Our classes will maintain our licensing staff-to-child ratios and group sizes
- We will cancel or postpone special events such as festivals, holiday events, and special performances.
- We will keep each group/cohort of children in a separate room.
- We will limit the mixing of children by staggering drop-off and pick-up times, playground times and keeping groups separate for any activities such as lunch, music or enrichment activities.
- We will enhance our sanitizing and disinfecting as directed by the ELD) [HEALTH & SAFETY GUIDELINES for Child Care and Early Education Operating During COVID-19 \(August 14, 2020\)](#)

Cleaning and Sanitation Practices

Cleaning and sanitization practices are essential tools in helping to reduce the spread of Covid-19. We will follow the required cleaning schedule listed in **Table 5** of [HEALTH & SAFETY GUIDELINES for Child Care and Early Education Operating During COVID-19 \(August 14, 2020\)](#)

Here are some of the key requirements for cleaning and sanitizing listed in the Health and Safety Guidelines:

High touch Surfaces

- High touch areas (doorknobs, light switches, non-food countertops, handles, class tables, sinks, sink handles, etc) will be disinfected throughout the day.

Soft surface Cleaning

For soft surfaces such as carpeted floor, rugs, and drapes will be cleaned and sanitized daily

Cleaning and Sanitizing Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are washed and sanitized.
- We will be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils
- Machine washable cloth toys are not to be used during Covid-19 and if used, will be laundered as soon as a child finishes playing with it. Stuffed animals are put away for now.
- Toys will not be shared with other cohort groups, unless they are washed and sanitized before being moved from one group to the other.
- Toys that need to be cleaned will be set aside in a separate container marked "need to be cleaned toys." Toys will be rotated through cleanings.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Hand washing

All children, staff, and volunteers will engage in hand hygiene at the following times

- Arrival to the facility and after breaks
- Before and after preparing food or drinks
- Before and after eating or handling food, or feeding children
- Before and after administering medication or medical ointment
- After using the toilet or helping a child use the bathroom

- After coming in contact with bodily fluid
- After playing outdoors or in sand
- After handling garbage
- After blowing one's nose, coughing, or sneezing
- After using the restroom
- Before coming in contact with any child
- After touching or cleaning surfaces that may be contaminated
- After using shared equipment like toys, computer keyboards, mouse, scissors, pens. etc.
- All staff and children must adhere to regular hand washing with soap and water for at least 20 seconds
 - Turn water on and wet hands, remove from water
 - Add soap to hands and create friction to make bubbles
 - Scrub for 20 seconds, sing Happy Birthday or ABC's
 - Rinse hands under running water
 - Dry hands with single use paper towels
 - Turn off faucet with paper towels

Respiratory Hygiene

- All staff should cover coughs and sneezes with tissues or the corner of the elbow
- Encourage children when appropriate to cover coughs and sneezes with tissues or the corner of the elbow
- Dispose of soiled tissues immediately after use and wash hands.

Eliminating transmission points

- Common touch points will be reduced by opening internal doors where possible.
- **There will be Frequent cleaning/disinfecting of all touch points.**
- Commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) will be wiped down/disinfected multiple times during the day.
- Shared office equipment: phones, copier, or other work tools and equipment, will be cleaned and disinfected before and after use.
- Employees will clean their personal workspace at the beginning and the end of every shift.

Health Screening of Children/Staff

All children and staff are required to be screened for any observable illness, including cough or respiratory distress, and to confirm temperature below 100.4 degrees upon arrival every day until further notice. A Health Questionnaire will be required daily as well (See Appendix for copy of the Health Questionnaire). If a child is excluded from care because of fever, cough, or shortness of breath, the child must be symptom free and fever free for 24 hours since last fever without fever-reducing medications. There is no reduction of tuition for this time period.

Staff member

- Staff upon arrival will check in at the main entrance, wash hands, complete and pass the Health Questionnaire and check temperature.

Arrival of children

- We will stagger arrival and drop off times. Child care providers will come outside the facility to pick up the children as they arrive.

- We will have curb side drop off and pick up adhering to social distancing recommendations and limiting direct contact between parents and staff members.
- 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
- Parents will complete the Health Questionnaire for their child. (if used, writing utensils and clipboards will be switched out)
- Each child's temperature will be checked upon arrival. A fever is considered 100.4 degrees Families need to comply with the daily health questions, and if child has any of the identified symptoms set by the ELD guidance, the child will not be permitted to attend. Attendance will be denied for a minimum of 24 hours following. They must be symptom free and fever free for 24 hours since last fever without fever-reducing medication.
- A non-contact thermometer will be used for checking child's temperature
- Staff will wear a mask or face shield and gloves while checking child's temperature upon entrance.
- Each child will use hand sanitizer before entering the facility and then wash hands upon arrival to classroom.
- Staff will escort the child to their classroom and the child will wash hands once in the classroom
- If a parent has to enter the facility, they need to use the hand sanitizer, record their visit on our record sheet, complete and pass the health questionnaire and have their temperature checked.
- Children will not be allowed to bring toys from home, or other personal belongings (except backpack, and lunch box and snack box) except on sharing days. The items will be wiped down and placed back in the child's backpack after sharing time.

Illness and Covid-19

Guideline for onset of illness at Hilltop Early Learning Academy

Child

- If a child becomes sick during the day, the teacher will remove child from the classroom to a designated quarantine room where the child will be with a designated staff member and kept comfortable until the family can arrive.
- The child will be provided a facemask and requested to wear it.
- The family will be contacted immediately and a request for immediate pick up will be made.

Employee

- Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work, or who become sick during the day, will be immediately separated from children, co-workers, parents, visitors, and will be sent home.
- If an employee is confirmed to have COVID-19 infection, administration will inform parents, fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The fellow employees and families should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).

Guidelines for onset of illness while at home

Child

- If a child becomes sick at home with any symptoms, cough, fever, muscle aches, generally not feeling well, we ask that you notify us that your child will be absent and keep your child at home. Follow our

current illness policy to understand the return to school policy. If symptoms are consistent with Covid-19, please phone your child's pediatrician and ask for guidance. Please phone us and share that guidance so that Hilltop Early Learning Academy will know how to proceed with our next steps of notifying the proper and required people, and/or authorities.

Employee

- If an employee becomes sick at home with any symptoms, cough, fever, muscle aches, generally not feeling well, we ask that they call the office and stay home and monitor their symptoms.
- If they develop warning signs for COVID-19 we will ask that they get checked by their doctor and/or get a Covid-19 test

Responding to Possible and Confirmed Cases of Covid-19

Children/Staff who have had close contact with a person with symptoms or diagnosed with COVID-19

- Children who have symptoms must stay home
- Employees who have symptoms (i.e., fever, cough, or shortness of breath) need to notify their supervisor and stay home.
- If a child or employee feels well but has reason to believe they've been exposed to the virus, they should self-quarantine.
- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.* If caring for a sick household member, the recommended precautions should be followed

NOTE: *Anyone who comes into child care who has a household member with symptom of COVID-19 that is not confirmed or presumptive must be carefully monitored for symptoms. The ill household member should be strongly encouraged to get tested. For any additional questions about their care, contact a healthcare provider or state or local health department.

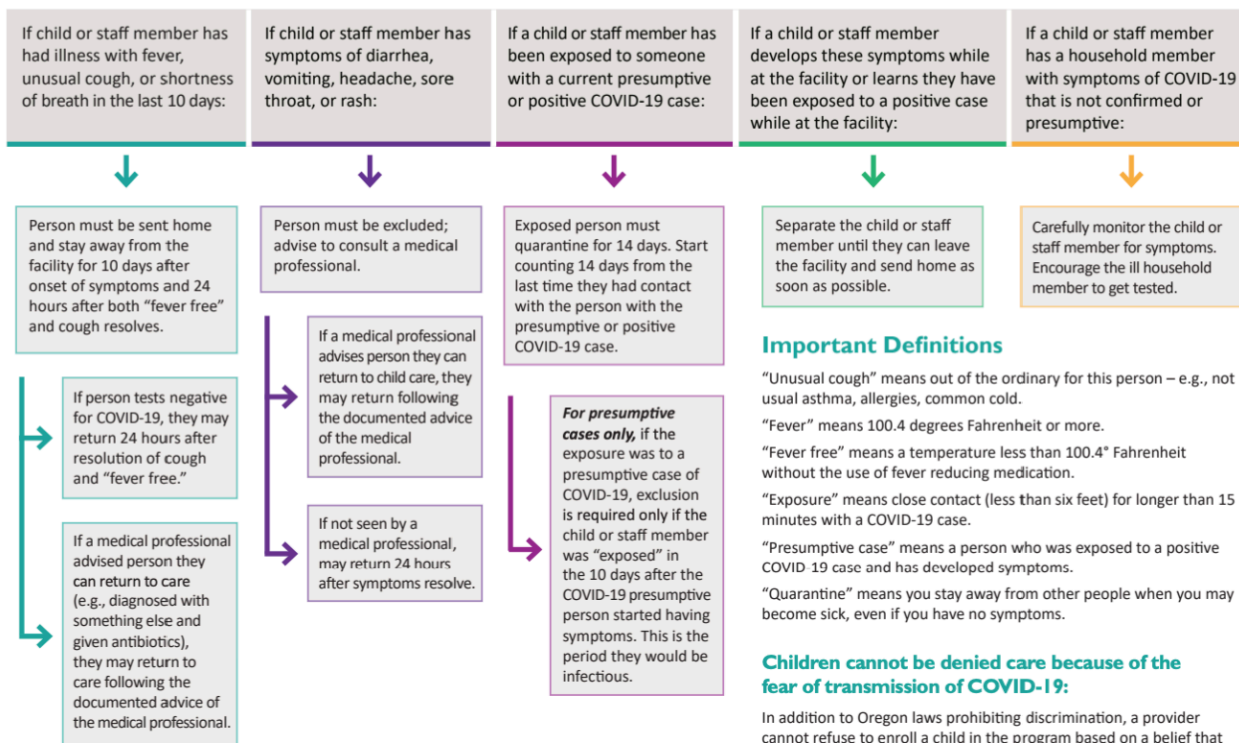
See the Exclusion Summary Chart below for the process Hilltop will follow:



EXCLUSION SUMMARY

for Child Care and Early Education Operations During COVID-19

AUGUST 14, 2020



Important Definitions

"Unusual cough" means out of the ordinary for this person – e.g., not usual asthma, allergies, common cold.

"Fever" means 100.4 degrees Fahrenheit or more.

"Fever free" means a temperature less than 100.4° Fahrenheit without the use of fever reducing medication.

"Exposure" means close contact (less than six feet) for longer than 15 minutes with a COVID-19 case.

"Presumptive case" means a person who was exposed to a positive COVID 19 case and has developed symptoms.

"Quarantine" means you stay away from other people when you may become sick, even if you have no symptoms.

Children cannot be denied care because of the fear of transmission of COVID-19:

In addition to Oregon laws prohibiting discrimination, a provider cannot refuse to enroll a child in the program based on a belief that the child is more susceptible to contracting COVID-19 due to the child's or parent's occupation, race, ethnicity, geographic location, disability, or pre-existing health condition.

For more information, visit oregonearlylearning.com/COVID-19-Resources. Providers can also submit questions by emailing ProviderContact@state.or.us.

A provider must exclude staff and children for COVID-19 symptoms or cases as follows:

The adult or child has had an illness with fever, unusual cough, or shortness of breath in the last 10 days.

- Unusual cough means out of the ordinary for this person – e.g., not usual asthma, allergies, common cold.
- Fever means 100.4 degrees Fahrenheit or more, without the use of fever reducing medication.
- The individual must stay away from child care for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of a fever reducing medication.
- The 10-day rule for exclusion applies if the persons tests positive, or does not get tested.
- If a child or staff member with symptoms of COVID-19 tests negative, they may return 24 hours after resolution of cough and fever without the use of fever-reducing medication.

- If a child or staff member with symptoms of COVID-19 is advised by a medical professional they can return to care (e.g., diagnosed with something else and given antibiotics), they are allowed return to care. Documentation from the medical professional is required. The person must be fever-free for at least 24 hours.

The adult or child has been exposed to someone with a current presumptive or positive COVID-19 case.

- An exposure is defined as an individual who has close contact (less than six feet) for longer than 15 minutes with a COVID-19 case.
- A presumptive case is defined as a person who was exposed to a positive COVID-19 case and developed symptoms.
- The exposed person must quarantine for 14 days. Start counting 14 days from the last time they had contact with the person with the presumptive or positive COVID-19 case.
- For presumptive cases only, if the exposure was to a presumptive case of COVID-19, exclusion is required only if the adult or child was exposed in the 10 days after the COVID-19 presumptive person started having symptoms. This is the period they would be infectious.

If a person develops these symptoms while at the facility or learns they have been exposed to a positive case while at the facility, send them home as soon as possible, and separate them until they can leave the facility.

If a child or staff member has symptoms of diarrhea, vomiting, headache, sore throat, or rash, they must be excluded and advised to consult a medical professional.

- If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.
- If not seen by a medical professional, they may return 24 hours after resolution of symptoms.

If Hilltop Early Learning Academy has a Confirmed Case of Covid-19

- Hilltop Early Learning Academy will notify the local public health authority and the Office of Child Care if anyone who has entered the facility is diagnosed with COVID-19.
- Hilltop Early Learning Academy will immediately contact their local public health authority (Multnomah County Health Authority) and licensing specialist (alternatively, the program can call (503) 947-1400).
- will notify the appropriate program staff, in addition to the local public health authority and the Office of Child Care if you are a program that participates in:
- Hilltop Early Learning Academy will communicate, in coordination with the local public health authority, with all families and other individuals who have been in the facility in the past 14 days about the confirmed case.
- Hilltop Early Learning Academy will ensure, in the event of a confirmed case of COVID-19 in a facility, all children and staff in the stable cohort—and anyone who came in contact with the group—do not come to the program and are informed about the need to be quarantined at home for 14 days.

Decisions about required closure will be made in conjunction with Early Learning Division, Portland Christian Center and the local public health authority.

Local health officials' recommendations for the scope and duration of center closure will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.

- During center closure, any extracurricular group activities will be cancelled.

- During the closure, staff, students, and their families are discouraged from gathering or socializing anywhere, this includes group child care arrangements, as well as gathering at places like a friend’s house, a favorite restaurant, or the local shopping mall.
- A short-term dismissal will not include the stopping or reduction of tuition. Should the center be closed for more than 5 business days, tuition reduction/stopping will be addressed.

Center Family/Staff Communication Plan

Communication is important for all Hilltop staff and families. Regular communication will continue through LifeCubby App, email, phone or ZOOM, as well as face to face when possible. If face-to-face, we will adhere to social distancing guidelines, use of face coverings or shields, completing and passing the health questionnaire, temperature checks, and pre-scheduling when possible.

Tuition

- Tuition will be collected when Hilltop Early Learning Academy is open and operating whether on campus or distance learning. If distance learning, we will send out packets and use Zoom and YouTube videos to maintain instruction. Students are encouraged to attend all Zoom sessions and work on the materials provided.

(This acceptance below has been sent as a separate document for you to sign)

Acceptance of new procedures for children/families/staff

Hilltop Early Learning Academy

Pandemic Health and Safety Plan Parent Acceptance

Anyone who has children enrolled at Hilltop Early Learning Academy must read, sign, agree and follow the policy and procedures in order to be participating in Hilltop Early Learning Academy programs.

I have read and fully understand Hilltop Early Learning Academy’s policy and procedures for Covid-19. I also understand that this document can be changed at any time with or without notice by the director, her designee, or the Board of Directors of Portland Christian Center as dictated by the onset of new challenges or in compliance with Oregon Early Learning Division, Oregon Health Authority, American Academy of Pediatrics, and/or the CDC.

I understand that the safety, health and the well-being of children, families, and staff rely on my due diligence to keep myself and family following the policies, procedures, and rules set by the Governor at any given time.

Child(ren)’s Name and Hilltop Class

Parent Signature	Date	Parent Signature	Date
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APPENDIX

Staff/Student Arrival Health Questionnaire

(This is to be completed daily by all staff upon arrival and all parents at drop-off)

Please help us to protect your children and others by answering the questions below regarding symptoms of COVID-19 immediately upon entry to Hilltop Early Learning Academy. Temperatures will be checked upon arrival and again if the child seems symptomatic during the day.

If your child has **any symptoms** on this form, we cannot allow your child/family to enter until your symptoms have resolved.

**If you, a member family living with your child, or your child has traveled outside the state of Oregon please notify us for additional guidance*

1. Have you or your child been exposed to a person with a positive case of COVID-19 in the past 14 days?

Yes No

2. Have you or your child been exposed to a person with a presumptive case of COVID-19 in the past 14 days?

Yes No

A “presumptive” case means the person was exposed to someone with COVID-19 and the presumptive adult or child showed symptoms in the past 10 days.

If you answered yes to either question 1 or 2, the child or adult must quarantine for 14 days. The 14-day quarantine starts on the day that child or adult last had contact with the COVID-19 case.

The 14-day quarantine cannot be shortened by getting a negative COVID-19 test, or by getting a note from a medical professional.

3. Is the adult or child experiencing unusual cough, shortness of breath, or fever? “Unusual cough” means something not normal for this person (e.g., allergies, asthma).

Yes No

If yes to question 3, you or your child must be excluded from the program for 10 days, and 24 hours symptom-free.

With regard to cough and shortness of breath only, if the person has been checked by a medical professional and is cleared, they can remain in, or return to, the program following the **documented direction of the medical professional**. Anyone with a fever of 100.4 Fahrenheit is excluded. See additional information on exclusion and return to care under direction of a medical professional in the section “Responding to Possible and Confirmed Cases of COVID-19.”

4. Does the child or adult have symptoms of diarrhea, vomiting, headache, sore throat, or rash?

Yes No

If yes to question 4, that person must be excluded as follows. If seen by a medical professional and is cleared, they can remain in or return to the program following the **documented direction of the medical professional**. If not seen by a medical professional, they may return 24 hours after resolution of symptoms