

Preparedness Plan Requirements Guidelines for DHS Licensed and Certified Child Care Providers Deemed Critical Businesses during Peacetime Emergency

EMPLOYER PREPAREDNESS PLAN REQUIREMENTS CHECKLIST

Businesses and individuals that are deemed critical businesses during the peacetime emergency and are licensed or certified by the Departmental Human Services to provide child care services (child care centers, family providers, certified centers) need to develop and implement a COVID-19 Preparedness Plan (“Plan”) that describes how your program will implement, at a minimum, the following components, in compliance with the [Centers for Disease Control and Prevention \(CDC\) Guidance for Child Care Programs that Remain Open](#) and other relevant Minnesota Department of Health (MDH) and CDC guidelines.

Providers need to evaluate, monitor, and update their plans if necessary, on a regular basis. The Plan needs to be posted at all of the licensed or certified locations in readily accessible locations that will allow for the Plan to be readily reviewed by all staff, substitutes, caregivers and volunteers as required.

ENSURE SICK STAFF STAY HOME:

1. Establish health screening protocols for staff at the start of each shift (e.g. health screening survey, taking temperature). See the MDH Visitor and Employee Health Screening Checklist (<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>). The checklist is also available in Hmong, Somali, and Spanish. (<https://www.health.state.mn.us/diseases/coronavirus/businesses.html>).
2. Establish communication protocols and steps to take when staff have been exposed to COVID-19 at the work-site. Designate an individual to maintain communication with and gather information from staff who may be ill, as to ensure the privacy of staff is maintained.
3. Establish a process to identify contact between infected staff and other staff who may have been exposed. (CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>).
4. Provide accommodations for “high risk” and vulnerable populations. See CDC’s People Who are at Higher Risk for Severe Illness (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>). Vulnerable staff should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce these staff’s risk of exposure.
5. Conduct daily health checks. This includes screening for children, staff, volunteers, and household members for family child care programs to ensure those who exhibit any symptoms of illness are not present.
6. Use the screening process for children: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>. If it is not feasible to conduct health screenings, provide parent education about the importance of monitoring symptoms and children staying home while ill.
7. Follow exclusion guidance and ensure children, staff, and volunteers stay home when sick: <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>.

8. Use CDC guidance to develop a plan for what you will do if someone becomes sick with COVID-like symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General>.
9. If a child, staff member, or volunteer is diagnosed with COVID-19 or if you have questions about a child, staff member, or volunteer who is exhibiting symptoms, reach out to MDH at health.schools.covid19@state.mn.us and follow their direction.
10. Ensure sick policies are supportive of children, staff, and volunteers staying home when sick.
11. Have a plan for back-up staffing or closure in case you, a staff member, volunteer, or household member for family child care programs becomes ill during the day/program.

HYGIENE AND SOURCE CONTROLS - HAND WASHING AND FACE COVERINGS

1. **Ensure staff and children regularly wash their hands.**
2. Reinforce handwashing routines, especially upon arrival, after having been in a public place or after blowing your nose, coughing, or sneezing.
3. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Ensure children are supervised when using hand sanitizer and that it is inaccessible to them when not in use.
4. Ensure staff and volunteers wash hands before assisting children with sunscreen and between each child.
5. CDC guidance on handwashing can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene>.
6. Cloth face coverings are an important piece of mitigating the spread of the virus but are most effective if it can stay in place without being pulled on or touched by the person wearing it or others. Within this context, the provider, staff members, and volunteers are encouraged to wear cloth face coverings during the work day as much as possible, recognizing the development needs of the children in care.
7. Children should not wear cloth face coverings unless they can reliably wear, remove, and handle the cloth face covering throughout the day. Cloth face coverings should NOT be put on infants or children younger than 2 because of the danger of suffocation.
8. Face covering guidance is available here: <https://www.health.state.mn.us/diseases/coronavirus/schools/masks.html#child>
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

WORKPLACE CLEANING AND DISINFECTING PROTOCOLS

1. Protocols related to cleaning and disinfection of programs should be detailed so that staff know what is expected of them. Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program:
 - <https://www.health.state.mn.us/diseases/coronavirus/schools/clean.pdf>
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
2. Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, shared toys, program equipment and other items are regularly cleaned and disinfected.
3. Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.
4. Establish procedures for cleaning and disinfection after persons suspected or confirmed to have COVID-19 have been in the program, including:
 - a. Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.

- b. Cleaning staff should clean and disinfect all areas such as classrooms, offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls) used by the ill persons, focusing especially on frequently touched surfaces.

SOCIAL DISTANCING THROUGHOUT THE DAY

1. Establish a procedure for arrivals and departures that avoids or minimizes group interactions. Whenever possible, pick-up and drop-off should occur outside and/or limit the extent to which parents enter the building and interact with each other. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#pickup>
2. Limit group sizes as much as possible and create consistent groups of children and providers, staff, or volunteers who stay together throughout the day.
3. Ensure activities are small group or individual activities, rather than whole group, whenever possible.
4. Whenever possible, implement programming that refrains from intermixing groups or having more than one group in the same area at the same time. If intermixing of groups is necessary, limit the number of groups that intermix.
5. Whenever possible, hold activities outdoors and encourage children to spread out. Providers may take children on a walk, but should avoid outdoor areas that are densely populated.
6. Add visual cues or barriers to direct traffic flow and distancing. For example, you may want to tape “Xs” on the floor to let children know where they should sit to promote social distancing.
7. At nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible. Consider placing children’s mats or cribs head to toe in order to further reduce the potential for viral spread.
8. Staff and volunteers should also maintain social distance while talking with each other. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing>

ESTABLISH PROCEDURES FOR PLAYGROUND USE

1. Private playgrounds may continue to be used when appropriate procedures for cleaning of surfaces and hand-washing are in place.
2. Stagger playground use rather than allowing big groups to play together.
3. If possible, consider cleaning high touch areas of the play structure between groups.
4. If you choose to bring children in your care to a public playground, ensure children wash hands after touching play structures and maintain six feet of space from other children as much as possible. Also, in accordance with MDH and CDC guidance, consider keeping groups small and not allowing groups of children to intermix. <https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf>

ESTABLISH PROCEDURES FOR MEALS AND SNACKS

1. If meals are typically served family-style, plate each meal to serve it so that multiple children are not using the same serving utensils.
2. To the extent possible, serve meals in individual classrooms. If using a cafeteria, the meal should be served to one small group of children at a time, with cleaning and sanitizing occurring in between groupings.
3. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#FoodPreparation>

ESTABLISH PROCEDURES FOR FIELD TRIPS AND EVENTS

1. Do not plan large group activities, such as field trips and family events. Consider changing field trips and events to a virtual format where appropriate.
2. Limit the presence of nonessential visitors.

3. Use virtual formats for guest speakers and reading programs.
4. If you have an in-house field trip, screen the presenter. It would be best if in-house field trips are held outside in small group settings. Remember that social distance needs to be maintained, groups should not be mixed, and whenever possible, cleaning and sanitizing should occur between groups.

WORKPLACE VENTILATION

1. Recognizing it may be difficult in school and center buildings, but work to allow for the maximum amount possible fresh air to be brought in to the space (including opening windows), limit air recirculation and properly use and maintain ventilation systems.
2. Take steps to minimize air flow blowing across people, including repositioning seating and fans.
3. Engage in activities outdoors whenever possible.

COMMUNICATIONS AND TRAINING PRACTICES AND PROTOCOLS

1. All staff and members of management must be trained regarding COVID-19 exposure, as well as applicable policies, procedures, practices, and protocols. The training must be provided by and paid for at no cost to workers and is considered worktime. The training must be provided in a manner and language that each employee can understand, and must be adjusted to reasonably accommodate all limiting factors present. See "[OSHA's Resource for Development and Delivery of Training to Workers](https://www.osha.gov/Publications/oseha3824.pdf)" (<https://www.osha.gov/Publications/oseha3824.pdf>).
2. Providers must ensure the COVID-19 Preparedness Plan is posted at all of the workplaces in readily accessible locations, and is shared with and reviewed by all staff.
3. Providers must ensure the necessary or required rules and practices are communicated to staff, and adequately enforce their provisions.
4. Providers must ensure the necessary or required protocols and practices are communicated to temporary and contract staff, and ensure protocols and practices are discussed with organizations providing temporary and/or contract staff.
5. Ensure all staff, including temporary and contract staff, are provided with and using appropriate personal source control equipment and other protective equipment as necessary to perform their work.
6. Staff must ensure they comply with and follow established rules and practices.
7. Offer a copy of the plan to families and explain in plain language the parts of the plan relevant to them.
8. Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877-470-6742.