

## **Updated SOCDs Health Policies Winter 2021**

SOCDS is committed to the health and safety of our children, our families, and our staff. We are striving to be thoughtful and as consistent as possible. We are following the CDC guidelines for room capacity and for health and safety protocols in an effort to mitigate the risk of COVID-19 transmission. This continues to be a working document and we are dependent upon our families to support us in ensuring best practices are reviewed and implemented. Thank you for your partnership.

### **Journey Since June**

We have learned a lot since the summer. As we mentioned previously, many preschool pre-COVID practices were considered CDC best practice to mitigate the spread of the virus (stay home if you are sick, wash your hands, two step cleaning and disinfecting, don't share water bottles or food, no kissing, respect personal space) but being more vigilant – across the board - is crucial as we enter this darker, winter season.

Children have become better mask wearers and teachers have been able to positively support children in that effort. Masks themselves have been better designed, and the school has been able to increase our stockpile of single use masks for children who need a replacement. Teachers have also become more comfortable wearing the face shield (and those have been more readily available as well.) We have been able to stay well stocked on disinfectant, and gloves have become a little easier to procure.

We are feeling the benefit of the new heating system in the main building, and the UV light filter is installed and working. Last winter we moved two of the vents from the floor to a cabinet style and this allowed us to add filters as well. Those filters are well used and changed each month and helps improve our air quality. The stand-alone air purifiers in the kindergarten rooms are also working and aren't as loud as we feared. (As an aside we have submitted our Safe Building renewal request with the NJ Department of Health. This is part of the licensing renewal. I will keep you informed of any recommendations.)

### **Review of January Positive Student Case**

A review of the recent SOCDs cases has helped us identify unintended consequences of moving the health screening inside the building. One staff member's child overlapping in another classroom in the morning, when we did the health screening outside it was a simpler transition to his classroom. This will be addressed by having the child go directly to their classroom in the morning.

There was also concern about the impact to the entire school if we move children from one classroom to another. As a policy, the best practice is to have children stay in their classroom and with their classmates for the entire day. In the fall, as children were adjusting to their new classrooms, some children needed a different class environment to thrive. We did have a couple of students test out different classrooms with the goal to better meet their needs. This was not done without intention and monitoring, and with the best learning desire for all students.

There was also concern about how the main door health screening could have been impacted. The local health department and DCF agreed to the tradeoff of multiple classrooms using the same door in an attempt to get better temperature checks. The local health department also notes that the time is very short and not considered close contact.

Similar concerns about how art class with Ms. Jenny might have impacted additional students. We were fortunate that the close contact was in the afternoon. The following graphic shows how the impact to additional classes would have been determined. The first graphic shows the general case, and in the second graphic I attempted to describe the specific case.

A close contact is considered someone who spent more than 10 minutes (even with a mask), indoors with a person who is symptomatic or tested positive. **Family members of the close contact at preschool are treated as if they themselves were also close contacts** – this is true for our young children as they need the attention of all adults in the household. (This is not a global guideline as with older children there is the possibility of isolation in the home.)

If symptoms develop, please inform the school and your doctor. There are additional steps for symptomatic cases.

**When does quarantine start?** For the COVID Positive or symptomatic SOCDS student, the health officer will count backwards from the “symptoms appeared” date to identify potential close contacts (individuals are contagious up to two or three days before the symptoms appear) – this is not the start of the quarantine time. COVID Positive or symptomatic students start the quarantine the date of the test or the first date of their symptoms (not their potential contagious period.)

For close contacts, the first day of a student quarantine is the day the COVID positive test was taken of the contact. Again, if a SOCDS student is a close contact then the entire household will be considered close contacts as well.

For caregivers and parents who test positive or become asymptomatic, the local health officer will help you define your quarantine period. The SOCDS student is quarantined with you for your period of quarantine and then for an additional 14 days after the last day of your quarantine. The reason for this is that your child could become infected at the tail end of your quarantine

period. If the COVID-19 positive caregiver/parent is able to isolate completely away from the rest of the family, the local health department may consider starting your child’s quarantine from the last day of contact with you. This would most likely include a testing protocol, as well as a clear understanding of the original transmission and risk to other adults in the household to understand the spread within the family.

General Case

	<b>Person A</b> Confirmed COVID test positive or symptomatic		<b>SOCDs</b> <b>Plan of Action</b> Quarantine for 14 days
	<b>Person B with some contact to Person A</b>		
If household member to Person A,			Quarantine for 14 days and monitor symptoms (unless Person A is a care giver or parent, then Person B being the child will need to quarantine additional time as the Person B child could become infected on the last day of the Person A parent quarantine.)
	If close contact with Person A,		Quarantine for 14 days and monitor symptoms
		If casual contact with person A,	No special precautions other than daily monitoring of symptoms
	<b>Person C with some contact to Person B</b>		
Any contact with Person B			No special precautions other than daily monitoring of symptoms

Specific to SOCDs PreK Purple Child Testing Positive

	<p><b>Person A</b> Confirmed COVID test positive or symptomatic</p> <p><b>PreK Purple Child who tested positive</b></p>		<p><b>SOCDs Plan of Action</b> Quarantine for 14 days</p>
	<b>Person B</b>		
<p>If household member to Person A,</p> <p><b>All members of the PreK Purple Child’s household</b></p>			<p>Quarantine for 14 days and monitor symptoms</p>
	<p>If close contact with Person A,</p> <p><b>All other children in PreK Purple and Ms. Kasia and Ms. Jenny</b></p>		<p>Quarantine for 14 days and monitor symptoms</p>
		<p>If casual contact with person A,</p> <p><b>Ms. Kathi (covered class inside for 5 minutes,) Ms. Annemarie checking-in on the class</b></p>	<p>No special precautions other than daily monitoring of symptoms</p>
	<b>Person C</b>		
<p>Contact with Person B</p> <p><b>Teachers during lunch</b></p> <p>(Any art classes after PreK Purple – none.)</p>			<p>No special precautions other than daily monitoring of symptoms</p>

## **Quarantining vs. Testing**

I have worked with the local public health officer and reviewed the CDC guidelines and the NJ Department of Health guidelines. In addition, I have consulted with several other preschools and schools. **For our age group and our group setting it is not recommended that we use testing to shorten the quarantine time.** The most effective way to reduce the risk of transmission to others is to quarantine. The testing out of quarantine has an increased risk and the quarantine period is the most effective method to reduce the risk of transmission.

### **Please stay home if:**

#### **- You are not feeling well**

Particularly if you are exhibiting signs and/or symptoms of illness consistent with COVID-19 (Temperature >99.5, cough, shortness of breath, chills, headache, muscle pain, nausea or vomiting, diarrhea, sore throat, rash, flu-like symptoms, new loss of taste or smell, congestion or runny nose, muscle aches or pains.)

-If anyone in your household (or visiting) exhibits any signs or symptoms as listed above, or if they are a **known or suspected** case of COVID-19.

-If you or any family member has a positive diagnosis of COVID-19 or any other communicable disease OR are **awaiting** the test results of a COVID-19 test

**-If you or any family member is required to quarantine because of exposure or potential exposure to COVID-19 – see graphic above.**

-All states outside of the tri-state region, are on the NJ Travel Advisory and travel is restricted to essential travel only. If a parent or family member must travel for work, please know that when you return to NJ you are considered a **close contact** to someone who tested positive (Person B in our graphic above.) You must quarantine for 14 days and monitor your symptoms. If you travel you must let me know and we will work with the health department on determining the impact to your child's ability to attend SOCDS during your quarantine.

### **Daily Monitoring of Health**

This is reported to Department of Child and Families (DCF) daily.

Daily temperature checks and symptom checks of staff and children will be done before entering the classrooms. Temperatures may not exceed 100.4F. Temperature will be taken with a no contact forehead thermometer (temperature can be taken up to 3 times.)

Parents/Staff will also have to affirm that:

- No medications have been taken to lower the child’s temperature
- Child has not exhibited fever, cough, or shortness of breath, and/or symptoms of other communicable diseases like cold or flu?
- Child has not complained about sore throat or body rash
- Child has not been in close contact with anyone diagnosed with COVID-19 in the past 14 days
- No household member has symptoms of respiratory illness (cough, fever, shortness of breath)
- If one of our children or staff has a confirmed case of COVID-19 we will follow the recommendations of the local health department. In addition, the return to work or preschool procedures will follow the CDC guidelines and the recommendations of a health care provider. See graphic above.

**What is the impact of COVID-19 Positive at SOCDS?**

Scenario	Closure
Confirmed case in one classroom at SOCDS	SOCDS remains open; children and staff in close contact with positive case are in quarantine for 14 days
2 or more cases in the same classroom linked to an exposure outside SOCDS	SOCDS may remain open depending upon risk of community spread; children and staff in close contact with positive case are in quarantine for 14 days
Confirmed cases in multiple classrooms within 14 days linked to an exposure outside of SOCDS	SOCDS may remain open depending upon sibling impact across classrooms – final decision by local public health department
Confirmed cases in multiple classrooms within 14 days linked to an exposure inside of SOCDS	SOCDS will shut down for a 14 day quarantine of all staff and students – final decision by local public health department
A significant community outbreak or very high risk of community transmission	SOCDS will shut down for a 14 day quarantine of all staff and students – final decision by local public health department