



Villa Montessori School

COVID-19 Health Protocols

Mitigation Plan for Grades K - 8

Revised July 28, 2020

Villa Montessori School operates its programs in accordance with guidance from Center of Disease Control (CDC), AZDHS, and Maricopa County Dept. of Public Health.

Based on above their guidance, the School has created plans for the following prevention measures:

- Implementing physical distancing strategies
- Intensifying cleaning and disinfection efforts
- Modifying drop-off and pick-up procedures
- Implementing screening procedures upon arrival and monitoring for symptoms throughout the day
- Operating in accordance with applicable state rules, and any emergency rules applicable to the type of license we hold
- Ensuring that all staff have taken required health and safety training related to COVID-19.

Vulnerable/high risk groups: Based on currently available information and clinical expertise, people 65 or older might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it is important that everyone practices healthy hygiene behaviors. Should we have staff members or teachers age 65 or older, we encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home or work remotely if possible.

People of any age with **certain underlying medical conditions** are at increased risk for severe illness from COVID-19:

People of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19.

Based on what we know at this time, people with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

We encourage any employee who falls into that one of these categories to reach out to HR.

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have severe illness. We encourage parents to consult with their health care provider on what is appropriate for their child.

Preventative health measures: All applicable state statutes and guidance from both state level and CDC, as well as AZDHS Child Care Licensing rules for the Early Childhood and before/after care programs will be followed to the greatest extent feasible. The following checklist is intended to provide a selection of important health and safety items; it is not intended to be an exhaustive list.

- All staff and students over the age of 2 will wear face coverings (over the nose and mouth).
- We require sick children and staff to stay home.
 - Communicate to parents the importance of keeping children home when they are sick.
 - Communicate to staff the importance of being vigilant for symptoms and staying in touch with School administration if or when they start to feel sick.
 - Established procedures to ensure children and staff who come to school sick or become sick while at school are sent home as soon as possible.
 - Sick children and staff are separated from well children and staff until they can be sent home.
 - Sick children and staff members cannot return to school until they have met the criteria to discontinue home isolation.
 - Provide guidance to our families and staff regarding criteria to discontinue home isolation.
- We have a plan if someone is or becomes sick.
 - An isolation room has been designated to isolate a sick child or staff member.

- We ensure that staff who are assisting the child are wearing a face covering and face shield, gloves, and maintains a distance of at least 6 feet from the child at all times, unless there is an emergency.
- The staff member leaves the school premises immediately in a safe manner. If the employee is not able to self-transport, a family member, friend or will be contacted or another method of transport will be arranged.
- The child's parents or emergency contact are immediately notified to pick up the child.
- We will call 911 if the child or staff member appears to be in medical distress.
- CDC guidance on how to disinfect the building if someone is sick is followed.
- If someone has been isolated at school, surfaces in the isolation room or area are cleaned and disinfected after the sick person has gone home.
- If COVID-19 is confirmed in a child or staff member:
 - We may contact the Maricopa County Public Dept. of Health or other designated agency to report the presence of COVID-19 in our school, if required. Our local health authority may advise us on next step procedures.
 - Contact Arizona Department of Health Services Child Care Licensing to report the presence of COVID-19 in our facility, if required.
 - Areas used by the person who is sick are closed off.
 - Outside doors and windows are opened to increase air circulation in the areas.
 - The classroom or area is closed for up to 2 days to allow for additional cleaning and disinfecting and to assess the situation with our local health authority, if needed.
 - We wait up to 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
 - We clean and disinfect all areas used by the person who is sick, such as offices, classrooms, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or attended school, additional cleaning and disinfection is not necessary.
 - Routine cleaning and disinfection continues.
- We monitor and plan for absenteeism among our staff.
 - We have plans to cover classes in the event of increased staff absences.
 - If, however, proper staffing cannot be maintained, classroom closures may be required.
- Assess group gatherings and events.
- We limit access to school buildings.
 - Prohibiting any but the following individuals from accessing our buildings:
 - Administrative staff;
 - Persons with legal authority to enter, including law enforcement officers, Licensing staff, and Department of Child Safety staff;
 - Professionals providing services to children;
 - Children enrolled at the school; and
 - Parents who have children enrolled and present at the school may enter the school when absolutely necessary.
 - Limiting the use of parent or other volunteers to an absolute minimum.

Physical distancing strategies:

- We consider the following social distancing strategies:
 - Physical distancing focuses on staying out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible.
 - Employees maintain at least 6 feet of separation from other individuals. If such distancing is not feasible, other measures such as face covering, hand hygiene, cough etiquette, cleanliness, and sanitation are rigorously practiced.
 - When possible, classes include the same group each day, and the same teaching staff remain with the same group each day.
 - Daily group activities that may promote transmission are altered or halted.
 - We keep each group of children in a separate room to the extent possible.
 - We limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - Outdoor areas, like playgrounds require normal routine cleaning, but do not require disinfection.
 - If possible, at nap time, children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Children are placed head to toe in order to further reduce the potential for viral spread. Mats are disinfected before and after each use.
 - Some administrative staff may telework from their homes, if appropriate.
 - Time standing in lines is minimized, keeping children at safe distances apart from each other. Six feet of separation between children is preferred.
 - The distance between children working at tables or rugs is increased.
 - Plexiglass dividers are used to create a protective barrier when students and/or staff must be in very close proximity
 - More outside activities are encouraged, when feasible.

Class size and ratio requirements:

- Every attempt will be made to keep class sizes as low as possible. We can use our outdoor spaces and previously used common areas to make more space for students in attendance. This may be modified if certain criteria can be met.
- Groups are stable, with the same children and staff in the same group every day. Floating staff members float in the same rounds with the same students every day.
- Programs regulated by AZDHS will adhere to child care licensing ratios.

Parent drop-off and pick-up:

- The pick-up and drop-off of children is organized outside of the school, unless the school determines that there is a legitimate need for the parent to enter. Should the parent have a legitimate need to enter the school, the parent must be screened by the school as outlined in this document.
- Arrival and drop off times are staggered. Staff go outside the facility to pick up the children. Carline drop-off and pick-up limits direct contact between parents and staff members and adhere to social distancing recommendations.
- Children wash their hands upon entering the classroom.

- Staff will supervise children walking to their classrooms. At the end of the day, staff will walk or supervise children getting back to their cars for pick up. To the extent possible, they will keep 6 feet of distance between themselves and others.

Screening:

- Screenings include temperature taking and answering a list of questions regarding COVID related symptoms, possible exposure, travel, etc. Should an individual have a temperature of 100 degrees Fahrenheit or higher, or answers affirmatively to any of the questions posed, they will not be permitted to enter the facility.
- The following individuals are screened every day before entering the facility:
 - School staff;
 - Children enrolled at the school
- The following individuals are screened before entering the facility:
 - Parents (when it is deemed necessary for them to enter);
 - Persons with legal authority to enter, including law enforcement officers, Licensing staff, and Department of Child Safety staff;
 - Professionals providing services to children;
 - Vendors;
 - Repair/service workers; and
 - Delivery workers
- Any employee or child is sent home if he/she has any of the following new or worsening signs or symptoms of possible COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - Loss of taste or smell
 - Diarrhea
 - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Known close contact with a person who is lab-confirmed to have COVID-19
- Employees or children with the new or worsening signs or symptoms listed above are not allowed to return to school until:
 - An employee or child who was diagnosed with COVID-19, the individual may return to work/school when all three of the following criteria are met: at least 1 day (24 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared.
 - In the case of an employee or child who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work/school until the individual has completed the same three-step criteria listed above.

- An employee or child who was diagnosed with COVID-19, the individual may return to work/school when at least 1 day (24 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in symptoms; and the individual has received negative results of an FDA emergency-use-authorized COVID-19 molecular assay for detection of the virus that causes COVID-19 from at least two consecutive respiratory specimens collected \geq 24 hours apart (total of two negative specimens).
- If the employee and child has symptoms that could be COVID-19 and wants to return to work/school before completing the above self-isolation period, the individual is required to obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
- An employee or child with known close contact to a person who is lab-confirmed to have COVID-19 may not return to work/school until the end of the 14 day self-quarantine period from the last date of exposure.
- Our sick leave policies permit staff who are symptomatic, particularly high-risk individuals, to stay at home.
- Staff members who believe they have had close contact to someone with COVID-19 but are not currently sick, should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.
- A parent who believes that they or their child has had close contact to someone with COVID-19 but are not currently sick, is asked to monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.

Notification Procedures

Below are the steps to be taken when there has been exposure or a positive test result.

- Information regarding employee's and students' positive COVID-19 test result or their exposure to someone who has tested positive is required to be held confidential under the Americans with Disabilities Act (ADA) and/or the Family Educational Rights and Privacy Act (FERPA). As such, any notification sent by the school/district must not disclose any personally identifiable information about the affected individual, unless the employee or a student's parent/guardian gives informed, voluntary consent to the disclosure or another specific exception applies.
- The following steps will be taken regarding notice to affected person(s):
 - Immediately determine who the affected individual came into direct contact with while they were present at the school.
 - Notify all impacted individuals identified in #1 above of their exposure and request that they self-monitor for symptoms and potentially self-quarantine.
 - Immediately close all areas where the affected individual was present at the school.
 - Send written communication providing notice about the exposure.
 - The written notice will not contain personally identifying information (unless prior consent has been provided in accordance applicable laws or an exception applies).
 - The notice will include non-identifying information that is relevant to allow those with potential exposure to self-monitor and self-quarantine.
 - The notice is provided to those who could have been exposed.

- The notification will include information about which school sites were frequented by the individual during the incubation period and while exhibiting symptoms.
- The notification will include information on what the school is doing regarding industrial hygiene, including whether the affected sites will be closed and for how long.
- The notification will encourage those individuals that may have been exposed to COVID-19 to self-monitor for symptoms and to self-quarantine if appropriate.

Enhanced cleaning and disinfecting measures:

- In addition to (or in substitution of) existing cleaning protocols in place at the school, the following is being routinely done:
 - Cleaning and disinfecting efforts are intensified over the pre-COVID-19 standards.
 - Cleaning products are not used near children, and staff ensures that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
 - A schedule for regular cleaning and disinfecting has been established.
 - Objects and surfaces that are frequently touched are routinely cleaned, sanitized, and disinfected such as doorknobs, light switches, faucet handles, etc.
 - Objects/surfaces such as countertops, nap pads, desks, chairs, and cubbies are now cleaned daily.
 - The HVAC system filters are changed more frequently.
 - Doors are propped open at the start of the day to allow more fresh air to enter the space.
- Bathrooms are cleaned and disinfected regularly throughout the day.
- Cleaning products:
 - All cleaning products are used according to the directions on the label.
 - Dirty surfaces are cleaned using a detergent or soap and water prior to disinfection.
 - The manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products are followed.
 - If possible, EPA-registered disposable wipes are used for surfaces such as keyboards, desks, and remote controls. If wipes are not available, CDC's guidance on disinfection for community settings will be followed.
 - Cleaning materials are kept secure and out of reach of children.
- Clean and sanitize children's classroom materials:
 - Materials that cannot be cleaned and sanitized are not used to the extent possible.
 - Materials that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions are set aside until they are cleaned and disinfected by hand by a person wearing gloves.

Healthy hand hygiene:

- All children and staff engage in hand hygiene at the following times:
 - Arrival to school and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food
 - 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 handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- Hands are washed 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 are supervised when they use hand sanitizer to prevent ingestion.
- Children are assisted with handwashing, including infants who cannot wash hands alone.
- Staff wash their hands after assisting children with handwashing.
- Posters describing handwashing steps are placed near sinks.

Lunch and snacks:

- Each child brings individual meals and snacks.
- The sharing of food between children is not allowed.
- Careful consideration is given to the meal process.
- Children's food and drinks for the day are stored in their cubbies or other dedicated area.
- Lunch and snacks are served in the classroom.
- Food preparation by students is not allowed.
- Staff ensure children wash hands prior to and immediately after eating.
- Staff wash their hands after helping children to eat.

Face coverings

Wearing cloth face coverings are a well-researched preventative measure in the mitigation of the spread of the COVID virus. Executive Order 2020-51 requires all staff and students to wear face coverings while at school except when socially distancing, outside in playground settings with distancing. Students and staff will be allowed to take breaks when able to socially distance safely.

- Exceptions exist for individuals who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired. Those individuals may be unable to wear cloth face coverings if they rely on lip reading to communicate.
- In addition, some individuals with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a cloth face covering. They should consult with their healthcare provider for advice about wearing cloth face coverings. A note from a healthcare provider will be required if such an exception is warranted for any employee. For students, if an exception is needed due to a disability or medical need, parents should contact the School to discuss next steps.
- It is not known if face shields provide any benefit to protect others from the spray of respiratory particles. CDC does not recommend the use of face shields for normal everyday activities or as a substitute for cloth face coverings.
- Students or staff who arrive to school without a face covering will be provided one by the school.