



Shasta Head Start COVID-19 Prevention Program

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Shasta Head Start COVID-19 Prevention Program

Introduction

The following prevention program, along with its procedures and forms, will help support a safe and healthy environment for children, families, and staff. These procedures were written in accordance with California Department of Public Health Guidance for Child Care Programs and Providers and Cal/OSHA Emergency Temporary Standards. Procedures may need to be modified when revised guidance is provided by California Department of Social Services, California Department of Public Health, Cal/OSHA, and/or the Governor's Office of the State of California. Implementation of these procedures may result in intermittent classroom closures.

COVID-19 Preventative Measures

The following measures are being taken collectively throughout Shasta Head Start to help prevent and manage the spread of COVID-19:

Screening

- All staff, service providers, and volunteers are required to self-screen before entering Shasta Head Start's facilities using the COVID-19 Health Screening Form – Staff/Adults
 - Adults with symptoms will be required to utilize the [Adult Return Guidance](#)
 - Shasta Head Start's preferred testing site is LHI (<https://lhi.care/covidtesting>)
 - If symptoms occur within three days of receiving a COVID-19 vaccination, refer to "Managing Post-COVID-19-Vaccination Symptoms in School Staff" poster for further guidance
- All children are screened daily before entering the classroom; throughout the day children are monitored for symptoms
 - Children with symptoms will follow the Student Decision Tree to determine next steps
- If an adult or child is identified as a 'close contact' of a confirmed COVID-19 case the Exposure Detail Form will be completed, and the appropriate Exposure Plan will be followed

Face Coverings/Masks

General

Shasta Head Start requires face coverings for all individuals aged 2 years and older when indoors in a setting when Head Start services are provided; there are two or more individuals in an SHS vehicle; and for those not fully vaccinated, outdoors in crowded settings or during activities that involve sustained close contact with other people. Exceptions to the face covering requirements:

- Children or adults when eating or drinking
- Children when they are napping or brushing teeth
- When a person cannot wear a face covering, or safely wear a face covering, because of a disability as defined by the Americans with Disabilities Act (ADA)
- When a child's health care provider advises an alternative face covering to accommodate the child's special health care needs

Face coverings must meet the following criteria:

- Face coverings must be two layers that covers both the nose and mouth
- Face shields may be worn in place of face coverings only if they have the following attributes:

- Extends down below the chin
- Extends around to the ears
- No gap between the forehead and the visor (or cover the gap)
- Addition of a cloth drape extending from the bottom edge of the shield and tucked into the shirt or collar required when a face covering is not worn
- Face coverings and face shields may be removed while alone in a private room or office

Children

Children under the age of 2 should not wear masks. No child will be forced to wear a mask or be excluded from the program for not wearing a mask. Staff will not use harsh disciplinary practices or coercion to enforce the wearing of masks.

- Upon daily health screening, staff will conduct a quick visual screening of the child without a mask on to check for any signs or symptoms of illness. Staff should continue to watch for symptoms throughout the day, particularly when masks are not being worn (mealtime, toothbrushing, napping)
- Staff will offer each child a mask upon arrival to the center unless the child has their own appropriate mask from home
 - Children can wear a mask from home if it fits appropriately over the child's mouth, nose, and chin. Personal masks from home will be placed in a resealable bag when soiled and sent home to be washed.
 - Masks will be labeled with the child's name
- Staff will guide children in the appropriate use and care of masks
 - Disposable masks will be thrown away at the end of each day or when damaged/soiled during the day
 - All reusable masks should be washed at least once a day by regular laundry or hand washed and dried thoroughly
 - Masks that are not wet or dirty will be stored in a paper bag in the child's cubby or other separate storage option when not in use
- Staff will use intentional teaching and behavioral techniques such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement to help children adjust to wearing a mask
- For children who are only able to wear masks some of the time, prioritize having them wear masks during times when it is difficult to separate children and/or staff (e.g., standing in line, during drop-off and pick-up, etc.)
- All disability and medical exception questions should be directed to their center's Area Manager

Staff

- Face coverings must be worn by all adults while working in/walking through any shared space indoors (classrooms, conference rooms, break rooms, etc.), common areas of the office, & when preparing or serving food
- SHS will provide both cloth and disposable face coverings if needed; staff are expected to launder and maintain their agency-provided cloth face coverings

- Staff are permitted to wear face coverings at all times regardless of COVID-19 vaccination status without fear of retaliation
- Respirators are provided upon request for unvaccinated staff, contact HR for more information

Handwashing

- Wash hands for at least 20 seconds frequently and as needed, but especially upon entry into the classroom, after bathroom use, coughing, sneezing, and nose wiping
- Hand sanitizer (kept out of reach of children) and disposable face masks will be provided near all entry doors and other high traffic areas

Additional Measures

In addition to aforementioned measures, Shasta Head Start will implement the following in our workplaces:

- Maintain physical distancing of six feet or more whenever possible
- Stable groups will be maintained whenever possible
 - When stable groups are unable to be maintained, documentation will be created (sign-in/-out sheets, etc.) to help with contact tracing should it be necessary
- Use respiratory etiquette – cover coughs and sneezes
- Frequent sanitization and disinfection of high touch surfaces and common workspaces
- All staff will be required to take COVID-19-related trainings to help inform the workforce of prevention and management measures, risks, and expectations
- Inspections of center and office locations will take place periodically and as needed
- Ventilation of all SHS facilities will be evaluated to maximize efficiency; feasible updates will be made as necessary
- COVID-related leaves of absence may be available to staff who fail the Daily Health Screening or need time away from work to get a COVID-19 vaccination; refer to COVID-19 Leaves of Absence SOP for additional information

Reporting, Recordkeeping, and Access

Shasta Head Start will ensure appropriate reporting, recordkeeping, and access to information regarding COVID-19 within the workplace. Shasta Head Start will implement the following in the workplace:

- Report information about COVID-19 cases and outbreaks at our workplace to the local health department and provide any related information requested by the local health department
- Maintain records of the steps taken to implement this COVID-19 Prevention Program
- Maintain records of all COVID-19 cases within staff as well as children and families
- Supervisors shall ensure COVID-19 signs are posted in appropriate locations
- Maintain employee COVID-19 vaccination records within their confidential medical record
- Staff are encouraged to report potential COVID-19 hazards; reporting can be done by notifying their supervisor or by utilizing the Employee Safety Suggestion form within the Injury & Illness Prevention Program (IIPP)

COVID-19 Guidance for All Staff

All staff members are expected to self-screen before arriving to work. Check for the following symptoms:

- Temperature of 100.4°F or higher
- Persistent cough
- Sore throat
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Chills
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose
- Headache

If you have any of the symptoms listed above (that are unusual to you) notify your supervisor and do not report to work. If you have received a COVID-19 vaccination three days prior to symptom onset, refer to the “Managing Post-COVID-19-Vaccination Symptoms in School Staff” poster for further guidance. The following guidance is subject to change as we move forward in opening classrooms:

- Notify your supervisor if you have had contact with someone who has tested positive for COVID-19
- Wash hands upon arrival and frequently throughout the day (per hand washing policy: hand sanitizer is not a replacement for hand washing)
- Face coverings are required for all staff in any shared or common space indoors
- Face coverings may be removed in the following situations:
 - Outside for those who are fully vaccinated or when able to avoid sustained close contact for those who are unvaccinated
 - Working alone in a room or office
 - If approached by another person, it is expected you wear your face covering
 - Briefly to take a drink when at least six feet of distance is maintained from other people
 - During meal or rest breaks while in designated spaces allowing at least six feet of physical distancing while eating or drinking
 - Conversation in these designated spaces should be limited while face covering is off for eating and/or drinking
 - Staff are permitted to wear their face coverings at all times without fear of retaliation
 - If you are unable to wear a face covering or shield because of a medical condition, please contact your supervisor
- Disinfect common workspaces after use (including company vehicles); routinely clean and sanitize your work area and high touch surfaces: tables, doorknobs/handles, light switches, desks, faucets, sinks, etc.
- For electronic devices such as mouse, keyboard, phone, printer panel and paper tray handle, etc., do the following:
 - Do not spray sanitizer directly onto electronic devices
 - Apply enough sanitizer to dampen, not soak, a clean paper towel and wipe down the device (do this when you are logged off to avoid any computer errors)
 - Monitors do not need to be sanitized and should only be wiped with approved wiping cloths
 - Clorox wipes can be used if available (follow the manufacturer’s directions)
 - Use hand sanitizer before/after using touch screens on tablets; do NOT use Clorox wipes or sanitizer on touch screens

- Maintaining stable groups is a priority; when necessary to provide services, managers may move staff to other worksites
- No personal visitors are allowed in Shasta Head Start locations
- Staff may use refrigerators, microwaves, and other shared appliances for personal food or drink
 - Appliances should be cleaned and disinfected after each use
 - Dishes should be washed after each use
 - Personal items should be taken home daily to be washed
 - Shared food or potlucks are not allowed except for coffee machines/water kettles
 - Staff must follow distancing and face covering guidance in staff kitchens/breakrooms

Staff, Parents, Service Providers, & Approved Volunteers Screening Procedure

- Service providers are people from outside of Shasta Head Start who provide special or individualized services for children and families (e.g., therapists, behavioralists, case workers)
- Approved volunteers include volunteers who have completed the standard volunteer packet process
 - Short-term volunteers who are not required to complete the standard volunteer packet must be approved by the Area Manager
- Staff, parents, service providers, and approved volunteers will pre-screen themselves using the COVID-19 Health Screening Form for adults prior to coming to SHS locations and will be required to stay home if showing any symptoms (that are unusual to them); adults showing symptoms may return following the Adult Return Guidance
- Staff will ask parents, service providers, or approved volunteers if they (or anyone with them) is experiencing any of the COVID-19 symptoms or has had direct contact in the last 14 days with someone who tested positive for COVID-19
 - Anyone showing symptoms will be excluded immediately and follow the Adult Return Guidance
 - Anyone who has had direct contact with someone who tested positive for COVID-19 will be excluded until cleared to return by the SHS Registered Nurse for parents/service providers or the Human Resources Manager for SHS staff and approved volunteers
 - Supervisors will complete the COVID-19 Exposure Detail Form when a staff member does not pass screening due to direct contact with infected person or personal diagnoses, scan to Human Resources Department, and send in original form (do NOT keep this form at the center)
- Symptoms that are typical for an individual based on preexisting health conditions (allergies, asthma, etc.) should not be considered as a failed screening unless the symptoms have worsened, changed, or are in addition to a fever
- All adults entering the facility will use hand sanitizer or wash hands upon entry and wear a face covering or shield
 - If an adult is unable to wear a face covering or shield because of a medical condition, please contact your supervisor
- Supervisors will document staff absence due to COVID-19 symptoms in Paycom by adding comments to timecards

Adult Return Guidance

Adults who have symptoms may return after following at least one of these options*:

- Receive a negative COVID-19 PCR test **OR**
- Make an appointment with a healthcare provider for evaluation (telemedicine is acceptable); the individual may have a medical note by the provider that clears them to return to work **OR**
- Wait at least 10 days after symptom onset

*In each of these cases, the individual must be 24-hours fever free (without the use of fever reducing medicine), and improvement in other symptoms. Additionally, this guidance does not apply to quarantined close contacts from either school or community exposure.

If employees choose to take a COVID-19 test due to having symptoms, Shasta Head Start's preferred testing sites are through [LHI](#) or [Lab24](#). Testing at LHI and Lab24 should be provided at no cost.

COVID Standby Pay

Shasta Head Start will pay standby pay to employees whose center's operations have been impacted by COVID and who are not eligible for or have exhausted all other paid leave. Refer to the [Pay Breakdown for Staff SOP](#) for further details.

While this practice is in place, employees of Shasta Head Start receiving standby pay are expected to be available to report to work during their regularly scheduled hours. Employees on standby are expected to remain in a geographic vicinity that permits the employee to report to their scheduled worksite within 60 minutes. Employees on standby are expected to respond to communication from their supervisor within 60 minutes when contacted during their regularly scheduled hours.

If an employee leaves their geographic vicinity and is not available to report for any scheduled day or is otherwise unavailable, this will be considered an absence and the employee must notify their supervisor. Shasta Head Start's Attendance & Punctuality Policy (#704) would apply in this situation. Additionally, it is expected that Shasta Head Start's Drug and Alcohol Policy (#702) is adhered to while on standby.

Shasta Head Start's Temporary COVID Leave

While all state and federal COVID-related leave has expired, Shasta Head Start has created a Temporary COVID Leave (TCL) as an act of goodwill towards our staff in these unprecedented times. This leave will be effective 10/11/2021 and will continue through 12/31/2021. TCL will not be applied intermittently or as partial days and will only be paid for scheduled time (some exceptions apply). Paid Time Off (PTO) will not accrue on this leave. Employees should refer to their supervisor or HR with any questions about this leave. Full details of TCL can be found on the [Shasta Head Start Temporary COVID Leave SOP](#).

COVID-19 Guidance for Children

Child Drop-Off/Pick-Up

Drop-off and pick-up of children can be done inside the classroom or an alternative location outside of the classroom (playgrounds, curbside, etc.). Each center will document their plan for drop-off and pick-up on the Center & Classroom COVID-19 Prevention Plan. Plans must ensure that appropriate staff child ratios and child supervision are always maintained. Plans are subject to change based on staff availability. Each center's layout varies; work with your manager if you have concerns about meeting the following guidelines. All children who enter our classrooms will receive COVID-19 health screening in addition to the standard health screening.

The following procedures will be implemented during child pick-up and drop-off times at all centers:

- As needed, sites will stagger drop off times; sites will develop plans based on their needs
- All adults must wear face coverings in every interaction with staff indoors
 - If family members are not willing or able to wear a face covering inside, we will work with them to make alternate arrangements if possible (alternative arrangements may include screening done outside or curbside before entering the center)
- Maintain physical distancing of six feet apart whenever possible
- To limit exposure and save time, inform parents of the following:
 - Parents are expected to pre-screen themselves and their child for symptoms before coming to the center
 - Keep sick children at home
 - Find an alternate person to drop off/pick up when parents have symptoms
 - Drop-off and pick-up should be brief
 - Parents who are staying 15 minutes or more (e.g., volunteering, meeting with staff, etc.) will be screened by staff
 - Ideally, only one parent and child at drop-off
 - Accommodations can be made to fit family needs for drop-off and pick-up if staff/child ratios and child supervision can be maintained

Child Screening Procedure

Using gloves, face covering, no-touch thermometer, COVID-19 Health Screening Form, and Student Symptom Decision Tree:

- Ask the parent if the child has had any of the symptoms or a direct exposure listed on the COVID-19 Health Screening Form
- Screen child for temperature and visual inspection for symptoms; there should be no direct contact
- If the child passes, move on to the standard health check and lice check
- If the child has symptoms:
 - Use the Student Symptom Decision Tree to determine the appropriate exclusion option and document it on the COVID-19 Health Screening Form
 - Communicate to the parent when the child can return (if needed, provide a copy of the Student Symptom Decision Tree to the parent)

- File the COVID-19 Health Screening Form in the Health section of the child file
- If the child had direct contact in the last 14 days with someone who tested positive for COVID-19, staff will exclude the child and complete the COVID-19 Exposure Detail Form
 - The Site Supervisor/Head Teacher will notify their Area Manager and the SHS Registered Nurse immediately when a child has been in direct contact with someone who tested positive for COVID-19
 - File the COVID-19 Exposure Detail Form in the Health section of the child's file
 - Scan the COVID-19 Exposure Detail Form to Health Department if child is identified as having direct contact with a person who has been diagnosed with COVID-19
- Symptoms that are typical for an individual based on preexisting health conditions (allergies, asthma, etc.) should not be considered as a failed screening unless the symptoms have worsened, changed, or are in addition to a fever
- Between screenings wipe down the thermometer, change gloves, and wash/sanitize hands; face coverings do not need to be changed unless damaged or soiled

Agency Exposure Plans

Exposure Plan – Staff

The following steps will take place when it is determined an employee has come into direct contact with an individual who has tested positive for COVID-19:

1. The employee with direct contact will be asked to leave the worksite immediately and get tested (PCR test, not rapid) within the appropriate timeframe. This employee's identity must remain confidential.
2. The completed COVID-19 Exposure Detail Form will be scanned to the Human Resources Department.
3. All test results will be sent directly to the Human Resources Department (fax: 530.241.2081) and will remain confidential.
4. No employees with primary exposure are to return to any Shasta Head Start facilities until they have been cleared by Human Resources and their manager.

In the case of positive test results and/or primary exposure, Shasta Head Start will notify the public health department and will follow guidance provided by local health authorities. Shasta Head Start will pay for the employee's time and mileage to get tested for employees who have had direct exposure. If tests are not covered by insurance or other federal/state/local COVID funds, SHS will refund test costs. Tests must be performed within Shasta Head Start's service area. Tests must be PCR tests, not rapid or antigen tests.

For staff who are fully vaccinated (at least two weeks after final dose), follow the workflow spelled out in the poster "Guidance for COVID-19 Vaccinated Staff Members Exposed to COVID-19".

Exposure Plan – Children/Families/Other

The following steps will take place when it is determined a child or family member has come into direct contact with an individual that has tested positive for COVID-19:

1. The child will be asked to stay home until cleared to return to school by Shasta Head Start's (SHS) Registered Nurse.

2. The Site Supervisor/Head Teacher will notify their Area Manager and SHS Registered Nurse immediately.
3. The completed COVID-19 Exposure Detail Form will be scanned to Shasta Head Start's Health Department.
4. The SHS Registered Nurse will contact the family directly and follow current county public health guidance based on the scenario.
5. Shasta Head Start will notify the public health department and seek guidance, as needed.
6. SHS Registered Nurse will notify staff and family of expectations for quarantine and determining when the child may return to school.

Shasta Head Start will help families locate resources for testing if needed.

Confirmed COVID-19 in a Child or Staff Member

The following steps will take place when it is determined a staff or child has tested positive for COVID-19:

- Close off areas used by the person who is sick or tested positive
- Open outside doors and windows to increase air circulation in areas
- Wait up to 24 hours, or as long as possible, before cleaning or disinfecting to allow respiratory droplets to settle before cleaning and disinfecting
- Clean and disinfect all areas used by the person who is sick (offices, bathrooms, common areas, etc.)

Classroom Guidance

General Guidelines

- Maintaining stable classroom groups is a priority
- Outdoor time can include a maximum of two classrooms; the same two classrooms should be scheduled together and cannot alternate with various classrooms.
- Staff are required to wear smocks; smocks should be cleaned daily, and staff should change them if they become soiled
- Wash hands (for at least 20 seconds) frequently and as needed, but especially upon entry into the classroom, after bathroom use, coughing, sneezing, and nose wiping
- Along with the normal schedule of cleaning, sanitizing, and disinfecting:
 - Routinely clean and disinfect frequently touched toys and surfaces (surfaces such as doorknobs, light switches, tables, sink handles, countertops, and other common areas)
 - Routinely clean and disinfect bathroom surfaces after each child's use
 - See COVID-19 Daily Cleaning Checklist
- Monitor children and staff throughout the day for symptoms of illness
 - For children that exhibit symptoms, if possible, move child to "sick room" and notify parents for immediate pickup; clean and sanitize classroom and materials thoroughly when children are not present
- Limit visitors to essential service providers, approved volunteers, and prospective parents only; visitors must be screened and follow the same guidelines as staff

- Open windows before children arrive and after their departure
- Clean and sanitize drinking fountains in classrooms and on playgrounds regularly; staff may also use a pitcher and disposable cups for drinking water
- Have a container with a lid to place soiled toys
 - The toys and container will be disinfected daily
 - The container can be placed out of reach of children if it does not have a lid

Mealtime – All Centers

- Staff will wear masks during mealtimes and will not eat with children
- Staff must continue to sit at the table with children and facilitate mealtime conversations
- Spread out children as much as possible at tables
- Wear gloves when:
 - Handling ready-to-eat foods
 - Setting the table
 - Serving food
- Staff will set the table and serve children individually – family style meals will not be offered at this time; serving dishes will not be passed to children
- Serving utensils must not touch used dishes when serving seconds
- Keep food covered and off meal tables; additional tables or carts may be needed

Teaching

Our goal is to promote physical distancing when possible. However, children will need to be in close physical proximity with staff when they need individual care and nurturing. Staff are permitted to closely engage with children during these times.

- Plan activities that limit close physical contact, sharing of equipment, and waiting in line
- Eliminate large group times
- Set up small groups using physical distancing
 - Poly spots, carpet squares, chairs, and hula hoops can be used to set the distance and define the children's space
- Cooking projects must use individual trays, utensils, and other supplies
- Establish a curriculum and educational methods to inform children on how they can help prevent the spread of COVID-19, including:
 - Frequent handwashing
 - Telling their teacher as soon as possible if they feel sick
 - Coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve, not hands)
 - Discouraging children from sharing food, drinking cups, eating utensils, towels, etc.
 - Social stories, puppets, Creative Curriculum cards, Mighty Minutes, role play, books, visuals, and modeling
- Model physical distancing, handwashing, and proper hygiene for children and families
 - Use self-talk as you are modeling so children can benefit from hearing appropriate steps

- Staff must wear gloves while assisting children with tooth brushing; staff will not model toothbrushing at this time

Meeting with Parents On-Site

- Parents are discouraged from bringing additional people, including children, with them to meetings unless necessary due to lack of childcare
 - If a parent must bring their children, both the parent(s) and children will be screened
- Parents and children will be screened using the parent screening process prior to entering the center
 - Meetings will be rescheduled if anyone does not pass the screening process
- Parents will be asked to wear a face covering and use hand sanitizer or wash hands upon entry to the center
 - If parents are not willing or able to wear a face covering, we will work with them to make alternate arrangements if possible (alternate arrangements may include meeting outside or completing meetings virtually by Zoom or phone)
 - The Office of Head Start Performance Standards for face coverings for children will apply
 - Children aged two and under should not wear face coverings
- Meetings should be held in spaces that allow for six feet of physical distancing as well as good ventilation (classrooms that are not in use or outside spaces may be a good option)
 - Face coverings will be worn by staff and parents if meeting indoors
- High-touch surfaces (tabletops, pens used for signatures, etc.) should be disinfected after meetings
- Staff may complete meetings and paperwork with parents over the phone if needed; parent signatures can be obtained at drop-off or pick-up
- When completing home visits, center staff will follow In-Person Visit Guidelines and Expectations outlined for Home Visiting Program Option

Home Visiting Program Option

In-Person Visit Guidelines

In-person visits must be scheduled weekly and continue to follow the Parents as Teachers (PAT) home visit record including the six component areas. Visits should be held in the family's home or an alternate location approved by the Area Manager. As much as possible, spaces should allow for physical distancing as well as good ventilation.

Expectations of Home Visitors:

- Call or text before visit to confirm that everyone in the home has passed the COVID-19 Health Screening
 - Visits will be cancelled if anyone does not pass the screening process
 - Follow Home Visit Tracking Form SOP to reschedule visits as needed
- Wear a face covering or face shield during the entire visit unless visit is held outside
- Use hand sanitizer at the beginning and end of each visit
 - Ensure soft toys are laundered after use

- Materials must be disinfected between uses
 - Have a container with a lid or garbage bag to place mouthed or heavily soiled toys
- Use the COVID-19 Cleaning Checklist to clean and sanitize materials and space used during in-person visits at SHS locations

Expectations of Families:

- Screen everyone in the home prior to visits using the COVID-19 Health Screening and notify the Home Visitor if anyone in the home has any symptoms on the list and/or has had direct exposure within the last 14 days
- Wear face coverings during entire visit unless visit is held outside and wash hands or use hand sanitizer at the beginning of visits
 - Face coverings and hand sanitizer will be provided by SHS as needed
 - Indoor visits will be cancelled if adults are not willing or able to wear face coverings when meeting indoors
 - Children aged under two years of age should not wear face coverings
- Limit guests during home visits

Socialization Expectations:

- Complete child and parent screenings as families arrive
- The Office of Head Start Performance Standard for face coverings apply to socializations
- Wash hands or use hand sanitizer upon arrival
- Snack may be provided following the mealtime guidance for centers listed above or provide a prepackaged snack
- Ensure all participants sign in; this information may be used for contact tracing as needed
- Groups may not exceed 11 families
- Along with the normal schedule of cleaning, sanitizing, and disinfecting:
 - Routinely clean and disinfect frequently touched toys and surfaces (surfaces such as doorknobs, light switches, tables, sink handles, countertops, and other common areas)
 - Routinely clean and disinfect bathroom surfaces after each child's use
 - See COVID-19 Daily Cleaning Checklist
- Open windows before children & families arrive and again after their departure
- Clean and sanitize drinking fountains in classrooms and on playgrounds regularly; staff may also use a pitcher and disposable cups for drinking water
- Have a container with a lid to place soiled toys
 - The toys and container will be disinfected daily
 - The container should be placed out of reach of children if it does not have a lid

COVID-19 Health Screening Form – Staff/Adults

Use this form to complete screenings. This form must be completed when the screening is failed. Failed staff screeners must be submitted to HR. The screening is failed when any symptom is checked and/or there has been an exposure. If the individual has received a COVID-19 vaccine within the last three days, refer to the “Managing Post-COVID-19-Vaccination Symptoms in School Staff” poster.

Name: _____

Date: _____

1. Have you experienced any of the following symptoms* within the last 72 hours? If so, please list the date of onset of symptoms: _____

☐ Persistent cough

☐ Difficulty breathing

☐ Sore throat

☐ Congestion/runny nose

☐ New loss of taste or smell

☐ Fever (100.4°F or higher), temp: _____

☐ Headache

☐ Fatigue

☐ Chills

☐ Muscle or body aches

☐ Diarrhea

☐ Nausea or vomiting

2. Have you been exposed to any confirmed cases of COVID-19 within the last 14 days? ** ☐ Yes / ☐ No
3. Have you received a COVID-19 vaccine (either dose) within the last three days? † ☐ Yes / ☐ No

**Symptoms that are typical for an individual based on pre-existing health conditions (allergies/asthma/etc.) should not be considered as a failed screening unless the symptoms have worsened, changed, or are in addition to a fever.*

***If there has been exposure, use the COVID-19 Exposure Detail Form to gather more information. Follow the Exposure Plan listed in the SHS COVID-19 Reopening Plan. Contact your Area Manager or the SHS Registered Nurse for guidance, if needed.*

† If you have received a COVID-19 vaccine (either dose) within the last three days, refer to the “Managing Post-COVID-19-Vaccination Symptoms in School Staff” poster to determine next steps. The day of vaccination is considered day 1.

COVID-19 Health Screening Form – Children

Use this form to complete screenings. This form must be completed when screening is failed. Screening is failed when any symptom is checked and/or there has been an exposure.

Name: _____

Date: _____

1. Have you experienced any of the following symptoms* within the last 72 hours? If so, please list the date of onset of symptoms: _____

High-Risk: Red Flag Symptoms**

☐ Fever (100.4°F or higher), temp: _____

☐ Cough

☐ New loss of taste or smell

☐ Difficulty breathing

Low-Risk: Yellow Flag Symptoms**

☐ Congestion/runny nose

☐ Sore throat

☐ Nausea or vomiting

☐ Diarrhea

☐ Muscle or body aches

☐ Fatigue

☐ Chills

☐ Headache

Student Symptom Decision: Check the appropriate box below based on child's symptoms. File in Health section of the Child File.

☐ Child has 1 low-risk symptom: Sent home, may return to school 24 hrs after symptom resolution (w/o fever reducing medication)

☐ Child has 2 or more low-risk symptoms OR 1 high-risk symptom: Sent home and asked to seek evaluation by health care provider

2. Have you been exposed to any confirmed cases of COVID-19 within the last 14 days? † ☐ Yes / ☐ No

**Symptoms that are typical for an individual based on pre-existing health conditions (allergies/asthma/etc.) should not be considered as a failed screening unless the symptoms have worsened, changed, or are in addition to a fever.*

***High and low risk symptoms only apply to use of the Student Symptom Decision Tree. Any symptom in adults requires exclusion and use of Adult Return Guidance.*

† If there has been exposure, use the COVID-19 Exposure Detail Form to gather more information. Follow the Exposure Plan listed in the SHS COVID-19 Reopening Plan. Contact your Area Manager or the SHS Registered Nurse for guidance, if needed.

Formulario de Evaluación de Salud COVID-19 – Niños

Usar este formulario para completar las evaluaciones. Este formulario debe completarse cuando no pasó la evaluación. No pasará la evaluación cuando alguno síntoma se comprueba y/o ha habido una exposición.

Nombre: _____

Fecha: _____

1. ¿Usted ha experimentado uno de los siguientes síntomas* en las últimas 72 horas? Si es así, indique la fecha en que los síntomas aparecieron: _____

Síntomas de Alto Riesgo**

- | | |
|---|---|
| <input type="checkbox"/> Fiebre (100.4°F o más alta), temp: _____ | <input type="checkbox"/> Tos |
| <input type="checkbox"/> Pérdida reciente del olfato/gusto | <input type="checkbox"/> Dificultad para respirar |

Síntomas de Bajo Riesgo**

- | | |
|---|--|
| <input type="checkbox"/> Congestión / secreción nasal | <input type="checkbox"/> Dolor de garganta |
| <input type="checkbox"/> Náuseas o vómitos | <input type="checkbox"/> Diarrea |
| <input type="checkbox"/> Dolor muscular | <input type="checkbox"/> Fatiga |
| <input type="checkbox"/> Escalofríos | <input type="checkbox"/> Dolor de cabeza |

Decisión de acuerdo con los Síntomas del Estudiantes: Marque la casilla correspondiente a continuación según los síntomas del niño. Archivar en la sección de Salud del Archivo del Niño.

- ☐ El niño tiene 1 síntoma de bajo riesgo: Fue enviado a casa, puede regresar a la escuela 24 horas después de que los síntomas hayan pasado (sin haber tomado medicamento para reducir la fiebre)
- ☐ El niño tiene 2 o más síntomas de bajo riesgo ó 1 síntoma de alto riesgo: Fue enviado a casa y se le pide que busque una evaluación por parte del proveedor de atención médica

2. ¿Ha estado expuesto a algún caso confirmado de COVID-19 en los últimos 14 días? † ☐ Sí / ☐ No

**Los síntomas que son típicos de una persona en función a las condiciones de salud preexistentes (alergias/asma/etc.) no se deben considerar para desaprobar la evaluación, a menos que los síntomas hayan empeorado, cambiado o se sume a una fiebre.*

*** Los síntomas de alto y bajo riesgo solo se aplican para el uso del Árbol de Decisión de Síntomas del Estudiante. Cualquier síntoma en adultos requiere la exclusión y el uso de la Guía de Retorno para Adultos.*

† Si ha habido exposición, siga el Plan de exposición que figura en el Plan de reapertura SHS COVID-19. Póngase en contacto con su gerente de área o la enfermera registrada de SHS para obtener orientación, si es necesario.

COVID-19 Exposure Detail Form

Use this form as a prompt to gather the necessary facts about confirmed COVID-19 exposures. For staff exposures, scan completed forms to HR & your AM. Call AM & HR to notify of the exposure. For child exposures, scan completed forms to Health Department & AM. Call AM first, followed by Health Dept. PLEASE NOTE: if there are exposures where multiple staff and/or children are impacted, only ONE Exposure Detail Form needs to be completed – a separate form for each staff/child is unnecessary.

Child/Parent/Employee Information

Name: _____ Center/Classroom: _____ Date: _____

1. Have you experienced any COVID-related symptoms within the last 72 hours? _____

a. What was the date of onset? _____

2. Are you fully vaccinated? ☐ Yes ☐ No ☐ Decline to state

Positive Person Information

1. Who is the original positive person you were exposed to? * _____

2. What is your most recent exposure date to this person? _____

a. Additionally, did you have other interactions with this person within the last 14 days? Note them in #7.

3. What was your interaction like with them during the most recent exposure? Check all that apply:

☐ Fifteen (15) minutes or more (cumulative) within 24 hours

Length of time: _____

☐ Less than 6 feet

☐ Physical contact (e.g., hug, kiss, etc.)

☐ Lives in same household

☐ Other info: _____

4. What date did their symptoms begin? (document if asymptomatic) _____

5. What date were they tested? _____

6. What date did they receive their positive results? _____

7. Any additional information: _____

**Full name is preferred, if refused, relationship is acceptable.*

Formulario de Detalle de Exposición COVID-19

Utilice este formulario como un aviso para recopilar los datos necesarios sobre las exposiciones confirmadas al COVID-19. Para exposiciones del personal, escanee los formularios completados a RR.HH. y su AM. Llame a AM & HR para notificar la exposición. Para exposiciones de niños, escanee los formularios completados al Departamento de Salud y M. Llame primero a AM, seguido del Departamento de Salud.

Información del Niño / Padre / Empleado

Nombre: _____ Centro/Clase: _____ Fecha: _____

1. ¿Ha experimentado algún síntoma relacionado con COVID en las últimas 72 horas? _____

a. ¿Cuál fue la fecha de inicio? _____

2. ¿Estás completamente vacunado? ☐ Si ☐ No ☐ Rechazo Declarar

Información de Persona Positiva

1. ¿Quién es la persona positiva original a la que estuvo expuesto? * _____

2. ¿Cuál es su fecha de exposición más reciente a esta persona? _____

a. Además, ¿tuvo otras interacciones con esta persona en los últimos 14 días? Anótelos en el #7.

3. 3. ¿Cómo fue su interacción con ellos durante la exposición más reciente? Marque todo que aplique:

☐ Quince (15) minutos o más (acumulativo) en 24 horas

Período de tiempo: _____

☐ Menos de 6 pies

☐ Contacto físico (por ejemplo, abrazo, beso, etc.)

☐ Vive en el mismo hogar

☐ Otra información: _____

4. ¿En qué fecha comenzaron sus síntomas? (documentar si es asintomático) _____

5. ¿En qué fecha fueron probados? _____

6. ¿En qué fecha recibieron sus resultados positivos? _____

7. Cualquier información adicional: _____

**Se prefiere el nombre completo, si se rechaza, la relación es aceptable.*

Center & Classroom COVID-19 Prevention Plan

This center- and classroom-specific plan will be used to ensure implementation of the SHS COVID-19 Prevention Program at each center. Along with their team, Site Supervisors/Head Teachers, will complete this plan based on their center and classrooms. For centers with multiple classrooms, additional copies may need to be submitted to describe separate classrooms. Completed plans will be scanned to the Area Manager for review and approval.

Center: _____

Classroom: _____

The Site Supervisor/Head Teacher is responsible for completing the following prior to reopening:

Task	Date Completed	Initials
Answer the site-specific questions in the following plan, make copies for each classroom, and distribute it to each classroom's teaching staff to complete the classroom-specific details. This may vary site to site.		
Ensure COVID-19 posters (Prevention, Symptoms, Face Covering, Handwashing, and COVID-19 Daily Cleaning Checklist) are posted in appropriate locations. COVID-19 Health Screening should be posted at the time clock.		
Ensure all families have been trained on the new drop-off and pick-up procedures.		
Ensure all staff have read & received training on the COVID-19 Prevention Program.		
Ensure the plan for each classroom is submitted to the Area Manager upon completion.		

Each classroom is responsible for completing the following prior to reopening:

Task	Date Completed	Initials
Add toothbrushing to the daily schedule. Scan the updated daily schedule to the Child Development Department.		
Ensure COVID-19 social stories are in the classroom (distributed from the Child Development Department).		
Blankets are stored in a bag/basket in each child's cubby. Extra blankets are available to replace soiled blankets. Infant rooms may store blankets on hooks if they do not touch other blankets.		

Answer, in detail, the following questions specific to your center and classroom. If assistance is needed, contact your Area Manager.

Screening and Drop-Off/Pick-Up in Classroom

1. Where will screening take place?

2. Where will families wait?

3. How will you define waiting area to encourage physical distancing (cones, poly spots, etc.)?

4. Who will complete the screening?

5. Where will the child sign in be kept? What is the plan to streamline the flow of the sign in process?

Screening and Drop-Off/Pick-Up Outside of Classroom

1. How will parents inform you that they are there to drop-off/pick-up their child?

2. Where will families wait?

3. How will you define the waiting area to encourage physical distancing (cones, poly spots, etc.)?

4. Where will screening take place?

5. Who will complete the screening?

6. Where will the child sign in be kept and what is the plan to streamline the flow of the sign in/out process?

7. Who will receive the child and escort them into the classroom after they are screened and escort the child to their parent at pick up?

8. How will staff ensure classroom ratio is maintained?

Classroom

1. How do teachers plan to teach children about physical distancing, frequent handwashing, cough/sneeze etiquette, mealtime, wearing masks and telling the teacher when they feel sick?

Staff

1. Who will be responsible for the additional cleaning and sanitizing described on the COVID-19 Daily Cleaning Checklist? Include outdoor and indoor tasks.

2. What is the center plan to clean shared office technology (phones, computers, etc.)?

3. How will staff encourage physical distancing throughout the center, including break rooms, shared offices (Teacher/Family Worker offices)? Where will staff eat lunch?

4. Where will children who become ill during the day be moved to (sick room)? Who will supervise them until their parent/guardian picks them up?

Site Supervisor/Head Teacher Name (Printed)

Site Supervisor/Head Teacher Signature

Date

Area Manager Name (Printed)

Area Manager Signature

Date

Home Base & Socialization COVID-19 Prevention Plan

This Home-Base-Socialization-specific plan will be used to ensure implementation of the Shasta Head Start COVID-19 Prevention Program at each location. Along with their Area Managers, Home Visitors will complete this plan based on their location. Completed plans will be scanned to the Area Manager for review and approval.

Location: _____ Home Visitor(s): _____

The Home Visitor is responsible for completing the following prior to first social:

Task	Date Completed	Initials
Ensure COVID-19 posters (Prevention, Symptoms, Face Covering, Handwashing, and COVID-19 Daily Cleaning Checklist) are posted in appropriate locations. COVID-19 Health Screening should be posted at the time clock.		
Ensure all staff have read & received training on the COVID-19 Prevention Program.		
Ensure the plan for each location is submitted to the Area Manager upon completion.		

Each location is responsible for completing the following prior to first social:

Task	Date Completed	Initials
Clean and disinfect all toys.		
Clean and disinfect all tables, chairs, and shelves.		
Designate and label bin for used/dirty/mouthed toys.		
Ensure all Emergency Card info is up to date.		
Clean and disinfect toothbrush holders.		

Answer, in detail, the following questions specific to your location. If assistance is needed, contact your Area Manager.

Screenings for Socialization

1. Where will parent/child screening take place?

2. Who will complete the screening?

3. Where will families wait?

-
-
-
4. How will you define where families wait?

-
-
-
5. Where will parent/child sign-in be kept? What is the plan to streamline the flow of the sign-in process?

Socials & Mealtimes

1. How do Home Visitors plan to teach children & parents about physical distancing, frequent hand washing, cough/sneeze etiquette, wearing masks, and mealtime?

2. Mealtime options for home base are either lunch or a hearty snack served at the location or packaged to go. Food must be served individually rather than family style. If serving meals inside, adults may not eat with children. What is your plan to provide a meal or snack? Where will it take place?

Staff

1. Who will be responsible for the additional cleaning and sanitizing described on the COVID-19 Daily Cleaning Checklist? Include outdoor and indoor tasks.

2. What is the center plan to clean shared office technology (phones, computers, etc.)?

3. How will staff encourage physical distancing throughout the center including break rooms, shared offices (Teacher/Family Worker/Home Visitor offices)? Where will staff eat lunch? How will office schedules be staggered?

Home Visitor Name (Printed)

Home Visitor Signature

Date

Area Manager Name (Printed)

Area Manager Signature

Date

COVID-19 Daily Cleaning Checklist

This daily checklist is to be completed in addition to the Daily/Weekly/Monthly Cleaning Checklist already in place. This form can be laminated and reused each week. Assigned staff will complete and initial each day. Home Visitors will use this checklist during socials or when home visits are completed at the socialization site.

Focus disinfecting on high touch surfaces including:

- Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
- Toys and surfaces frequently used by children

Task	M	T	W	Th	F
Disinfect throughout classroom and restroom prior to children's arrival					
Disinfect throughout the classroom and restroom following the children's transition to the playground					
Disinfect throughout the classroom and restroom following children's departure					
Clean and disinfect all toys in the dirty/mouthed toy bin					
Launder all soft toys					
Disinfect playground toys following each group use					
Disinfect playground toys prior to putting them away for the day					
Open windows prior to children arriving, after children depart, and as often as needed throughout the day					

COVID-19 Workplace Inspection

Workplace inspections will be performed periodically and as needed. Inspections will be performed by Site Supervisors, Head Teachers, Managers, or Directors. The purpose of the inspection is to identify any current or potential COVID-19 hazards. Hazard identification will help in our agency's mission to prevent and manage the spread of COVID-19.

Before beginning the inspection, the inspector should take time to review the "COVID-19 Preventative Measures" and "Reporting, Recordkeeping, and Access" sections of the SHS COVID-19 Prevention Program. Initial once the item/process has been inspected. Take note of any potential hazards or issues. Contact your supervisor or HR with any questions. Once complete, scan to your manager and HR.

Topic	Initial	Note
<i>Environment – Are the following environmental precautions being performed as much as possible?</i>		
Air Flow, Fresh Air, Ventilation		
Physical Distancing		
<i>Individual Precautions – Are the following procedures being performed? Are there adequate supplies?</i>		
Face Coverings Worn Appropriately		
Handwashing/Hand Sanitizing		
Disinfection/Sanitization		
<i>Safety Procedures – Are the following procedures being done correctly and within the appropriate frequency?</i>		
COVID-19 Daily Cleaning Checklist		
COVID-19 Health Screening Processes		

Additional Comments: _____

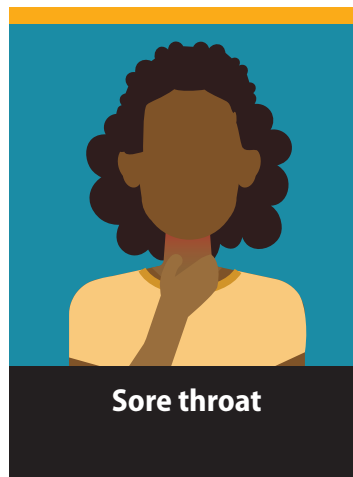
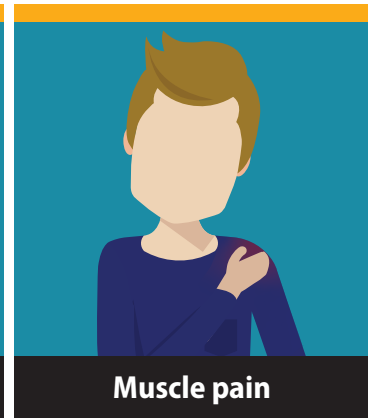
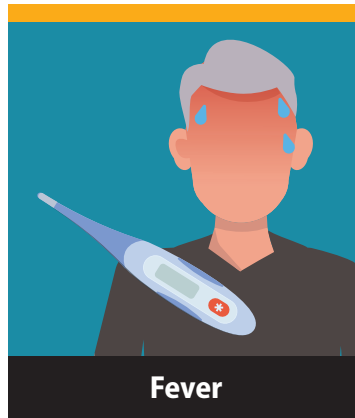
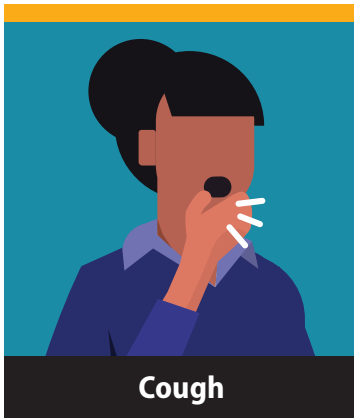
Inspector Name (Printed)

Inspector Signature

Date

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

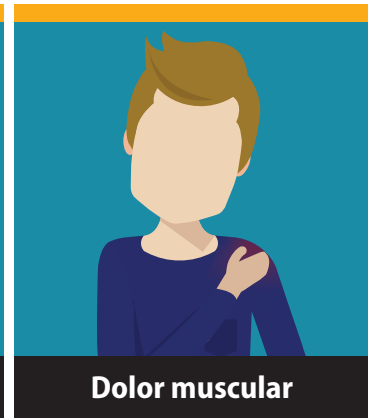
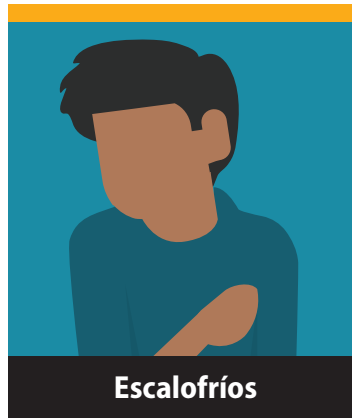
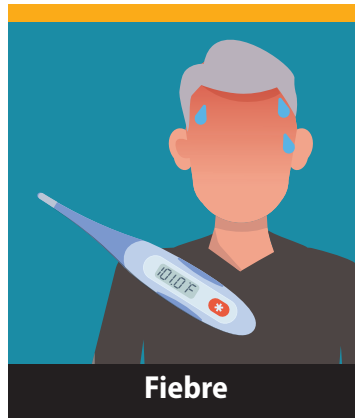
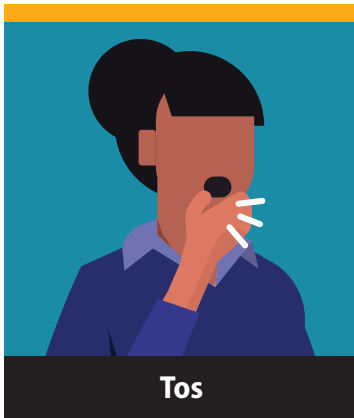
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



Síntomas del coronavirus (COVID-19)

Conozca los síntomas del COVID-19, que pueden incluir:



Los síntomas pueden ser de leves a graves, y aparecer de 2 a 14 días después de la exposición al virus que causa COVID-19.

***Busque atención médica de inmediato si alguien tiene signos de advertencia de emergencia del COVID-19.**

- Dificultad para respirar
- Dolor o presión persistente en el pecho
- Confusión de aparición reciente
- Dificultad para despertarse o mantenerse despierto
- Color azulado en los labios o el rostro

*Esta lista no incluye todos los síntomas posibles. Llame a su proveedor de servicios médicos por cualquier otro síntoma grave o que le preocupe.

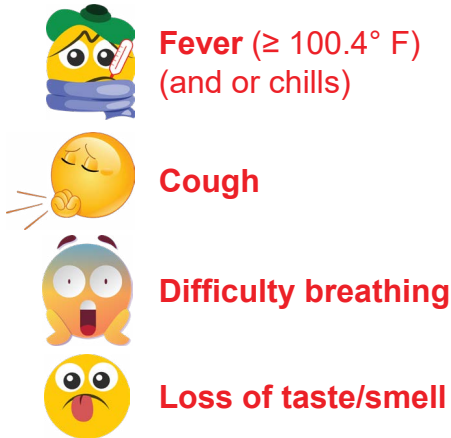


cdc.gov/coronavirus-es

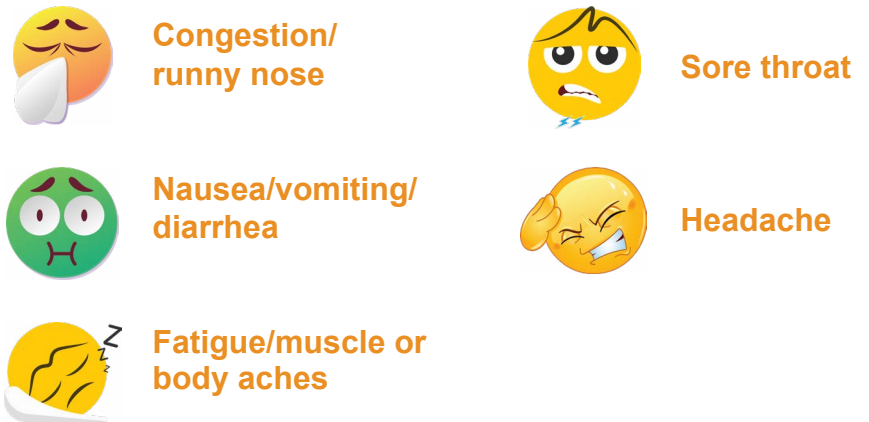
Student Symptom Decision Tree

Screen all students for potential COVID-19 symptoms or exposure

High-risk: red flag symptoms

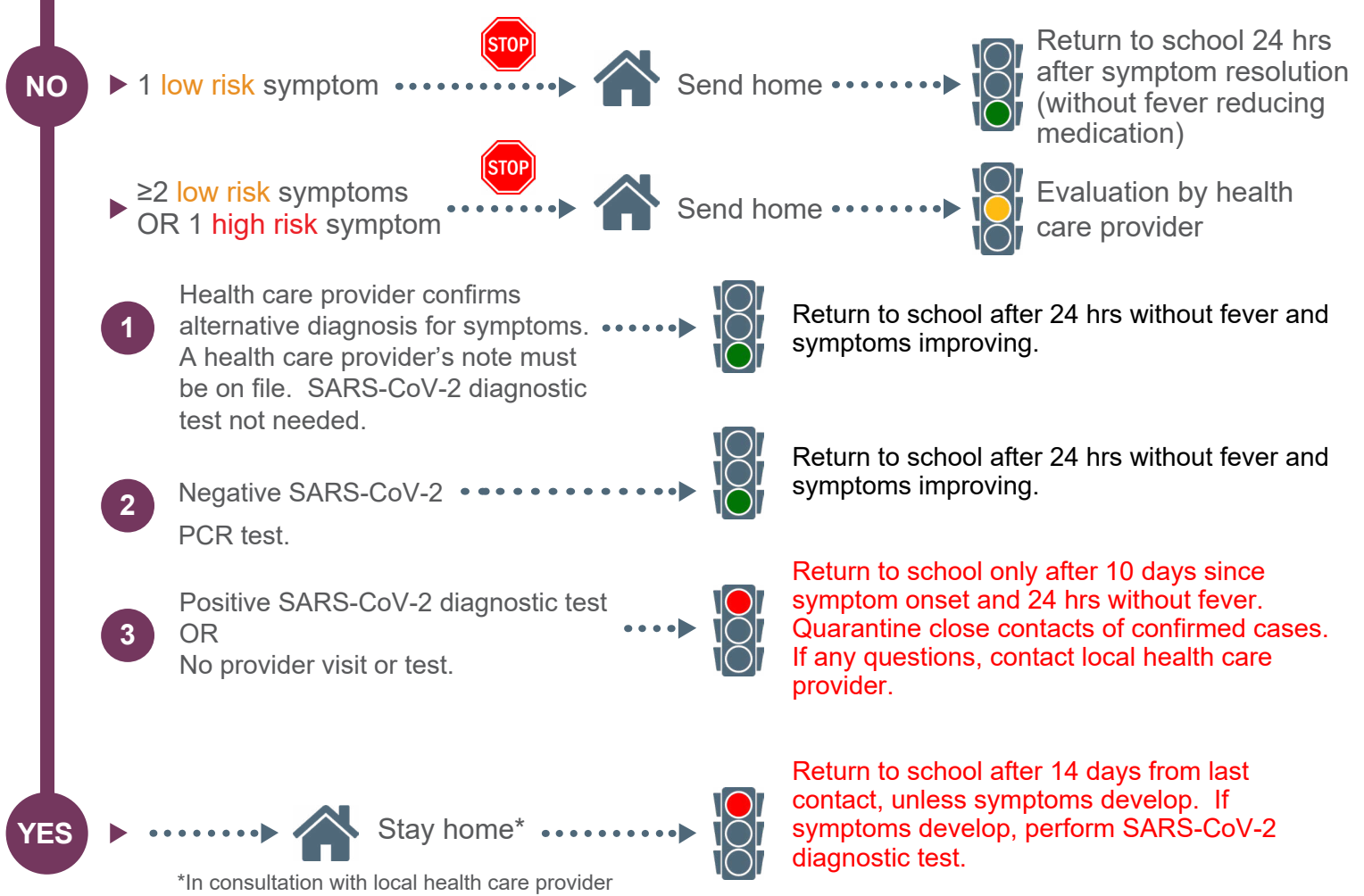


Low-risk: red flag symptoms



Exposure to COVID-19 positive person?

Close contact: less than 6 feet, 15 minutes or longer.



This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all parents with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health care provider. Guidance might change; Revision date 03/11/2021.

Decision Tree adapted from: Practical School Algorithms for Symptomatic or SARS-CoV-2-Exposed Students Are Essential for Returning Children to In-Person Learning. [https://www.jpeds.com/article/S0022-3476\(20\)31252-X/fulltext](https://www.jpeds.com/article/S0022-3476(20)31252-X/fulltext)

Árbol de Decisión de Síntomas Del Estudiante

Examine a todos los estudiantes para detectar posibles síntomas o exposición al COVID-19

Riesgo Alto: Síntomas de Bandera Roja

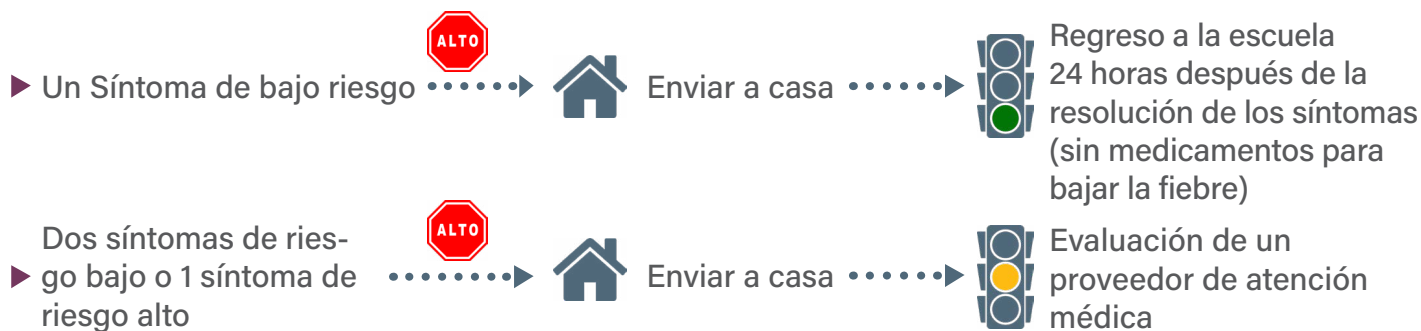
Riesgo Bajo: Síntomas generales



¿Exposición a una persona positiva al COVID-19?

Contacto cercano: menos de 6 pies, 15 minutos o más

NO



1

Un proveedor de atención médica confirma una alternativa diagnóstica de los síntomas. Una nota del proveedor debe estar en el archivo. Una prueba de diagnóstico de SARS-CoV-2 no es necesaria.



Regreso a la escuela después de 24 horas sin fiebre y con mejoría de los síntomas.

2

Prueba de diagnóstico negativa del SARS-CoV-2
Prueba PCR (Reacción en Cadena de la Polimerasa)



Regreso a la escuela después de 24 horas sin fiebre y con mejoría de los síntomas.

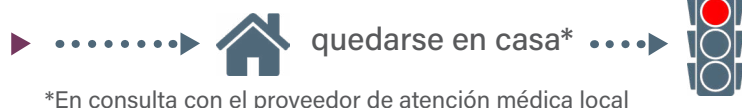
3

Prueba de diagnóstico de SARS-CoV-2 positiva o sin visita o prueba de un proveedor



Regrese a la escuela solo después de 10 días desde el inicio de los síntomas y 24 horas sin fiebre. Poner en cuarentena todos los contactos cercanos de los casos confirmados. Comuníquese con el proveedor de atención médica local si tiene preguntas.

Si



*En consulta con el proveedor de atención médica local

Regrese a la escuela después de 14 días desde el último contacto, a menos que se desarrollen síntomas. Si se presentan síntomas, hágase una prueba de SARS-CoV-2.

Esta información está diseñada para ayudar al personal de la escuela y no pretende reemplazar el juicio del médico ni establecer un protocolo para todos los pacientes con una condición en particular. El diagnóstico y el tratamiento deben estar bajo la estrecha supervisión de un proveedor de atención médica calificado. Esta información puede cambiar.

Árbol de decisión adaptado de: Practical School Algorithms for Symptomatic or SARS-CoV-2 Exposed Students Are Essential for Returning Children to In-Person Learning.
[https://www.jpeds.com/article/S0022-3476\(20\)31252-X/fulltext](https://www.jpeds.com/article/S0022-3476(20)31252-X/fulltext)

Adult Symptom Decision Tree

All staff members are expected to self-screen before arriving to work.

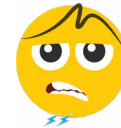
Check for the following symptoms:



Fever of $\geq 100.4^{\circ}$ F and/or chills



Congestion/runny nose



Sore throat



Shortness of breath or difficulty breathing



Nausea/vomiting/diarrhea



Headache



New loss of taste/smell



Fatigue/muscle or body aches



Cough

If you have any of the symptoms listed above (that are unusual to you) notify your supervisor and do not report to work. If you have received a COVID-19 vaccination three days prior to symptom onset, refer to the “Managing Post-COVID-19-Vaccination Symptoms in School Staff” poster for further guidance.

Exposure to COVID-19 positive person?

Exposure/Close Contact: less than 6 feet and cumulative 15 minutes (or more) within 24 hours

NO

► Adults who have symptoms may return after following at least one of these options*:



Send home



Receive a negative COVID-19 PCR test



Send home



A medical note by a healthcare provider that provides clearance to return to work



Send home



Wait at least 10 days after symptom onset

***In each of these cases, the individual must be 24 hours fever free (without the use of fever reducing medicine), and show improvement of other symptoms.**

If staff choose to take a COVID-19 test due to having symptoms, Shasta Head Start's preferred testing sites are through LHI (<https://lhi.care/covidtesting>). Testing at LHI should be provided at no cost.

YES

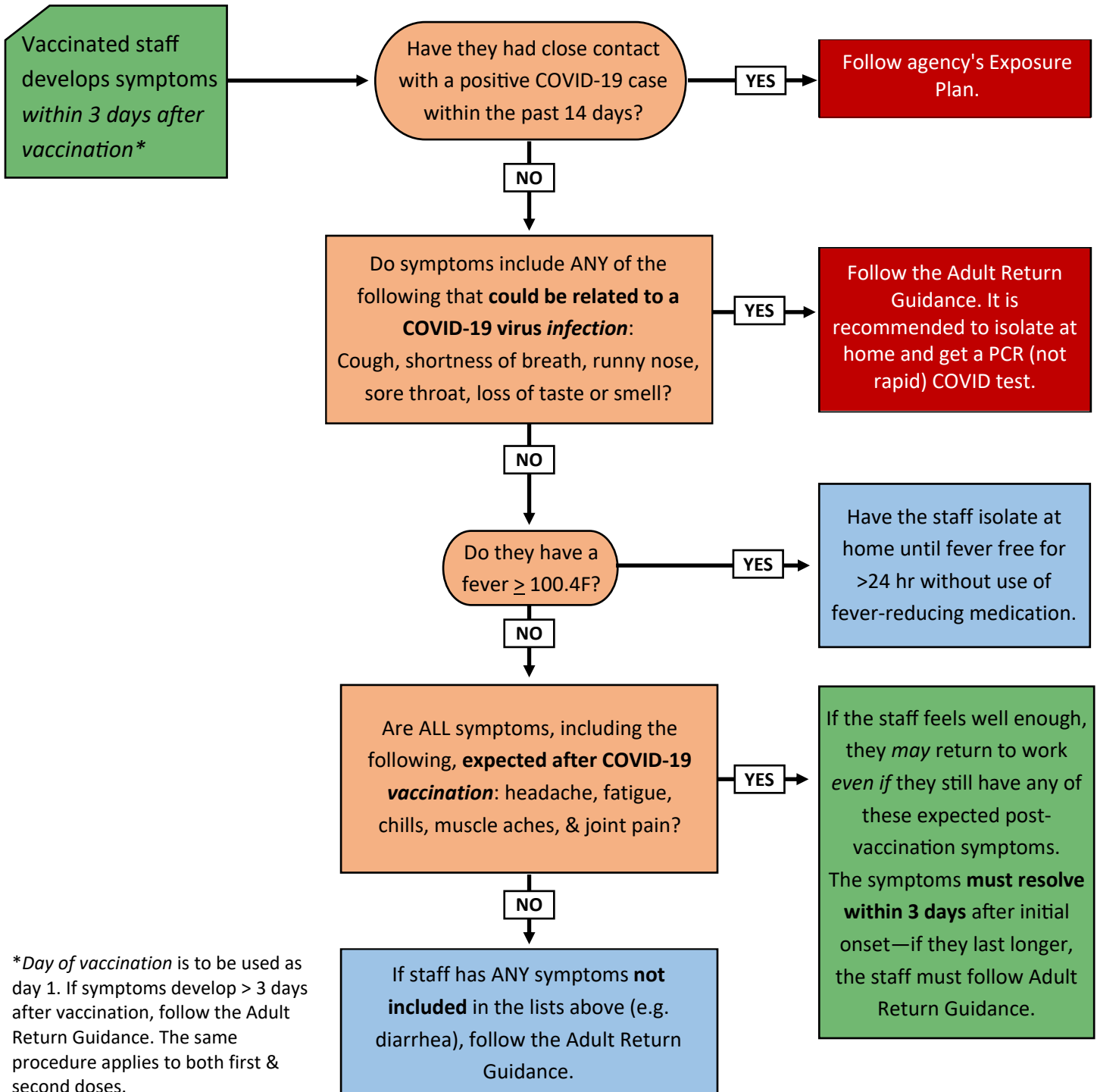


Stay home



Submit Exposure Detail Form and follow exposure plan as recommended by Human Resources.

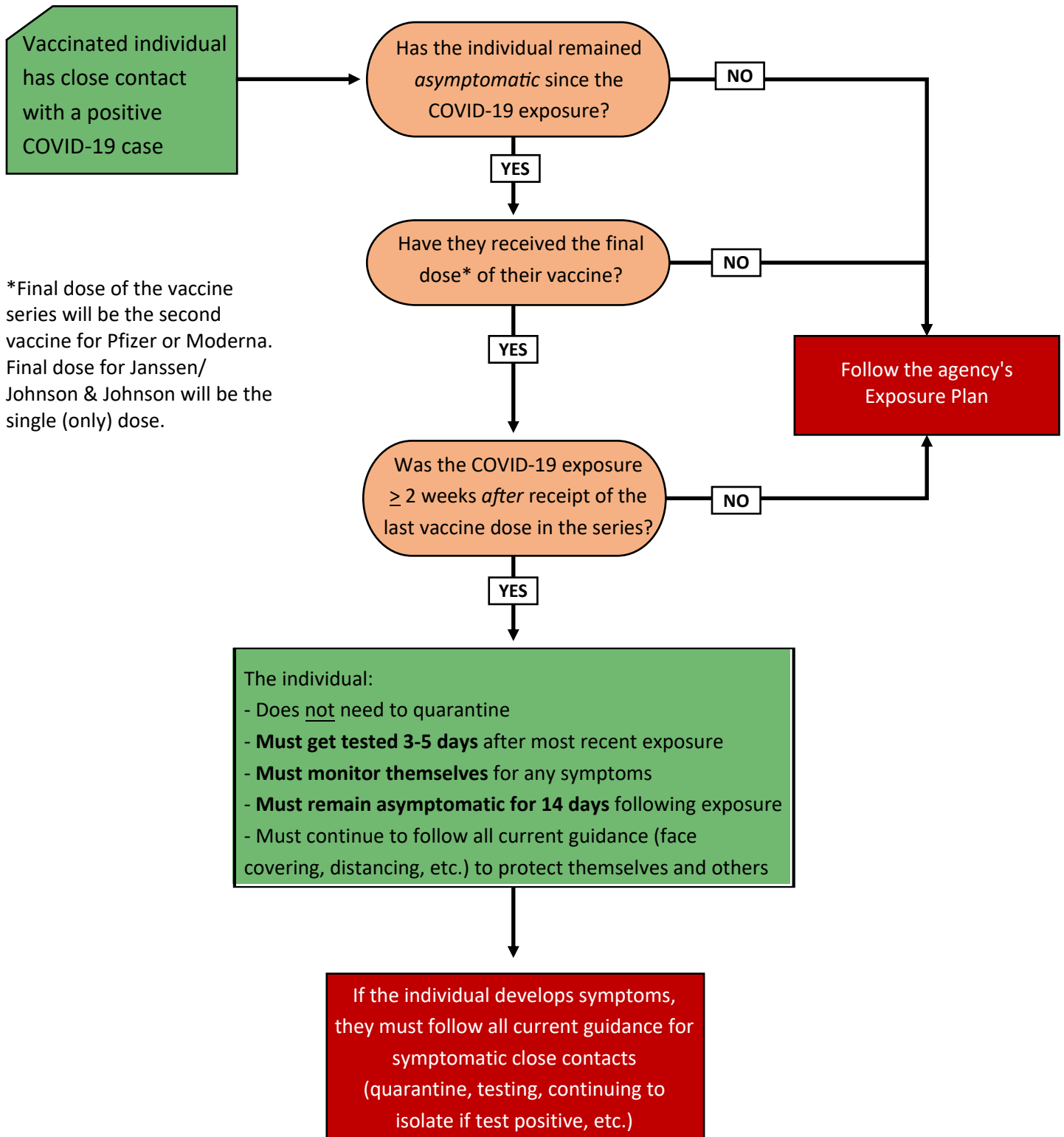
Managing Post-COVID-19-Vaccination Symptoms in School Staff



*Day of vaccination is to be used as day 1. If symptoms develop > 3 days after vaccination, follow the Adult Return Guidance. The same procedure applies to both first & second doses.

References: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>
<https://cchcs.ca.gov/wp-content/uploads/sites/60/COVID19/Table5-1-CM.pdf>
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/hcpPostVaccinationAssessment/>

Guidance for COVID-19 Vaccinated Staff Members Exposed to COVID-19



*Final dose of the vaccine series will be the second vaccine for Pfizer or Moderna. Final dose for Janssen/Johnson & Johnson will be the single (only) dose.

References:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
<https://covid19.ca.gov/vaccines/#What-to-expect-after-vaccination>
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>



REDUCE THE RISK OF COVID-19

Wash your hands often with soap and running water.



Avoid touching your eyes, nose or mouth.



Avoid close contact with people who are sick. Open windows for fresh air.



Stay home from work, school and public places when you are sick.



Cover your mouth and nose when coughing or sneezing. Cough and sneeze into your sleeve or use a tissue.



Practice good health habits. Eat nutritious food, exercise, and get plenty of sleep.



PARE
las
enfermedades

REDUCIR EL RIESGO DE COVID-19

Lávate las manos con jabón y agua corriente con frecuencia.



Evita tocarte los ojos, la nariz o la boca.



Evita el contacto cercano con personas enfermas. Abre las ventanas para que entre aire fresco.



Si está enfermo, quédate en casa y no vayas a trabajar, a la escuela, o a lugares públicos.



Cúbrete la boca y la nariz cuando tosas o estornudes. Tose o estornuda cubriéndote con la manga de tu ropa o con un pañuelo descartable.

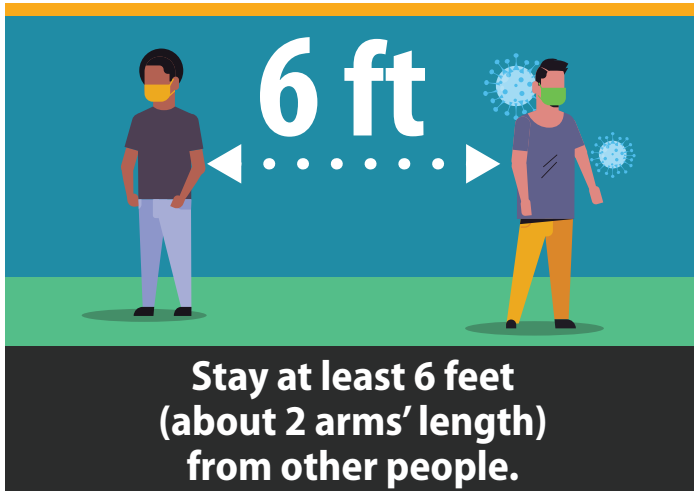


Cultiva otros buenos hábitos de salud. Consume alimentos nutritivos, bebe agua, haz ejercicios y duerme lo suficiente.



Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

Detenga la propagación de gérmenes

Ayude a prevenir la transmisión de enfermedades respiratorias como el COVID-19.



Mantenga al menos 6 pies (aproximadamente la longitud de 2 brazos) de distancia de otras personas.



Cúbrase con un pañuelo desechable la nariz y la boca al toser o estornudar, luego bótelos en la basura y lávese las manos.



Cuando esté en un lugar público, use una cubierta de tela para la cara sobre su nariz y boca.



Evite tocarse los ojos, la nariz y la boca.



Limpe y desinfecte los objetos y superficies que se tocan con frecuencia.



Quédese en casa cuando esté enfermo, excepto para recibir atención médica.



Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos.



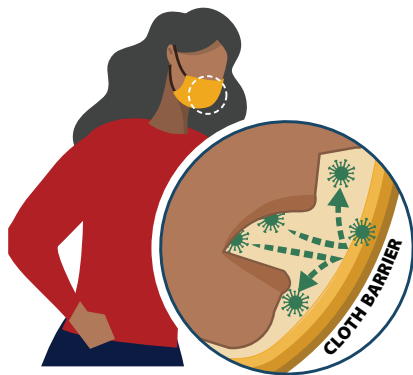
cdc.gov/coronavirus-es

How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2

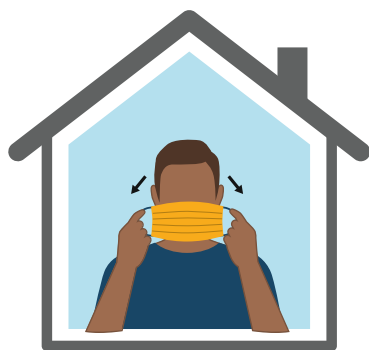


USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

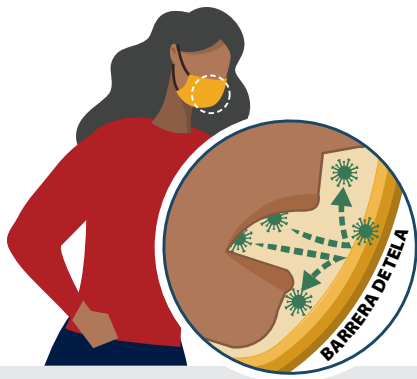
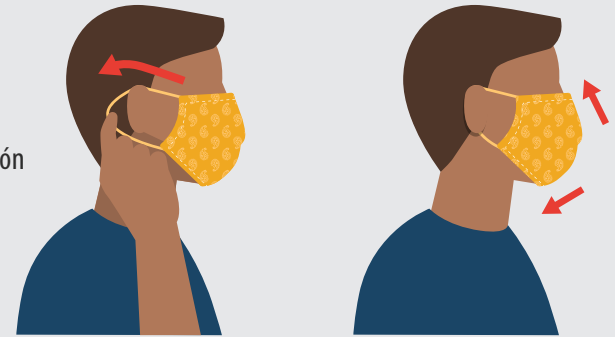
[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cómo usar y quitarse una cubierta de tela para la cara de manera segura

Accesible: <https://espanol.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

USE SU CUBIERTA DE TELA PARA LA CARA CORRECTAMENTE

- Lávese las manos antes de ponérsela
- Póngasela de manera que le cubra la nariz y la boca y quede sujeta debajo del mentón
- Trate de que se ajuste bien contra los lados de la cara
- Asegúrese de que pueda respirar fácilmente
- No le ponga una mascarilla a un niño menor de 2 años



USE LA CUBIERTA DE TELA PARA LA CARA PARA AYUDAR A PROTEGER A LOS DEMÁS

- Use una cubierta de tela para la cara para ayudar a proteger a los demás en caso de que usted esté infectado, pero no tenga síntomas
- Déjesela puesta todo el tiempo que esté en un lugar público
- No se la cuelgue del cuello ni se la deje sobre la frente
- No se la toque y, si lo hace, límpiense las manos

PRACTIQUE HÁBITOS DE SALUD COTIDIANOS

- Manténgase al menos a 6 pies de los demás
- Evite el contacto con las personas que estén enfermas
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos cada vez
- Use un desinfectante de manos si no hay agua y jabón disponibles



QUÍTESE LA CUBIERTA DE TELA PARA LA CARA CON CUIDADO, CUANDO ESTÉ EN CASA

- Quítesela desatando las tiras que se atan detrás de la cabeza o estirando las bandas elásticas que se ponen en las orejas
- Solo toque las tiras o bandas elásticas
- Doble la cubierta de tela para la cara juntando las esquinas exteriores
- Meta la cubierta en la lavadora de ropa
- Lávese las manos con agua y jabón



CS 316488A 06/10/2020

Las cubiertas de tela para la cara no son mascarillas quirúrgicas ni respiradores N-95, los cuales se deben reservar para los trabajadores de atención médica y demás personal médico de respuesta a emergencias.

Para ver instrucciones sobre cómo hacer una cubierta de tela para la cara, consulte:

cdc.gov/coronavirus-es

FACE COVERING REQUIRED

SE REQUIERE CUBREBOCAS



We are following Head Start Performance Standards and requiring face coverings at this establishment for individuals two years of age or older.

Estamos siguiendo las Normas de Desempeño de Head Start y requiriendo cubrebocas en este establecimiento para personas de dos años o mayores.

For latest updates, visit:
Para actualizaciones, visite:

www.shastahheadstart.org

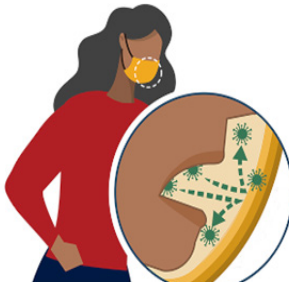
Shasta Head Start
CHILD DEVELOPMENT, INC.

Face Shield Frequently Asked Questions



What are face shields, and how are they used for protection from COVID-19?

A face shield is a transparent barrier that covers the face and is typically open at the sides and bottom. A face shield is a form of personal protective equipment (PPE) primarily used by health care workers to protect their face (eyes, nose, and mouth) from splashes and sprays of body fluids. Face shields are not commonly used alone, but are often worn with other protective equipment, such as respirators or surgical masks, to protect the wearer from COVID-19. Examples include a nurse caring for a hospitalized COVID-19 patient or a health professional collecting a nasal sample from a person being tested for COVID-19.



In contrast, face coverings (cloth or surgical masks) that fit snugly over the nose and mouth are used to prevent the spread of COVID-19 to other people in the event that the wearer of the mask is infected with COVID-19 and doesn't know it, as well as to provide some protection for the wearer.

Can a face shield be used alone as a substitute for a face covering to prevent the spread of COVID-19?

No, **a face shield alone cannot be substituted for a face covering** under guidance of the California Department of Public Health (CDPH). Studies have found that SARS-cov-2 can spread through small, airborne particles known as “aerosols” that are emitted when people talk, cough, or sneeze. These aerosols have been shown to remain suspended in the air for varying periods of time, depending on their size and air flow in the area. We expect, based on what is known about how aerosols behave, that the aerosols exhaled through the nose and mouth of someone wearing a face shield can easily travel around the open sides of a face shield.



Source: MIT Medical



Face Shield FAQ

If these aerosols contain the virus that causes COVID-19, other people may become infected.

What if I cannot wear a face covering due to a medical condition or other exemption?

Face shields may be considered for members of the public who cannot wear a face covering due to a medical condition or other exemption, although they may not work as well as face coverings in their ability to prevent the spread of COVID-19 to others. A cloth “drape” should be attached to the bottom edge of the face shield and tucked into the shirt to minimize gaps between the face and face shield. The drape can be made using cloth material and taped to the bottom of the face shield; face shields with drapes are also available through some vendors. For situations in workplaces where a worker who is required to wear a face covering (other than a respirator) cannot comply, Cal/OSHA currently considers a face shield plus drape an acceptable alternative. To see the list of exemptions from wearing a cloth face covering, see the CDPH *Guidance on the Use of Cloth Face Coverings*.



What attributes should I look for in a face shield?

The following attributes are strongly recommended when purchasing or manufacturing a face shield:

- Extends down below the chin
- Extends around to the ears
- No gap between the forehead and the visor (or cover the gap)
- Addition of a cloth drape extending from the bottom edge of the shield and tucked into the shirt or collar, when a respirator, mask, or cloth face covering is not worn.

