



Hilltop

EARLY LEARNING ACADEMY

PANDEMIC/COMMUNICABLE DISEASE 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.

According to the CDC "COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected. COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them."

For more information about how COVID-19 spreads, visit [How COVID-19 Spreads](#). Also see [transmission info in schools and child care](#).

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.

It is important to remember:

- Our communities will be living with the virus until there is widespread immunity.
- COVID-19 continues to evolve with new, more infectious variants; our knowledge of mitigation efforts also evolves over time. For these reasons the guidance for responding to COVID-19 also evolves.
- [Right now, the best tools to protect individuals are vaccination for those eligible, physical distancing, face coverings, ventilation and airflow, hand hygiene, and staying home if ill or exposed to someone with COVID-19.](#)
- Opportunity for transmission decreases with each mitigation effort that is implemented.

[At Hilltop we will follow the guidelines outlined in the Oregon Early Learning Division \(ELD\) Child Care Provider COVID-19 Requirements and Recommendations for health and safety practices](#)

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](#).

CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>)

According to the ELD Health and Safety Guidelines:

1. Indoors, all adults should wear a face covering.
 2. Indoors, children who are in grades kindergarten and up should wear a face covering unless:
 - They have a verified medical condition or disability that prevents them from safely wearing a face covering;
 - They are unable to remove the face covering independently;
 - They are sleeping, eating, or drinking;
 - They are participating in distance learning and are physically distanced from others.
 3. 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.
 - Always ensure children younger than two years do not wear a face covering.
 - Face coverings should be washed daily or a new one worn daily. If a face shield is used, it should be wiped down with disinfectant at the end of the day after use. Disposable face coverings or face shields should be worn only once.
- For additional requirements and information on Face Shields and Face Coverings please see: [Child Care Provider COVID-19 Requirements and Recommendations for health and safety practices](#)

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.

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. 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.

*Note: Although stable group restrictions have been lifted, it is important to remember that if a COVID-19 positive case occurs, everyone that had exposure should quarantine. This is why we try to minimize contact as much as possible.

At Hilltop:

- Our classes will maintain our licensing staff-to-child ratios and group sizes
- Adults and children will remain in the same groups as much as possible. Our classes will include the same stable group per day, and the same child care providers will remain with the same group each day.
- A floater or volunteer may enter a classroom, but we will work to minimize the contact as much as possible.
- Staff and children from different groups will work to practice physical distancing as much as possible.
- Interaction with individuals from other groups will be minimized.
- At Hilltop, our stable groups will have their own designated classrooms, bathrooms and will remain as stable groups as much as possible.

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 [Child Care Provider COVID-19 Requirements and Recommendations for health and safety practices](#)

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 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 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
- 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 frequently.
- Employees will clean their personal workspace at the end of their day.

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 with no fever for 24 hours (without fever reducing medication) to return to care. There is no reduction of tuition for this time period.

Staff member

- Staff upon arrival will check in at the main entrance, wash hands, must pass the Health Check.

Arrival of children

- Doors will open between 8:20-8:40 for drop off. Parents will enter the lobby, social distancing and wearing a mask. They will check their child in and Hilltop staff will accompany the child to the classroom.
- 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 confirm that their child passes the health check. Note: A fever is considered 100.4 degrees Families need to comply with the daily health check, 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.
- Staff will wear a mask at all times.
- Each child will use hand sanitizer before entering the facility and will wash hands upon arrival to classroom.
- Staff will escort the child to their classroom.
- If a parent has to enter the facility, for longer than the check in time for volunteering or a meeting they need to record their visit on our record sheet, complete and pass the health check and use hand sanitizer.

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 required to wear it.
- The family will be contacted immediately and a request for immediate pick up will be made.

Staff

- Staff 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 a staff member is confirmed to have COVID-19 infection, administration will inform parents, fellow employees of their possible exposure to COVID-19 but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The other staff members and those who came in contact with them should 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.

Staff

- If a staff member 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
- Staff members who have symptoms (i.e., fever, cough, or shortness of breath) need to notify their supervisor and stay home.
- If an child or staff member feels well but has had close contact with someone with symptoms or the contact tested positive for the virus: If UNVACCINATED they should self-quarantine 14 days from the date of last contact and monitor symptoms . If FULLY VACCINATED they should be tested 3-5 days following the date of their exposure, and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should isolate if they test positive.
- Sick staff members should follow CDC-recommended steps. They 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.
- Staff members 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 symptoms of COVID-19 that are not confirmed or has a presumptive case 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.

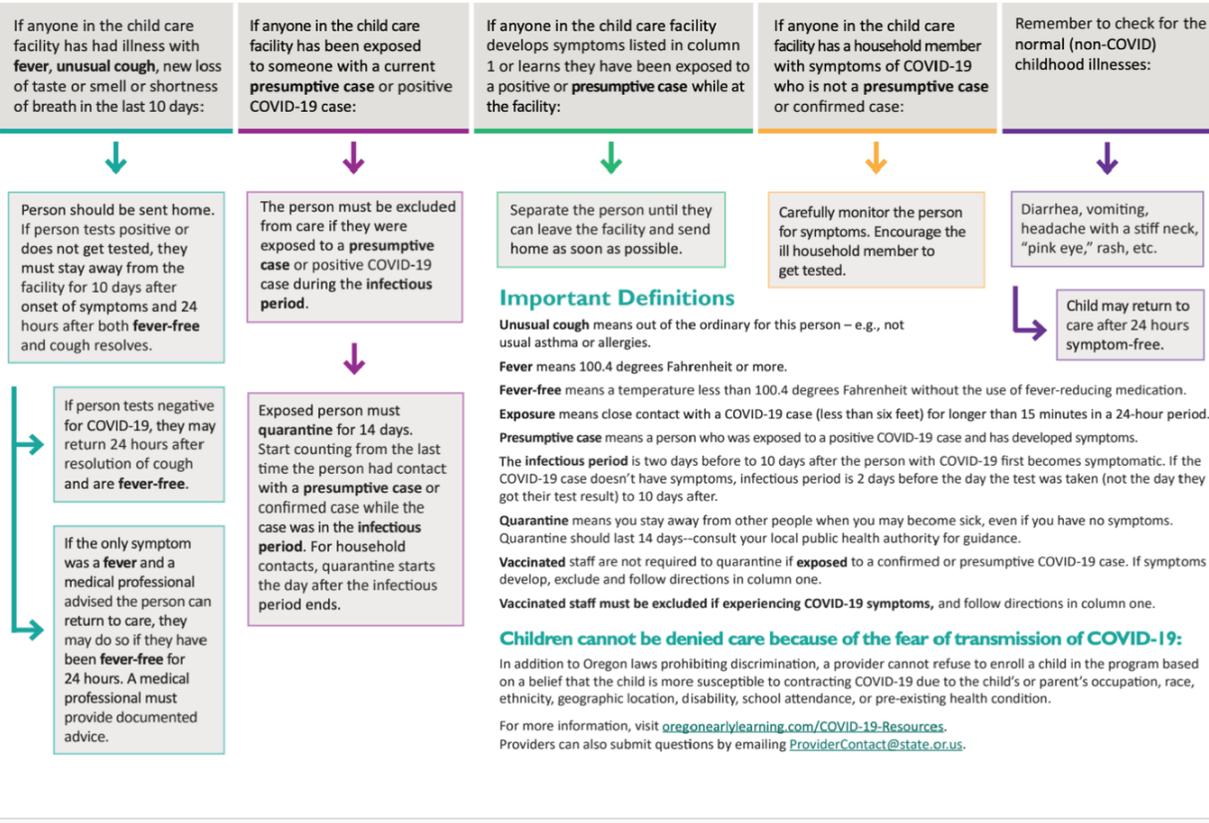
See the Exclusion Summary Chart for the process Hilltop will follow:



EXCLUSION SUMMARY

for Child Care and Early Education Operations During COVID-19

UPDATED MAY 2021



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 is unvaccinated and 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 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.
- 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.
- Unvaccinated persons who are close contacts: A person who was in close contact (as determined by the health department) to a known case of COVID-19 should 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. If they develop symptoms, they should seek testing. Even if the person tests negative, they still need to quarantine. In some cases, an unvaccinated person may be able to end their quarantine after 10 days. Regional public health does not recommend a shortened 7-day quarantine.
- Vaccinated persons who are close contacts: If the person has been vaccinated, and it has been at least two weeks after their final dose, quarantine is no longer required, but they should still monitor for symptoms for 14 days after they were in close contact with someone with COVID. [If they develop symptoms, they should isolate from others and seek testing.](#)

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 immediately contact their local public health authority (Multnomah County Health Authority) and licensing specialist at the Office of Child Care (alternatively, the program can call (503) 947-1400) if anyone who has entered the facility is diagnosed with COVID-19.
- 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 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 there be extenuating circumstances that may require tuition adjustments, 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 Brightwheel 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

Hilltop will do everything possible to maintain student learning. 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.

(See Appendix on next page for Health Check Questions)

APPENDIX

Staff/Student Arrival Health Check

(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. 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

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

Yes No

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

Yes No

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

Yes No