



# **Covid-19 Policies and Procedures**

Prepared by: Sarah Hawley RN, BSN, PHN

[shawley@mncchc.com](mailto:shawley@mncchc.com)

(612) 500-1880

[www.mncchc.com](http://www.mncchc.com)

## Covid 19 Policies & Procedures Table of Contents

1. Confidentiality and Copyright Letter
2. Operating Criteria
3. Vulnerable/High Risk Individuals
4. Social Distancing
5. Drop Off/Pick Up Procedures
6. Caring for Infants & Toddlers
7. Screening and Exclusionary Guidelines
8. If Someone Becomes Sick while at the Center
9. If Someone is Confirmed as having Covid 19
10. Cleaning, Sanitizing and Disinfecting
11. Hand Washing
12. Personal Protective Equipment (PPE)
13. Resources
14. Staff Training Documentation

# MN CHILD CARE health CONSULTANTS

You are using MN Child Care Health Consultants Covid-19 Policies and Procedures. We have compiled the latest, best practice recommendations for childcare programs dealing with Covid-19. This information comes from reputable sources and we have compiled all of the information into one spot in the form of policies and procedures. By having these simplified into one place, this will aide as a quick resource in finding Covid-19 information pertinent to childcare and help you to follow the correct, latest information. This may also be used as a training tool in your program. Since Covid-19 is a novel virus, information and recommendations change rapidly. We will update these policies and procedures as recommendations change. Our policies and procedures are available with the purpose of assisting your program utilize best practices in preventing the spread of Covid-19.

**These policies and procedures may only be used within your own program site or the number of owned sites chosen at the point of purchase. These policies and procedures cannot be reproduced, photographed or copied for anyone outside of your program site.**

We hope that these documents aide in keeping children, staff and families healthy and slowing the spread of Covid-19.



Sarah Hawley RN, BSN, PHN  
Child Care Health Consultant  
MN Child Care Health Consultants, Inc.  
[www.mncchc.com](http://www.mncchc.com)

## Covid 19 Policies & Procedures

MN Child Care Health Consultants is committed to providing consultation to help ensure a safe and healthy workplace for staff and children alike. We have developed the following Covid-19 Policies and Procedures. Directors at programs are responsible to thoroughly read through these policies and procedures, train their staff and families and furthermore, to monitor implementation. The goal is to mitigate the spread of Covid-19 which requires full cooperation from staff and families. Only through this cooperative effort can this plan work to its full effectiveness. This document will serve as policies and procedures during the Covid-19 Pandemic. All other existing program policies and procedures must be followed unless otherwise indicated in this document.

These Covid-19 Policies and Procedures follow the Centers for Disease Control (CDC) and the Minnesota Department of Health (MDH) guidelines related to COVID-19 and addresses:

- Operating Criteria
- Vulnerable/High Risk Individuals
- Social Distancing
- Drop Off/Pick Up Procedures
- Caring for Infants & Toddlers
- Screening and Exclusionary Guidelines
- If Someone Becomes Sick while at the Center
- If Someone is Confirmed as having Covid 19
- Cleaning, Sanitizing and Disinfecting
- Hand Washing
- Personal Protective Equipment (PPE)
- Resources
- Staff Training Documentation

Any new Covid-19 information that comes from MDH or CDC will be examined by the director at our program. Because Covid-19 is a novel virus, there are frequent changes to the recommendations as scientists find out more about this new disease. The program is responsible for monitoring for updates, recommendations and changes and adjusting policies accordingly. Staff and families must be informed of any changes. After a change or new policy is implemented, the director must monitor compliance to ensure it is being implemented and practiced correctly and safely.

These policies are written based on best practice recommendations from MDH and CDC. Each item in this document is recommended as best practice, yet each program is unique as to what will work best in their individual program. We suggest giving careful consideration to try to implement as many of the policies as possible since they are considered best practice and will aide in slowing the spread of Covid 19 in your program and the community.

### **Operating Criteria:**

- Serve children when confident that an adequate amount of supplies are available to support routine cleaning, sanitation and disinfection, hand hygiene and adequate PPE to protect staff and children. If challenged to locate supplies, reach out to your local Child Care Resource and Referral (CCR&R) Agency for sourcing help.
- Ensure having enough staff to care for children.
- Consier adjusting operating hours if needed to ensure smaller group sizes and spend extra time cleaning and disinfecting.

### **Vulnerable/High Risk Individuals:**

- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for severe illness from Covid-19. Staff members or teachers age 65 or older or with serious underlying health conditions should be requested to talk to their healthcare provider to assess their risk and to determine if they may work during this time.
- A discussion with parents of children enrolled that have underlying health conditions will be had to determine if it is advisable for the children to attend child care during this time.

### **Social Distancing:**

- Follow the current recommendations from MDH and monitor MDH for changes.
- Attempt to keep groups of children to 10 or less following the teacher/child ratio according to the youngest child.
- Each group of children should be in a separate classroom.
- Try not to mix groups of children during the pandemic.
- Classes should attempt to include the same group each day, and the same childcare provider(s) should remain with the same group each day whenever possible.
- Cancel or postpone all special events such as festivals, holiday events, special gatherings, field trips, programs, graduations, picnics and prospective tours.
- Stagger playground times and keep groups separate for all activities such as going to the large muscle room.
- At nap time, ensure children's cots or cribs are spaced out as much as possible, ideally 6 feet or more apart.

- For children on cots, place children head to toe in order to further reduce the potential for viral spread.
- No outside visitors or volunteers should be allowed into the building during the pandemic. An exception to this would be contracted service providers providing essential special education or supportive services. Those individuals will be screened and asked to wear a mask and perform hand hygiene.
- Arrange for administrative staff to telework from their homes when possible.

### **Social Distancing During Snack/Meal Time:**

- Meals will not be served in a cafeteria during the pandemic. Meals will be served in individual classrooms.
- Meals will not be served family-style and instead programs should plate each child's meal so that multiple children are not handling the same serving utensils.
- All table space should be utilized to keep as much distance between children as possible.

### **Drop Off/Pick Up:**

- Hand hygiene stations will be set up at the entrance of the program. This can be a sink with soap and water or hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children's reach.
- It is recommended that one parent/guardian per family be designated to drop off/pick up when possible. Each family should notify the program director who that person is.
- Parents should not be allowed into the building to drop off/pick up children. Plan for curb side or doorway drop off and pick up to limit unexpected contact between parents and staff members and help maintain social distancing recommendations.
- Families should be encouraged to stay in their car until another family leaves. Children must be supervised at all times- no child is to be left unattended in the parking lot. Families should wait to approach the entrance until another family has left and maintain a minimum of a 6 foot distance between other people. Staff should escort children immediately to their classroom and have them wash their hands upon arrival.
- If possible, staff should sign children in and out to avoid extra shared items such as pens and paper.
- Try to stagger drop off and pick up times to minimize the potential for gathering.
- In an effort to limit the amount of items coming from home, request children wear only their coat/jacket and not bring extra belongings or unnecessary items such as extra bags, toys, etc.

## Caring for Infants & Toddlers:

It is still important to comfort crying, sad, or anxious children and they often need to be held; especially young children. Therefore the following practices are recommended to be put into place during this time to protect both staff and young children:

- Request all staff to wear long hair pulled up in a ponytail.
- Request infant and toddler room staff wear a smock, lab coat or an over-large button-down, long sleeved shirt over their clothing.
- If staff get a child's secretions on them such as from spit up or a sneeze, staff should immediately wash hands and anywhere that the secretions have touched.
- Staff should change the child's clothes if secretions are on them and staff also should change their button-down shirt, smock or lab coat if there are secretions on it and wash their hands.
- Contaminated clothes, such as the button-down shirt, smock or lab coat, should be placed in a plastic bag or washed immediately in a washing machine. Children's clothes are to be bagged and sent home for the parent/guardian to launder.
- Staff and children should have multiple changes of clothes on hand.

## Exclusionary Guidelines/Screening:

Screen all children and staff upon arrival to the program and send them home or deny entry with any symptoms of illness. For symptoms consistent with COVID-19, it is imperative to reference the exclusion criteria from MDH to determine when individuals may return. This may be found at: <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>

The MDH Exclusion Decision Tree must be followed as this will help to slow the spread of Covid 19. If you have questions about the decision tree, please call the Minnesota Department of Health, Infectious Disease Epidemiology Prevention and Control Division at 651-201-5414 or 1-877-676-5414.

Symptoms consistent with Covid-19 include: new onset or worsening cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste or smell. According to the MDH Exclusion Decision Tree, someone with a new onset or worsening cough OR shortness of breath or at least two of the following symptoms: fever, chills; muscle pain; headache; sore throat; new loss of taste or smell must stay home for at least 10 days from symptom onset, and for 3 days with no fever and improvement of respiratory symptoms—whichever is longer. (Fever should be gone for 3 days without using fever-reducing medicine.) This means they are excluded for at least 10 days unless there's an alternate diagnosis from a

health care provider. For example, if you have these symptoms for 7 days, you need to stay home 3 more days with no fever for a total of 10 days. Or, if you have a fever and coughing for 8 days, you need to stay home 3 more days with no fever for a total of 11 days. Because the Exclusion Decision Tree states “whichever is longer”, **for any of these symptoms of an undiagnosed origin, the minimum time to be excluded is 10 days.** Diagnosed origins, such as an ear infection, will follow the health care provider recommendation and the Hennepin County Infectious Disease Manual as normal; see the MDH Exclusion Decision Tree.

*Children who have a fever of 100 degrees F or above as a stand alone symptom will be excluded due to the Rule 3 licensing exclusion 9503.0080.* For example, if a child has a fever of 101 degrees F and they have no other symptoms, they can return to child care after they’ve been fever free for 24 hours without the use of fever reducing medications. However, if the child has two or more symptoms such as a fever of 101 degrees F and a sore throat, they must be out the 10 days minimum unless the child goes to the doctor with the fever and sore throat and receives an alternate diagnosis from the health care provider, such as strep throat. In that case they can return based on the health care providers determination or the Hennepin County Infectious Disease Manual: [www.hennepin.us/childcaremanual](http://www.hennepin.us/childcaremanual)  
Encourage parents to be on the look-out for signs of illness and keep their children home when they are sick.

### **Formal Screening:**

It is recommended to screen staff and children upon arrival each day. There are three different methods based on the CDC recommendations that may be used to protect staff while conducting temperature screenings. Programs may choose their screening method below from the three options:

- Reliance on Social Distancing (example 1)**  
Ask staff to take their own temp and parents/guardians to take their child’s temperature either before coming to the program or upon arrival at the program. Upon their arrival, the screener will stand at least 6 feet away from the staff or parent/guardian and child and ask the staff or parent/guardian to confirm that they do not have a fever, shortness of breath or cough. The screener will make a visual inspection of the staff or child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. Personal protective equipment (PPE) does not need to be worn if we can maintain a distance of 6 feet.
- Reliance on Barrier/Partition Controls (example 2)**
  - The screener will stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member’s face and mucous membranes

from respiratory droplets that may be produced if the individual being screened sneezes, coughs, or talks.

- The screener will make a visual inspection of the individual for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- The screener will conduct temperature screening per the steps below:
  - Perform hand hygiene
  - Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the individual's temperature, reaching around the partition or through the window.
- The screener's face will stay behind the barrier at all times during the screening.
- If performing a temperature check on multiple individuals, a clean pair of gloves will be used for each individual and the thermometer will be thoroughly cleaned in between each check.
- If a disposable or non-contact (temporal) thermometer was used and there was no physical contact with the individual, gloves will not need to be changed before the next check.
- If a non-contact thermometer is used, clean it with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual. The same wipe may be reused as long as it remains wet.

□ **Reliance on Personal Protective Equipment (example 3)**

- If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) will be used when within 6 feet of the individual. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
- Upon arrival, the screener will wash their hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact is anticipated.
- The screener will make a visual inspection of the individual for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the individual is not experiencing coughing or shortness of breath.
- The individual's temperature will be taken:
  - When performing a temperature check on multiple individuals, the screener will use a clean pair of gloves for each individual and the thermometer will be thoroughly cleaned in between each check.

- If the screener uses a disposable or non-contact (temporal) thermometer and did not have physical contact with an individual, the screener does not need to change gloves before the next check.
- If a non-contact thermometer is used, it will be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual. The same wipe may be used as long as it remains wet.
- After each screening, the screener will remove and discard PPE, and wash hands.
- The screener may use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water will be used before using alcohol-based hand sanitizer.

### **When Staff or a Child Becomes Sick While at Childcare:**

When a child or staff member develops any symptoms of illness consistent with Covid-19 (new onset or worsening cough OR shortness of breath OR at least two of the following symptoms: fever, chills, muscle aches, headache, sore throat, loss of taste or smell) do the following:

- Isolate the person in a separate room while they wait to be picked up or until they are able to leave the program on their own. Ensure that they have hygiene supplies available, including a cloth mask, facial tissues, and alcohol-based hand rub.
- Remind staff who are monitoring the individual with symptoms to practice social distancing when possible.
- Close off the space used for isolation after the ill person leaves. Open it after proper cleaning and disinfecting.
- Clean and disinfect high-touch surfaces, focusing on areas where the person is known to have been and items they have touched (individual desk, cot, recently used toys, shared equipment).
- Wear gloves when cleaning, and wash hands after removing gloves.
- Sick children and staff will not be allowed to return to the program until they have met the exclusion guidelines criteria from MDH.
  - *(Children who have a fever of 100 degrees F or above as a stand alone symptom will be excluded due to the Rule 3 licensing exclusion 9503.0080)*

### **When a Child or Staff Member Is Suspected or Confirmed of Having Covid 19:**

When there is a child or staff member that is either suspected or confirmed to have Covid 19, it becomes evident how important it is to practice routine cleaning and disinfection regularly. Depending on when a person with Covid-19 was last in the program, it may be difficult to know

what areas they were in and what objects and surfaces they touched so it is imperative to clean and disinfect regularly.

The risk of getting Covid-19 from cleaning is low. The following are general precautions for cleaning staff, such as janitors, given that community transmission of Covid-19 is occurring:

- Staff should not touch their face while cleaning and must wash their hands after cleaning.
- Cleaning staff should wear uniforms (or designated work clothes) and disposable gloves when cleaning and handling trash. Cleaning staff should change clothes at the end of a shift. It may be helpful for them to keep a change of clothes at work.
- Clothing worn while cleaning should be placed in a plastic bag until it can be laundered. Laundering should be done as soon as possible.
- Cleaning staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.
- Staff who are responsible for cleaning and disinfecting should be trained to use disinfectants safely and effectively.

If Covid-19 is confirmed in a child or staff member, contact MDH and follow all direction from MDH. Each individual case will be addressed with MDH and recommendations must be followed. MDH will provide specific, detailed instructions. Also do the following:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the person who is sick was at the program, additional cleaning and disinfection is not necessary per CDC.
- Continue routine cleaning and disinfection.

If a child, staff or family member contracts COVID-19, their identity must be kept private and may not be publicly shared with anyone.

## **Clean and Disinfect**

The virus that causes Covid-19 is mainly spread by respiratory droplets. When a person with Covid-19 coughs or sneezes, respiratory droplets containing the virus are expelled and can be breathed in by a nearby person. Although the virus cannot enter the body through the skin, the respiratory droplets carrying the virus can get into your airways or mucous membranes (which are the moist linings of the eyes, nose, or mouth) and infect you. The virus can also be spread by touching a surface contaminated with the virus and then touching your eyes, nose or mouth.

Routine cleaning and disinfecting is key to maintaining a safe environment for children and staff.

- **Cleaning** removes most dirt and germs and is done by washing with soap and water.
- **Disinfecting** kills germs when done properly.

#### Cleaning & Disinfecting Products:

- Use all cleaning products according to manufacturer’s directions for concentration, application method, and contact time. Products are only effective when use accordingly to the manufacturer’s directions.
- Keep all cleaning products inaccessible to children.
- When surfaces are dirty, clean using soap and water prior to disinfection.
- Use a diluted household bleach solution or an EPA-registered household disinfectant. If using an EPA-registered disinfectant, make sure it is known to kill the virus that causes Covid 19 by checking here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> and follow the manufacturer’s instructions.
  - To make a bleach solution, mix:
    - 5 tablespoons (1/3 cup) of bleach per gallon of water OR
    - 4 teaspoons of bleach per quart of water
      - *Note that this is a higher disinfection concentration than normal. This is what CDC recommends when disinfecting for Covid 19.*
  - Make only enough diluted bleach solution that can be used in 24 hours. Make a new solution fresh daily.
  - In addition to regular cleaning, sanitizing and disinfecting, clean, sanitize and disinfect surfaces and objects that are frequently touched regularly throughout the day especially toys and games and the following “high touch” surfaces:
    - Light switches
    - Door handles
    - Hand railings
    - Tables, chairs
    - Sink handles
    - Countertops
    - Cots and cribs
    - Desks and chairs
    - Cubbies
    - Playground structures such as handles on equipment
    - Push-buttons on vending machines and elevators
    - Shared toys
    - Shared remote controls
    - Shared telephones
    - Shared desktops

- Shared computer keyboards and mice: Computer keyboards are difficult to clean. Shared computers should have signs posted instructing proper hand hygiene before and after use to minimize disease transmission. To facilitate cleaning, consider using covers that protect the keys but still enable the use of the keys.
- It's not necessary to routinely apply disinfectants to surfaces that are not high-touch or high-risk such as floors and tops of filing cabinets. Soft surfaces such as carpets, rugs, and drapes can be cleaned using soap and water or a cleaner appropriate for the material.

### **Cleaning and Sanitizing Toys**

Children's books, like other paper-based materials such as mail or envelopes, per the CDC are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

- Staff should wear disposable gloves when cleaning, sanitizing and disinfecting and wash hands immediately after glove removal.
- Official cleaners such as janitorial staff are recommended to wear lab coats, smocks or long shirts over their clothing and remove before leaving. These items should be laundered.
- Soft items that cannot be laundered should be put away and not used during this time.
- Machine washable cloth toys that are deemed necessary to be out during this time will be laundered before being used by another child. All unnecessary soft or cloth items will be removed from the classroom (such as soft toys, stuffed animals)
- Toys that cannot be cleaned and sanitized should be put away and not used.
- Toys that children have placed in their mouths should be set aside until they are cleaned and sanitized. There should be enough toys so that the toys can be rotated through cleanings.
- Toys will not be shared with other groups, unless they are washed, sanitized or disinfected before being moved from one group to the other.
- Hard surfaces including toys, tables, and shelves will be cleaned using soap and water, rinsed and then sanitized or disinfected depending on the item.
- "Bedding" such as any sheets, pillows, blankets and/or sleeping bags used should be regularly laundered.
- Each child's "bedding" should be kept separate. Consider storing in individually labeled bins, cubbies, or bags. Blankets should not be stacked on cots.
- Cots should be labeled for each child. Bedding that touches a child's skin must be laundered at least weekly, before use by another child and immediately when the child is ill.

## Handwashing

Hands are warm, moist parts of the body that come in frequent contact with germs that can spread disease. **The single most effective way to prevent the spread of disease is to correctly wash your hands- thoroughly and often.** Staff who demonstrate and teach proper handwashing techniques can reduce illness in childcares, schools, and the community.

Gloves are not a substitute for handwashing. Always wash your hands after glove removal!

### The Proper Steps to Handwashing are:

- 1) Wet hands with running water
- 2) Next Use liquid Soap
- 3) Wash hands for at least 20 seconds paying close attention to all areas of the hands including palms, fingers, between the fingers, underneath the fingernails and the wrists.
- 4) Rinse hands with running water
- 5) Dry hands with a single service, disposable paper towel
- 6) Turn off the water with the same paper towel used to dry the hands so you don't touch the faucet with your clean hands

### Recommendations for times when children and staff working in a child care or school should wash their hands are:

- After arriving and before leaving for the day
- Before and after eating
- After using the toilet and after diapering
- After coughing, sneezing or blowing your nose.
- Before and after using water play tables, play dough, or sensory materials, however, during this time it is recommended to put these items away and not use if possible.
- After using the playground, gym, or large muscle room.
- After contact with pets.
- Whenever hands are visibly dirty

### Staff should additionally wash their hands at the following times:

- After contact with bodily fluids.
- After contact with pet cages and other pet products.
- Before and after applying medication or ointment.
- Before and after dispensing oral medications.
- After assisting with toileting.
- Prior to assisting children at mealtimes.

- After touching/adjusting their face mask or removing it.

**General recommendations for hand hygiene products are as follows:**

- Liquid soap is recommended in childcare settings and schools as used bar soap may harbor bacteria.
- Regular liquid soap is effective in removing soil and germs. Soap and water are necessary if hands are visibly soiled.
- Antibacterial soaps are not recommended. Many scientists are concerned that use of antibacterial soaps could lead to strains of resistant bacteria and therefore actually do more harm than good. Another disadvantage is that antibacterial soaps must be left on the hands for about two minutes in order to have a total effect on bacteria.

**PPE Policy:**

- Per Federal OSHA standards, Personal Protective Equipment (PPE) must be provided by the program for staff to use. This PPE will include, but not be limited to, gloves, face masks and over-sized shirts.
- Staff will be trained on the proper usage of PPE.
- Staff are recommended to wear cloth face coverings while at the program.
- Each staff person must have at least one additional face mask to use after removing theirs for eating lunch or after it becomes soiled or wet.
- MDH recommends wearing cloth face coverings during screenings and during the work day as much as possible.
  - Face masks must be laundered each day.
  - Cloth face coverings should NOT be put on infants and children under age two due to the risk suffocation.
  - MDH does not recommend children attending child care programs wear cloth face coverings unless the provider determines they can reliably wear, remove, and handle masks.
  - The purpose of masks is to reduce the risk for transmission from the wearer to others before they know they are sick. Cloth masks do not provide adequate protection for others if someone has symptoms of COVID-19.
  - Do not touch your eyes, nose, mouth while wearing to prevent potential contamination
  - Wash hands thoroughly before putting on a mask and after removing it.
  - Wearing cloth masks does not replace the need to continue frequent hand washing, avoiding touching the face, and practicing social distancing, which are our best tools to help prevent the spread of illness.

**Program Resources:**

**COVID-19 Hotlines 7am-7pm:**

**Health Questions:**

651-201-3920 or 1-800-657-3903

**Schools and Childcare Questions:**

651-297-1304 or 1-800-657-3504

**Department of Human Services:** 1-888-234-1268

<https://www.health.state.mn.us/diseases/coronavirus/schools/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

## Covid 19 Policies & Procedures

### Staff Training:

Communication and training will be ongoing and provided to all staff. As new information is known and new policies are implemented, the director must update the Covid 19 Policies & Procedures, communicate with staff, and supervise the implementation of the policies. Directors will update the policy and provide training as necessary. These policies must be communicated to the families by the program.

I, \_\_\_\_\_, have read this Covid-19 Policy on \_\_\_\_\_, 2020.

Signed: \_\_\_\_\_