

Addendum to the Parent Handbook
COVID-19 Edition
2020-21 School Year

Occidental College Child Development Center

1824 Campus Road, Los Angeles, CA 90041

(323) 259-2510

OxyCDC@oxy.edu

OxyCDC.com

**Occidental College Child Development Center
Addendum to the Parent Handbook
COVID-19 Edition**

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Introduction

Dear Parents,

We are very excited to welcome your family to/back to the Oxy CDC! As we get ready to welcome your family, we would like to provide you with information that is crucial for the safety and well-being of all Oxy CDC children, families, and staff.

While it has been necessary to implement several new policies and procedures, many things will remain the same. The Oxy CDC is still an environment that fosters fun, social connections, and learning. It is still our goal to help children reach their full potential, as we provide them with opportunities to create, explore, and learn. The teachers and I are committed to continuing to provide a quality program that is safe, educational, child-friendly, and fun!

This Addendum to the Parent Handbook lays out some programmatic and policy changes, as we operate the program during the COVID-19 public health crisis. Since the current environment is constantly evolving, this Handbook Addendum and its policies are subject to change, as well. We will keep you updated as policies need to be adapted.

We strive to minimize risk as much as possible, while also trying to make the best plans possible for children and families. We will do our best to ensure that policies are realistic and feasible for staff, children, and parents. We have been, and will be, following the guidelines and requirements for child care centers given by the CDC (Center for Disease Control), the Los Angeles Department of Public Health, and Child Care Licensing. We are also partnering with Oxy's Health Advisors regarding necessary policies during COVID-19. **Please be sure to read through this entire Addendum and sign and return the last page.**

Please feel free to contact me if you have any questions about the policies and procedures that are outlined in this Addendum to the Parent Handbook. They are in place to ensure that Occidental College Child Development Center is a safe and enjoyable place for your family.

Laura Drew
Program Director
Occidental College Child Development Center
LDrew@oxy.edu
(323) 259-2684

A. Public Health Emergencies

During a public health emergency, decisions about operations and/or closure will be made in consultation with Occidental College and guidance provided by the Centers for Disease Control, the Los Angeles Department of Public Health, Child Care Licensing, and other local, state and federal resources. Decisions made by the Oxy CDC are, and will be, designed to ensure the safety of children, staff, and families.

Public health emergencies may necessitate alterations to policies and operations, which may include, but are not limited to: reduced hours of operation, additional fees/tuition, changes in the illness policy, limited entry to the building/facility, limitations on what may be brought to the Center, changes in staffing, reduced enrollment capacity, required attire (e.g. face masks), daily schedule, group functioning, and food service. We may be forced to close the Center (by the Department of Public Health), or we may deem a closure necessary, for safety reasons. Contained in this Addendum to the Parent Handbook, you will find specific information related to Oxy CDC operations during the public health crisis created by COVID-19.

B. Enrollment Conditions/Priority

Potty-trained policy: Until further notice, children must be potty trained in order to enroll at the Oxy CDC. The definition of potty trained that we'll be using during this period is:

- 1) The child should be able to nearly always put his/her pee on the potty and *a/ways* put his/her poop in the potty (no poop accidents).
- 2) The child wears underwear, or the child is nearly ready to wear underwear, but still wears pull-ups, because he/she has occasional pee accidents. Some children may only need to wear a pull up at nap time.
- 3) The child can independently pull his/her clothes down to use the potty and back up again afterward.
- 4) Child should be able to independently change out of his/her wet pull up and put on a dry one.
- 5) The child should be able to wipe him/herself after going to the bathroom, or, at a minimum, be in the process of learning to wipe him/herself. The child must be willing to participate in the process of wiping him/herself. If the child is not yet independently wiping him/herself, parents should be actively working with the child on this at home.

It is understood that major transitions can cause regression and that some children who have been potty trained at home may regress to having some pee accidents when they return to school. If this happens, we will coach the child through changing his/her clothing (assisting if needed), we will make the parents aware of the accident so that they can emotionally support the child regarding returning to school, and we will expect that the accidents will lessen and then stop, as the child acclimates to being at school.

Enrollment Priority:

- Continuing Oxy employee children who are fully potty trained will be given first priority.
- Incoming Oxy employee children who are fully potty trained will be given second priority.
- Within Community families, parents that are essential workers who cannot work from home will be given priority.
- Returning Community children who are potty trained will be given third priority.
- Incoming Community children who are fully potty trained will be given fourth priority.
- Children who are not fully potty trained, can be considered for enrollment once they become fully potty trained, in the same order of priority as above.

New Students:

Before enrolling their child, parents/guardians must read our Parent Handbook and this COVID-19 Addendum to the Parent Handbook. Afterwards, parents/guardians must schedule an appointment with the Director for a virtual tour and interview. This provides a chance to meet, answer questions, go over the enrollment packet and discuss what to expect. We would also like the opportunity to meet your child prior to enrollment, so a brief, outdoor visit, after hours or when other children are not present, will be arranged. If your child is admitted and enrolled, parents/guardians will be provided with an Enrollment Contract/Release and all other enrollment paperwork. Parents and admitted child(ren) will need to schedule and attend 2 (two) brief visits at the Center while school is in session. During these visits, the parents and child(ren) will be able to meet the teachers and get familiar with the environment, before the first day of school.

C. Returning Students

Parents of children returning to the Oxy CDC should schedule one or two brief visits for their child, during the week or two prior to the child's start date. This will help the child get refamiliarized with the environment and the teachers.

The first 3 (three) days of attendance for each child will be half-days (pick up at 12:30 p.m.). Children's start dates will be staggered, to allow teachers to give small groups of children their support in getting acclimated/reacclimated into the environment and routine.

If a family is offered a spot, but they are not yet ready for their child to return, they will be given the choice to pay tuition to hold their child's spot until their child's return date, or to be placed at the top of the wait list. When going to the wait list to fill openings, we will offer spots to the returning families and incoming Oxy families who have been asked to be placed back on the wait list, prior to offering spots to other Community families on the wait list. The order of enrollment priority will be the same order as listed above in the Enrollment section.

D. Staffing and Groupings

Due to the requirements from Licensing/Public Health, teachers should only work with one group of children (to limit cross-contamination between groups), though in some cases one

teacher can help out in up to 2 groups. Groups of children are supposed to remain separated from other groups for the entire day. This means that staffing will be arranged based on our scheduling needs (our normal operations include both mixing of groups in the morning and afternoon. Teaching teams may not be the same as in previous years.

Teacher illness, self-isolation due to symptoms, and self-quarantining due to potential exposure, may present challenges during the COVID-19 pandemic, as these can last for long periods. If a teacher comes down with any signs of COVID-19 (or other serious illness), that teacher will have to leave the premises as immediately as possible. If symptoms of COVID-19 are present, the teacher will need to self-isolate for a minimum of 10 days (see illness policy below). Or, if the teacher has been exposed to COVID-19 (or thinks she has) the teacher will self-quarantine for 14 days.

We are in the process of building a healthy sub list, though keeping a steady sub list can be challenging (usually subs leave for permanent jobs). There may be days when we have reduced teacher coverage. This may, unfortunately, result in us offering a reduced number of hours for that day/those days, asking parents to pick their children up early, or asking parents to keep their children home for any days that we cannot enlist sufficient teacher/sub coverage. We will do our best to avoid this, but the limitations on staffing make it a possibility.

Groups are limited to 12 children per group. Grouping of children may be determined by something other than age (which is our typical way of determining groupings). This means that children who were in the same group last year may not be grouped together. Once we are able to return to our typical way of functioning, children will be redistributed into new groupings, determined by age.

E. Hours of Operation/Schedule

Operational changes necessitated by COVID-19 will create a good deal of additional work for our staff. Teachers will need some prep time each day before children arrive in the morning and after they leave in the afternoon. In addition, the staffing patterns necessitated by COVID-19 will also contribute to the necessity of shortening the hours of operation we can provide. Some teachers have altered availability, due to COVID-19 complications. Additionally, the housekeeping staff will need more time each morning to fully disinfect the Center before children arrive.

Until the COVID-19 requirements ease, we will be unable to operate at our normal hours of operation. Maximum hours of care would be from 8:30 a.m. to 5:00 p.m. Families will arrive in staggered arrival time slots and will leave at staggered departure times. If you have to miss your drop-off or pick-up window, please call/text to let us know. As soon as we are able, we will expand our hours of operation.

The **Daily Schedule** will include as much outdoor time as possible.

We will use all of the outdoor spaces available to us, including blocking off the parking lot and using this as a play space. Groups can rotate through the various areas throughout the day, and we will ensure that toys and structures are disinfected between groups.

Here is a sample schedule:

SAMPLE DAILY SCHEDULE

8:30 – 9:15 a.m. - Arrival

Arrival – 11:30 a.m. – Outdoor Play/Activities

11:30 a.m. – 12:30 p.m. – Picnic Lunch and Outdoor Play/Activities

12:30 – 2:30 p.m. – Nap/Rest Time (non-nappers rest quietly for 30 minutes, then play quietly indoors or go outside)

2:30 – Pick-up – Outdoor Play/Activities

OTHER DAILY EVENTS MAY INCLUDE: Group meetings, Storytime, Games (indoors or outdoors, physically distanced); Music/signing time, Movement/dancing (outdoors and physically distanced).

Enhanced Hygiene and Infection Control Measures

1. **Hand Washing:** Children and staff will be asked to wash their hands upon arrival, and multiple times throughout the day. Children will be asked to wash their hands: at the beginning of the day, before and after meals, after outside play, after using the restroom, before and after classroom activities that involve sharing supplies and materials, after coughing and sneezing into their hands, and after touching their mouth or nose. Children will be supervised, to ensure that they are following proper handwashing procedures, using soap and water and lathering for at least 20 seconds. Hand sanitizer may be used when soap and water are not available (with children 2 and older). Hand sanitizer stations are located throughout our facility. (<https://www.cdc.gov/handwashing/>)
2. **Enhanced Disinfection Protocols:** Staff will receive additional training on infection control and workplace disinfection. All hard surfaces will be wiped down throughout the day, before and after use, as well as at the end of each day. Toys/materials will be disinfected between each child's use. Any toys that go into a child's mouth will be put through a disinfection process. All high-touch surfaces (door handles, table tops, chair backs, etc.) will be disinfected at intervals throughout the day. The hands-free faucets and soap dispensers at children's sinks will limit cross-contamination in sink areas. Toilet handles will be disinfected in between each child (or toilet paper will be used to push the handle). Bathrooms, including toilet seats and sinks, will be disinfected by Oxy housekeeping staff two (2) additional times during the school day, as well as in between groups of children (e.g. when the Busy Bees and the Terrific Tigers both use the same bathroom). Outdoor equipment will be disinfected and/or rotated, as well, to limit sharing of germs. All hard-to-disinfect items, such as group sensory bins, soft toys, pillows,

dress-up clothes, etc. will be put away during this phase of operation. There will be continuous disinfection of all shared surfaces/items throughout the day, and a disinfection of the whole Center overnight by Oxy's housekeeping staff.

- 3. Masks/Cloth Facial Coverings:** According to the CDC, wearing cloth face coverings is a public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand washing, and other everyday preventive actions. A cloth face covering is not intended to protect the wearer but may prevent the spread of virus from the wearer to others. This is especially important due to the possibility of asymptomatic people spreading COVID-19.
(<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>)

All Oxy CDC staff will wear masks/facial coverings while at the Center. Parents must wear masks/facial coverings for drop-off and pick-up, as well. Public Health is now requiring that children 2 years and older wear a cloth face covering that covers their nose and mouth when they are in our care. Children who are older than 2 and can easily remove their own mask/facial covering are considered safe to wear them. Children will be supervised while wearing masks, to ensure that they can easily breathe through their masks/facial coverings.

Children should be wearing a mask when at school, except when they are eating or sleeping. Even outside, it will be important for children to wear masks, and we will be bringing in more shade canopies to ensure that there is as much shade as possible on the yards.

Thus far, children have adjusted to wearing masks all day with surprising ease. We anticipate this will be the same for any incoming children, especially if the practice is supported and reinforced by parents. **We will need your help in getting your child acclimated to wearing a mask/facial covering,** and we will be sending out more info about this soon. Your modeling the use of masks/facial coverings will be very helpful in normalizing this practice for your child.

Each child should have three or more clean masks/facial coverings on hand each day (in case masks get wet/dirty/soiled). Used cloth masks will be sent home each day, and parents are responsible for washing them and bringing them back. It may be best to have several child-size masks to work with, so that you always have 3 (three) that are clean at school.

It is important to teach children how to properly wear a mask/facial covering, including teaching them not to touch the mask or fiddle with it. When someone touches their mask and then touches a surface, they can spread their germs to that surface. We are aware

that this will initially feel unnatural to children, and this will be a process of learning for them. It may take a bit of time for it to become second nature to them.

If a child is having a particularly challenging time with keeping his/her mask/facial covering on a particular day, or is continually touching his/her mask (negating the purpose), we will not force the child to wear a mask. We will follow up with the child's parents to collaborate on working with the child regarding wearing a mask/facial covering at school. After 3 days in a row of unsuccessful attempts to have a child wear a mask while at school, parents will be asked to keep their child home for a period of time, to reinforce proper masking behavior with their child.

- 4. Physical distancing and Prolonged Contact:** Each class is considered to be its own independent "pod". Each "pod" will operate independently, separated from other groups, for the whole school day. Classes will not intermix. Teachers will be designated to one group and will not interact with or care for children in other groups (to the extent possible, though we may need to have one teacher who helps minimally in 2 groups).

Remaining physically distanced from others by at least 6ft is considered one of the safest ways to avoid spreading the coronavirus. The recommendation is to maintain physical distancing between children and staff, to the extent possible. To facilitate this, we are offering activities that children can do individually, at tables and areas throughout the room/yard, and we are trying to avoid some of the activities we typically do that tend to draw children together in groups. We classrooms and outdoor spaces are/will be redesigned, providing clearly defined spaces for individual children to play/work. Toys, materials, tables, or chairs that are used by more than one child will be disinfected between uses. Children will each have their own caddy and bin of regularly used materials (e.g. paper, markers, playdough). When we have children sit down for a story or singing, we will provide clearly defined spaces where they can sit 6 (six) feet apart.

Children may find themselves within six feet of other people during their day at the Oxy CDC, especially while playing outside. This is understandable and expected. Teachers will do their best to minimize children's prolonged contact with others. If children are masked and outdoors, this significantly reduces their risk of exposure. Some contact is okay and is expected. Prolonged, unmasked contact poses the most risk, so this is what we will be trying to avoid.

We are observing physical distancing, to the extent possible, but 6ft of distance between everyone at all times is simply not possible. There are naturally times when children are near each other as they interact socially and play together. We assist children in finding ways to play/collaborate together and enjoy each other with a bit of distance between themselves, but we also need for the environment to feel relaxed, inviting, and organically unfolding for children. We are trying to find the right balance of reminders about distancing and allowing children to be the social, spontaneous beings that they are.

Similarly, there is simply no way for teachers to keep 6ft of distance between themselves and children at all times. Children need assistance with things throughout the day, and in these moments, we may be in close proximity to children for short periods.

We remain deeply committed to supporting your child's social, emotional, and mental health. We will be working, in this new mode, to find ways to meet children's social and emotional needs, while keeping everyone as safe as possible from COVID-19. Because children's social development is so important (and a big part of why you probably want your children to attend), we will be finding ways for children to continue to interact, talk to each other, share their ideas, experiences and feelings, etc., just from a bit of a distance. We will attempt to have as much social interaction, sharing, togetherness, etc. as possible between children. For example, we can set up two stations near each other, but socially distanced, with the same materials at each station. The children at these two stations can be encouraged to talk with each other about what they are doing, show each other their work, ask each other questions, pose challenges to each other ("Can you make one like this?"), etc. There can be dialogue and interaction, just not proximity or sharing of materials.

Children will be naturally drawn to each other, especially after being apart for so long. This is completely expected, and your children's feelings will be validated (e.g. "You are so happy to see your friend, _____".) We will gently explain that, right now, to keep each other safe and not share our germs, we will be staying a little bit apart from each other. And we can show children the ways that they CAN show their friends how happy they are to see each other and be together (smile, wave, air hug, air high five, say, "I'm so happy to see you!", etc.). We will help them find an area where they can play near to each other and continue talking and enjoying each other. The children have been doing incredibly well with the expectation to remain somewhat distanced, and are still finding ways to enjoy each other and even collaborate.

Teachers will remain physically and emotionally available to children and will provide nurturing and physical comforting whenever children need it. Teachers may hang back and remain distanced when they are not needed, but keeping 6 ft of distance between teachers and young children at all times is not realistic or desirable. In the event that a teacher provides close care to a child, they will take other measures to ensure the safety of the child and teacher, including maintaining their mask use and possibly adding a face shield, gloves, etc. Teachers will bring multiple changes of clothes and may wear smocks or protective layers of clothing which can be changed and washed, as needed.

5. Spending Time Outdoors and Ventilation

We are spending as much time outdoors as possible. Being outdoors not only allows us more space to move, but there is also evidence that coronavirus is much less likely to spread outdoors, due to the fresh air/air movement, warm temperatures, and sunlight. Even on hot days, we will attempt to be outside unless temperature is uncomfortably high

(e.g above 95 degrees). We have plenty of shade, and have brought in more shade canopies to make sure children have shaded spaces to play. We will also ensure that children have plenty of water to drink and take regular water breaks to stay hydrated.

When we are inside, air quality permitting, we will be able to open doors and windows to allow air circulation. If the outside temperature is too high close the doors and use the air conditioning. Oxy has added special ionizing filters that kill germs/viruses in the air to our HVAC systems.

6. Designated School Shoes

There is some evidence that the bottoms of shoes may transfer germs, but this is not considered one of the principle ways that coronavirus spreads. Nevertheless, as a precaution, to minimize the risk of shoes transferring germs into our school environment, we ask that families **select one or two pairs of shoes that their child ONLY wears to school**, reserving other pairs of shoes for outings, walks, errands, etc.

7. Limiting Who Enters the Facility

Recommendations/requirements from the CDC, Public Health, and Child Care Licensing, to minimize the spread of COVID-19, necessitate that we limit entry to Oxy CDC facility to essential personnel only.

For the time being, **parents may not enter the Oxy CDC building/facility without permission from an Oxy CDC staff member.** We will have **no visitors** to the Center during this time, which also means that, for the time being, special teachers (such as Mr. Mario and our yoga teacher, Denise) will not be allowed to visit the Center. We will hope to have them back as soon as it is safe. We will also be unable to have Oxy students help at the Center until the requirement to limit non-essential personnel is lifted.

We have a **system for returning children's belongings to you at the end of the day that does not require you to enter the Oxy CDC facility** (see Personal Belongings section).

F. Tuition and Enrollment Policies

The Occidental College Child Development Center will enforce the following policies and procedures for tuition payments:

1. The Center (or particular classrooms in the Center) may need to close, to protect the health and safety of children, staff, and families, in certain instances, such as: fire, earthquake, wildfires, extreme weather, natural disasters, public health emergencies, bomb threat/terrorist threats, civil unrest, power/water outages, insufficient teacher coverage, or other conditions that render safe operations impossible. Whenever

possible, we will give as much advance notice of closure as we can. In some cases, we may need to close without warning.

When the Center (or a particular classroom) must close due to an emergency situation (as stated above), tuition charges will be handled in the following manner. For up to the first week of closure, full tuition will be due. If the closure lasts longer than one week, half of the tuition would be due for the second week of closure. If the closure lasts longer than two weeks, parents would not be obligated to pay tuition from the start of the 3rd week until the day that the Center reopens. During a lengthy closure, teachers may be able to offer online/remote learning options for families who are willing to pay a fee (if teachers are ill or furloughed, this would not be possible).

2. Your tuition pays for an *enrollment spot*, not specific days of attendance. All tuition is due, regardless of illness, being asked to keep your child home due to our illness policy, behavioral/disciplinary removal, vacations, holidays, breaks, or emergency-related closings of classrooms or the Center of any kind (such as due to public health emergencies/pandemic), except as outlined #1 above. No reimbursement of tuition will be granted. If a closure longer than one week is necessary, any excess tuition payments already on account would be applied as a credit to future weeks of enrollment.
3. If you would like to withdraw your child from our program, you must submit a written notice to the Director 30 days prior to your child's last day. You will be charged tuition through the full 30 days after the written notice of withdrawal is received. (You can see more about our Withdrawal Policy in our main Parent Handbook).
4. Any part-time enrollment plans will revert to full-time enrollment when normal operations resume (post-pandemic). We will give as much notice of this change as possible.

G. Illness/Exclusion Policy Related to the COVID-19 Pandemic

(Illnesses other than COVID-19 are covered in the Illness Policy in our main Parent Handbook)

To protect the safety of everyone in our community, we will need to **adhere to a strict illness policy**. This policy was developed with guidance from the Department of Public Health, the Centers for Disease Control, and Child Care Licensing. **We must proceed with an abundance of caution during this public health crisis**

The symptoms of COVID-19 are similar in adults and children and can look like other common illnesses like colds, strep throat, or allergies. The most common symptoms of COVID-19 in children are fever, cough, sore throat, diarrhea, vomiting, abdominal pain, headache (usually with fever), but children may have any of the following sign or symptoms of COVID-19

- Fever (temperature over 100.4 degrees)
- Cough
- Shortness of breath/difficulty breathing
- Sore throat
- Abdominal pain, nausea, vomiting
- Diarrhea
- Headache
- Muscle pain/body aches
- Fatigue
- Loss of taste/smell
- Congestion or runny nose
- Poor appetite or poor feeding

Anyone demonstrating any of the above symptoms, even mild ones, are instructed to stay home until the symptoms are resolved for a minimum of 24 hours, with a minimum of 48 hours fever-free. Please note that any of the above symptoms are consistent with a variety of communicable colds and flus, not only COVID-19, and therefore should be considered contagious. In order to protect the health and immunity of all community members, it is best practice to remain home until all symptoms are resolved.

Parents should monitor for all of the symptoms above in all household members. Children will be asked to stay home if any household members are experiencing symptoms consistent with COVID-19 or respiratory illness.

ILLNESS PROTOCOLS

Children must be symptom-free for the past 24 hours in order to attend school.

Exception: If a child has a runny nose due to **ongoing/seasonal allergies**, the child can attend, as long as the parents provide a note from the **child's pediatrician stating that the child's runny nose is due to allergies**. We request that the family also consider with their pediatrician whether the child should be on a **daily dose of children's allergy medicine**. In this instance, please consider the child's ability to manage wearing a mask while experiencing a runny nose for a full school day, before sending your child to school. All children and staff must wear a mask while at the CDC, no exceptions.

If your child has a **runny nose only (not due to allergies)**, your child can return to school when his/her runny nose stops.

If your child has **any other symptoms related to COVID-19** (above), please consult your child's pediatrician.

- If your child’s pediatrician is able to determine an alternative diagnosis, then your child can return when his/her symptoms have stopped and he/she is 48 hours fever-free (without fever-reducing medication) and 24 hours vomit- and/or diarrhea-free.
- If your child’s pediatrician feels that your child’s symptoms warrant a COVID-19 test:
 - If your child’s test is positive, your child should remain home for a minimum of 10 days and until he/she is 48 hours fever-free (without fever-reducing medication) and symptoms have stopped.
 - If your child’s test is negative, your child can return to school 72 hours after his/her symptoms have stopped.
- If your child’s pediatrician is unable to confirm an alternate diagnosis and there is no COVID-19 test, (unless the symptom is runny nose only) your child should stay home for a minimum of 10 days with 48 hours fever-free (without medication).
- If you choose not to consult your child’s pediatrician, please have your child stay home for a minimum of 10 days and until he/she is 48 hours fever-free (without fever-reducing medication) and symptoms have stopped.

For any **symptoms that are not COVID-19 related**, our regular Illness Policy would apply (see main Parent Handbook)

Exception: During COVID-19, we are requiring all children to be 48 hours fever-free (without fever reducing medication) – normally our policy is 24 hours fever-free.

Of particular significance are any symptoms of illness that are **new, unusual, and/or severe symptoms**, as these are the most indicative illness and contagiousness. Also significant are **combinations of symptoms** on the list, especially those listed as most indicative of COVID-19 in children: fever, sore throat, cough, diarrhea, vomiting, abdominal pain, headache.

Additional reasons for excluding child from child care environment

1) Member of household/daily cohort has symptoms consistent with COVID-19 (including respiratory illness)*:

- Child should stay home until the household/daily cohort member gets COVID-19 test results.
 - If the test is negative, and the child has no symptoms, the child can return.
 - If the test is positive, the child should quarantine for 14 days.
- If the child develops symptoms of COVID-19 during quarantine, consult your pediatrician, the child should be tested for COVID-19, and follow the illness policy noted above.

2) Child or member of household/daily cohort has close contact with confirmed case of COVID-19

- Child should stay home to quarantine for 14 days.

- A negative COVID-19 test received by the child or person exposed does not preclude a 14-day quarantine. The incubation period for COVID-19 can be up to 14 days, thereby requiring the full 14-day quarantine.
- If the child develops symptoms of COVID-19 during quarantine, consult your pediatrician, the child should be tested for COVID-19, and follow the illness policy noted above.

3) Child has been in close contact with someone with a suspected case of COVID-19

- Child should stay home until the person with a suspected case gets his/her test results back.
 - If the test is negative, the child can return.
 - If the test is positive, the child should quarantine for 14 days.
- If the child develops symptoms of COVID-19 during quarantine, consult your pediatrician, the child should be tested for COVID-19, and follow the illness policy noted above.

4) Travel anywhere (domestic or international) via public transportation (airplane, train, bus):

- If the child travels by public transportation, the child should stay out of school for 14 days after returning home.
- If a household/daily cohort member travels by public transportation, the family can choose from these two options:
 - The person who traveled can quarantine away from the rest of the family for 14 days after returning, and the child can continue attending school. Quarantining can be done by having the person who traveled live in separate rooms of the house (no interaction of contact) or by residing in a different location (e.g. hotel).
 - If the person who travels does not quarantine away from the rest of the family, the child should stay out of school for 14 days after the household member returns from travel.
- If the person who traveled experiences symptoms of COVID-19 during the 14-day period, follow #1 above.
- If child develop symptoms of COVID-19 during the 14-day quarantine period, consult pediatrician, child should be tested for COVID-19, and follow illness policy noted above.

*According to the Los Angeles Department of Public Health, “While the virus may be most contagious when the infected person is clearly ill, some individuals may infect others even when they don’t have obvious symptoms or any symptoms at all. Given that risk, children who have been exposed to someone who has respiratory illness should remain home for 14 days to see if they also develop symptoms of illness. Home quarantine of an exposed child reduces the chance of spread to other children and staff. If no symptoms appear within 14 days, the child may return to the ECE site.”

(<http://publichealth.lacounty.gov/media/Coronavirus/docs/education/GuidanceEarlyChildhoodEducation.pdf>)

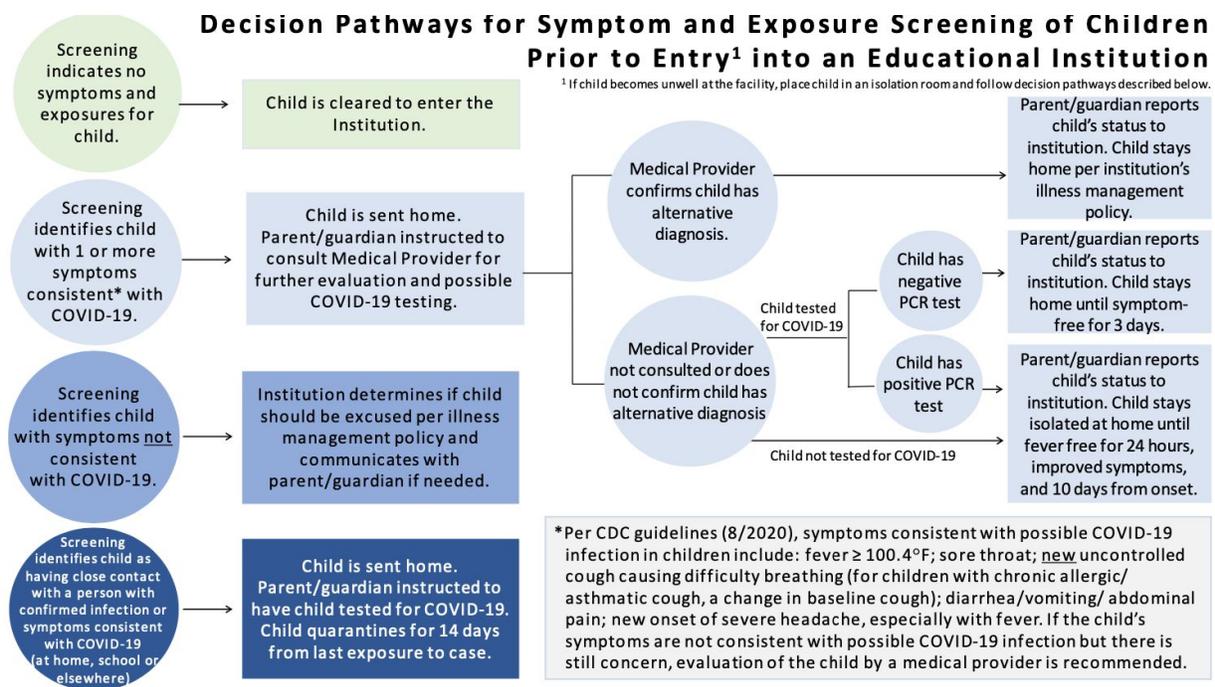
IMPORTANT: Individuals with certain underlying health conditions can be at risk for more serious illness from COVID-19. **If your child has such an underlying condition (such as asthma), you must inform the Oxy CDC,** so that we can put a care plan in place, to protect your child’s health and safety.

Exposure to COVID-19

Anyone who thinks they may have been exposed to another person with COVID-19 must self-quarantine for 14 days. You are considered to have had “close contact” with someone with COVID-19 if you were:

- Within 6 (six) feet of them for a total of 15 minutes within a 24 hour period (either in one straight period of time or through multiple brief periods that add up to 15 minutes or more)
- In contact with infected person’s bodily fluids/secretions (saliva, mucus, blood, urine, fecal matter, etc.) (e.g. they sneeze or cough on you)

...within the 48 (forty-eight) hours prior to when the person first showed symptoms.



DAILY HEALTH SCREENINGS BEFORE ENTRY

As part of a necessary daily health screening process, **parents should conduct their own health screening (including a temperature check), on themselves and on their child, at home each morning before leaving for school.** Parents should closely monitor, at all times, for any symptoms of illness in their child/ren and in members of their family (or anyone with whom their child comes into contact). Oxy CDC staff will be doing the same for themselves.

Oxy requires all employees to do a self-screening at home and enter the results online in Oxy's system.

Upon arrival at the Center, each child and parent will receive a health screening before the child enters the facility. The health screening will include a temperature check (with a no-contact thermometer) and asking the parent/caregiver a series of yes/no questions, designed to check for symptoms of illness and exposure to COVID-19.

To limit cross contamination, we will be using a no-touch, infrared thermometer. The limitation of these thermometers is that they read skin temperature, which tends to be about .5 to 1 degree lower than internal/core body temperature. Skin temperature is also affected by the ambient temperature and other external factors. Therefore, we will also have an in-ear thermometer on hand, which is very accurate, for a 2nd reading as needed. (This underscores the crucial importance of parents taking their children's temperature, and their own, at home every morning before leaving the house - with a thermometer that accurately measures internal/core body temperatures).

The results of each child's health screening will be logged. **Any child who does not pass the health screening (or who exhibits any of the symptoms listed in our main Parent Handbook Illness Policy) will not be admitted to the facility for that day.** We have the ability to reach out to Oxy's Emmons Wellness Center, as needed, for consultation and instruction, based on symptoms encountered.

Isolation/Exclusion of Sick Individuals

Staff will receive training on identifying the symptoms of COVID-19. Children's and teachers' temperatures will be taken periodically throughout the day. While at the Oxy CDC, anyone who comes down with any of the symptoms above should leave the facility as quickly as possible. Staff members must leave the premises immediately, if they come down with symptoms of illness. (If proper supervision of children would be impossible if the teacher leaves, and a substitute/alternate person cannot be found to cover quickly, parents may be called to come pick up their children for the remainder of the day).

If a child comes down with any symptoms of illness, parents will be contacted. Children will be isolated away from others (in an open-air, outdoor location), supervised at distance by a teacher or the Director, until the parent/caregiver arrives to get the child. It is recommended that a surgical mask be placed on the child at this time to limit respiratory droplets from spreading.

To facilitate quick pick up in such cases (or if the Center needs to close quickly due to a COVID-19 case in our population), **parents should be reachable at all times**, and should be available to get their child (or have a designated alternate pick up person get their child) **immediately - within 30 minutes of being contacted.** Each day, as part of the sign-in procedure, parents must provide the name and contact number of the **designated parent/person who will be on-call for that day and able to pick up the child immediately.**

Each family is responsible for having back-up childcare plans in place. This is true of times when we are operating typically. However, having back-up childcare in place will be even more crucial during the COVID-19 public health crisis. You may be asked to come pick your child at a moment's notice or may be asked to keep your child home unexpectedly (to follow Illness Policy or in the event of a Center/classroom closure).

Public Health considers all adults and children in a classroom/cohort to be "close contacts". This means that, when a child or teacher has concerning symptoms within 48 hours of being at the facility with other children and teachers, the whole group will be considered to have been exposed to these symptoms, and potentially to COVID-19. This will necessitate that the whole group quarantine until a doctor determines an alternate diagnosis or there is a negative COVID-19 test result for the person with symptoms.

We will use our judgment and understanding of the guidance to determine whether a child's or a teacher's symptoms warrant the whole group quarantining in this manner.

If there is a need for the whole group to quarantine while waiting to rule out COVID-19, if the child or teacher with symptoms is cleared, all others can return, and the child/teacher with symptoms can return when he/she had been fever-free for 72 hours and other symptoms are gone. If the child or teacher is diagnosed with COVID-19, the entire group/classroom must quarantine for 14 days from the last exposure date, to monitor for signs and symptoms of COVID-19.

The symptoms that are most concerning and indicative of COVID-19 are slightly different for children and adults, so we wanted to make you aware of these:

In children, they are:

- Fever 100.4 degrees or above
- Sore throat
- New uncontrolled cough causing difficulty breathing
- Diarrhea
- Vomiting
- Abdominal pain
- New onset of severe headache, especially with fever

In adults, they are:

- Fever 100.4 or above or feeling feverish (chills, sweating)
- New cough
- Shortness of breath
- Sore throat
- Muscle/body aches
- Diarrhea/vomiting

- New loss of taste or smell

CONFIRMED OR SUSPECTED CASE OF COVID-19

We ask parents and staff to **notify Laura Drew of any suspected or confirmed exposure to COVID-19**. If any members of your family are tested for COVID-19 due to having symptoms, please contact Laura Drew as soon as you are directed to/decide to get tested and then again when you learn of your diagnosis. Personal health information will remain private and confidential and will not be shared with anyone. No one will be identified by name in public communications.

If there is a positive case of COVID-19 in a child or an adult who has been present in the Center, we will notify parents as immediately as possible. We will not disclose the identity of the person(s) in question. We will contact the Los Angeles Department of Public Health. Any positive case in a child or adult who has been at the Center within 48 hours of showing symptoms will necessitate that all children and teachers from that group quarantine for 14 days. If it is determined that any other group has potentially been exposed, this group would be asked to quarantine, as well.

Part of the process when there has been a case in a person present at the Center will be to do contact tracing - attempting to determine who the person came into close contact with during the infectious period. We will identify any close contacts and report them to Public Health. Public Health will contact these people to follow up.

If there is a confirmed or suspected case of COVID-19 in a household/daily cohort member of a child or teacher (or is suspected that a child/teacher had been exposed to a positive case of COVID), that child or teacher will be asked to stay home and self-quarantine for 14 days. We will ask that the child or teacher get tested for COVID-19. All families in the Center will be notified that a family member/close contact of a person in a certain classroom has a suspected or confirmed case of COVID-19. This will allow parents to make the decision about whether or not they feel safe to send their child to school during the period while the child/teacher gets tested. If the person in question has a positive test result, Public Health will be contacted and the processes above will be initiated.

A closure of a classroom or the Center, due to one or more confirmed cases present at the Center, is considered a **period of evaluation**, to determine whether COVID-19 has spread in our school community. As such, **during a closure, it is especially important that families limit their contact with those outside their household/daily cohort.**

MINIMIZING RISK OF EXPOSURE TO COVID-19

Parents should understand that, children attending the Oxy CDC will be with children, employees and (indirectly) families who, due to the nature of living every day life, will likely experience community exposure. Due to the highly contagious nature of COVID-19, **parents**

should understand that no list of restrictions, guidelines, or practices will fully eliminate risk of exposure to COVID-19. It is important to note that COVID-19 can be transmitted by persons who are asymptomatic or before they show signs of infection. **Therefore, by choosing to enroll your child, you are acknowledging and accepting the risk that your child may be exposed to COVID-19 while at the Oxy CDC.**

Families play a crucial role in caring for the health of all other families and staff members in our school community. It will be important to remember that what each of us does can affect the health and of many others in our community, and their loved ones, as well.

Families are expected to follow all state, federal, and local public health guidelines related to minimizing spread of COVID-19, including wearing masks and maintaining physical distancing at all times whenever you are around those who are not part of your household/daily cohort (errands, work, etc.), as well as frequent/thorough hand washing and staying home when sick.

The State of California recently updated their guidance to allow private gatherings of three or fewer households, as long as the private gathering is **outdoors**, everyone **wears a cloth face covering** and **keeps at least six feet of physical distance**, **food is in single-serve disposable containers**, and the **duration of the gathering is two hours or less**.

The Department of Public Health warns that private gatherings with people from different households increases the risk of COVID-19 transmission, with the risk increasing the longer the gathering. Public Health recommends if you do gather with a maximum of two other households, that you do so with the **same households each time**, to create a quasi-bubble that can reduce the risk of spreading the virus. It is very important that you **do not attend any private gathering if you are experiencing symptoms of illness, have tested positive for COVID-19 or if you have been exposed or likely have been exposed to someone positive**.

Any close-contact, new exposures (within 6ft for more than 15 minutes, unmasked contact within 6ft of any duration, contact with bodily fluids) with anyone who is not part of your household/daily cohort will require that your family quarantine for 14 days - and that your child be out of school for that period, to monitor for symptoms of illness.

In order for their child to attend, families must also agree to the following conditions designed to minimize exposure to COVID-19:

- Limit close contact with individuals not in your household (within 6 ft for 15 minutes or more)
- If building a cohort with other families/individuals, only do so if they are following the same guidelines and health practices outlined in the Oxy CDC's COVID-19 policies

- Limit occasional caregivers to as few people as possible and set expectations for their behavior outside of the time they spend with your family - ask that they agree to follow all of the health and safety practices outlined in the Oxy CDC's COVID-19 policies
- Refrain from attending large public gatherings (more than 10 people)
- Small gatherings with those outside your household/daily cohort should only occur outdoors, and everyone should be wearing masks and observing physical distancing of 6 ft or more.
- Consider any visitors to your home who are not part of your cohort and are unmasked and/or not physically distancing as “new exposures” that require a proceeding 14-day quarantine period. If visitors to your home have arrived by public transportation (air, train, bus), this also requires a 14-day quarantine period.
- Consider your visits to the homes of those who are not part of your cohort, where anyone is unmasked and/or not practicing physical distancing, to be “new exposures” that require a proceeding 14-day quarantine period.
- Quarantine prior to visits: If a visitor to your home has completely quarantined (no contact with others) for 14 days prior to their visit to you (and they arrived by driving their own vehicle), this would not trigger the need for your child to stay home for 14 days. Similarly, if in the household you go to visit, they have completely quarantined (no contact with others) for 14 days prior to your arrival, your child would not need to stay home for 14 days afterward.
- Families with older children who will be participating in “learning pods” should follow the same public health guidance to minimize their risk of exposure to COVID-19 (mask wearing, physical distancing, frequent hand washing) while in their pod.

Public Health Guidance for learning pods:

http://publichealth.lacounty.gov/media/Coronavirus/docs/protocols/ChildCareSchoolAgedChildren.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

Building a Cohort/Pod

All members of any cohort or pod should be following all federal, state, and local public health guidelines, in addition to the health and safety guidelines outlined in this Addendum.

When entering into a cohort or pod agreement with another individual, family, or small set of families, you should ask the questions and explore considerations listed below, in order to determine whether the individual, family, or families are willing to commit to following the same cautious practices that your family needs to follow as part of the Oxy CDC community.

Timebound or rolling: Is your pod an ongoing family structure that you'll count on into the future? Is it designed to be a temporary arrangement? Are breaks from one another built in?

Permission-based or reporting-based strategies: A “reporting-based strategy” means that podmates expect to have the freedom to do what they want so long as they report any behavior

or circumstances that fall outside of agreements. “Permission-based” strategies ask that podmates clear any not-agreed-upon risky behavior with the rest of the pod before engaging in it. Note: All participants would need to agree that any behavior that results in exposure to new, close contacts outside the pod/cohort would trigger a 14-day quarantine from the cohort/pod (and from the Oxy CDC if your family had the new exposure).

Social-risk management protocols: Are social visits outside of the pod limited to outdoors only or are indoors meetups OK? If indoor meetups are OK, under what circumstances are they allowed? Should folks remain at six-foot distance? Under what circumstances are masks necessary? Are there criteria that would allow non-distanced social contact with people outside of the pod? If so, how frequently is such contact allowed? It’s important to get clear on these because people with different risk tolerances or levels of information may have very different answers. Note: All participants would have to agree that they would not be having any un-masked, non-distanced gathering/contact with those outside the cohort/pod.

Environmental-risk management protocols: What kinds of environments are OK to be in? Is a crowded beach OK? What about supermarkets or similar indoor retail shopping spaces that don’t require masks? What happens if someone coughs on you, or sneezes in a small space with poor ventilation, or other direct exposures to people exhibiting COVID-19 symptoms? Will standards of behavior be tightened or loosened based on epidemiological data such as your community’s infection rate, testing rate, or hospitalization rate? This information can often be found on state or county health department websites or in local news sources. Note: All participants would have to agree not to attend any crowded places with large gatherings and that for any gathering of 10 or fewer people they would remain physically distanced and masked at all times. LA County does not currently allow for entering stores/places of business without masks. When this is allowed by the county, the question about whether or not this practice will be allowed for pod/cohort members should be discussed.

Testing protocols: Does the pod want to use testing to manage risk? Should it be regular or situational? How frequently should tests be taken, and by whom? What kinds of tests should be taken?

Re-entry protocols: If a pod member acts outside of pod agreements or must take a break from the pod for any reason, what’s the pathway to re-enter the pod? Does it require testing? A two-week quarantine period? Are there circumstances under which the pod arrangement would simply end? Should the pod’s terms be renegotiated in this space?

Conflict management: Let’s face it—even the closest of friendships can be strained in such vexing circumstances as a global pandemic. It could be helpful to consider each pod member’s needs and preferences in dealing with conflict. Agreeing on support for managing conflict—mediators, therapists, or even friends—could help extend your pod relationships.

Holiday Travel and Gathering

Because travel by public transportation (airplane, train, bus) poses a higher risk of exposure to COVID-19, if you travel via public transportation, please plan to keep your child out of school for 14 days after your return, to quarantine and monitor for symptoms. Similarly, gathering with those outside your household/daily cohort poses increased risk of exposure to COVID-19, if you plan to gather with others for Holiday celebrations (or any other reason), unless everyone is masked and physically distanced by 6 ft or more at all times (and ideally outside), then please plan to have your child out of school for 14 days after the gathering to quarantine and monitor for symptoms.

Health and Safety Requirements Implemented by Occidental College

Currently, those students, faculty, and staff who do come to campus regularly will be required to submit to regular COVID-19 testing. The Oxy CDC staff will be receiving COVID-19 tests every 2 weeks.

Oxy is using a monitoring app, which all Oxy students, faculty, and staff members are required to utilize. Each person will complete daily symptom and temperature screenings before arriving on campus. Those who are experiencing a fever over 100.4 degrees fahrenheit and/or cold/flu symptoms will self-isolate and seek medical attention.

Oxy requires that all students, faculty, and staff complete online training on COVID-19 health and safety measures, to assist individuals in taking protective measures against the spread of infection. In addition to the completing the training that Oxy provided, the Oxy CDC teachers have undergone additional training, specific to our setting, on how to recognize signs and symptoms of COVID-19, the Daily Health Screening procedures, ways to prevent the spread of the virus, disinfection methods and protocols, and how to support children socially and emotionally during the COVID-19 period.

H.Arrival and Departure Procedures

Our facility will be open for childcare from 8:30 a.m. to 5:00 p.m. Monday through Friday. While operating in this phase, drop-off and pick-up times will be staggered, to avoid congregating/crowding. You will be given a 15-minute drop-off window and a 15-minute pick-up window. **Please only come at your designated drop-off or pick-up time**, to limit crowding and to keep everyone safe. If you need to pick up early or have an emergency and are going to be late, please call/text to let us know. **All parents/caregivers must wear masks/ facial coverings at drop-off and pick-up.**

We ask **only one parent/caregiver at a time** drop off or pick up the child. **If possible, it is preferable to maintain one consistent person dropping off and picking up the child.** When that is not possible, we ask that each family try to utilize no more than 3 designated drop-off and pick up persons. We ask that none of them be persons who are more at risk of serious complications from COVID-19 (older person such as grandparent or person with a serious underlying medical condition).

Sign-in/out Clipboards

Class sign-in/out clipboards will be hung on the wall in the parking lot area. Hand sanitizer will be placed near the sign-in/out clipboards

When signing a child in or out, each parent/adult should follow this order of procedures:

- 1) Sanitize their hands
- 2) Take a “clean pen” and sign child in or out
- 3) Put used pen in “used pen” bin (pens will be sanitized before future use)

Transfer of Children’s Belongings

Each child will have his/her own area on the outside of the fence along the parking lot where any belongings that need to be transported between home and school will be hung. **Please bring a washable cloth bag to hang on the hook**, and we can place any items to go home in this bag. You’ll take this bag home with you, and then **bring a clean one the following day**.

Drop-Off Procedures

Drop-offs and pick-ups will be done at the gate on the parking lot side of the facility ONLY (the gate on the Oxy/campus side will NOT be used for arrivals or departures).

Drop off Steps

1. Parents/caregivers and their children will come to the parking lot and wait in the line, spaced out at 6-ft distances (spacing will be indicated with markings). The adult dropping off must be wearing a mask/facial covering, and **children should be masked**, as well. If you see another family being checked in, please be patient and keep your distance during this time.
2. When it is your turn, you will take your child to the health screener. Your child’s and parent’s temperature will be taken (with a no-contact thermometer). You will be asked a series of questions about symptoms and exposure to COVID-19. After these questions are answered, the screener will determine whether or not your child will be admitted to care for the day and if any follow up is needed.
3. Once cleared for your child to attend, you will then sanitize your hands and sign your child in. **The sign in sheet will ask you to write down the name and phone number for the designated person we can call that day to come pick the child up within 30 minutes, if necessary.**
5. A teacher will receive your child for care and will help your child wash or sanitize his/her hands, as the first step of the day.

If a child is struggling to say goodbye to his/her parent at the gate and needs a bit of transition time, the parent and child can sit on the chairs provided in the parking lot for a couple of minutes until the child is more ready to say goodbye. So far, children have been doing very well with this transition and there have been no tears or difficulties.

Pick-Up Procedures

Pick-up will be done at the **parking lot gate** only. When you come to pick up your child, if you see another family waiting to be helped, please wait in an area that is physically distanced (by at least 6 ft). Please be patient until it is your turn. Anyone picking up a child must wear a facial covering/mask.

Pick-up Steps

1. When you arrive at the parking lot gate, rather than coming inside the facility to get your child, you will wait for your child will be brought to the gate. The children will likely be playing on the yard, so the teachers may be aware of your arrival. If the children are playing inside, **please call to let us know that you are waiting at the gate to pick up your child. Please call (323) 259-2510.** If you are unable to reach anyone by phone, step 2 would be to ring the doorbell. As a 3rd option, you can also text Laura through the Remind app.
2. The pick-up person will sanitize his/her hands and sign the child out. Use a “clean pen”, after signing out, put the pen in the “used pen” holder.
3. Check your child’s hook on the fence to see if there are items that need to go home.

I. Items from Home/Personal Belongings

While in this phase of operation, children may not bring in any personal belongings aside from what is approved.

Any item that is approved/required to come to school must be **clearly labeled with the child’s name** (this includes socks, shoes, underwear, shirts, pants, shorts, jackets/sweaters/sweatshirts, hats, sunscreen, lovey/blankie, sunscreen, towel, etc.).

Children should have these items at school at all times:

- **3 clean, full changes of clothing, including: shirts/dresses, pants/shorts/skirts, underwear (if applicable), socks and shoes.** Dirty clothing will be sent home and new clothing should be sent the following day in the clean cloth bag brought to school.
- **1 or 2 long-sleeved sweatshirts or sweaters**
- **1 beach towel or picnic blanket for outdoor, picnic-style lunch**
- **1 tube/bottle sunscreen (check expiration date)**
- **3 + clean facial coverings/masks**
- **2-3 washable cloth bags (e.g. cloth grocery bags)** to transfer items that need to be sent home. You will take the bag home when they have items in them, then you will bring new, washed bags back the next day (have some to rotate).

Children may bring **one lovey or stuffed animal or small blanket to use during nap/rest time**, and this item **must remain at school, in your child’s cubby** (or bagged with his/her nap items).

No toys or other personal items from home will be permitted at this time. Items that are being sent home will be put in the washable cloth bag hung in your child's area on the outside of the fence along the parking lot.

J. Special Events

There will be no special events or gatherings while COVID-19 remains a public health concern. We look forward to reinstating our community gatherings when it is safe.

K. Birthday Celebrations

If you wish to send a special treat to celebrate your child's birthday at the Oxy CDC, please check with your child's teacher at least one week in advance to discuss what your plans will be for that celebration. Children may only distribute **pre-packaged treats** as opposed to homemade. Note: All birthday treats must be **peanut-free (and possibly nut-free, depending on any serious allergies in the class).**

L. Parent-Teacher Conferences

We have not finalized the plan for Parent-Teacher Conferences for the fall. More information will be provided once determinations have been made.

M. Food

Food service will be discontinued for the time being. We would like **each child to bring food from home for the day in a clean fabric grocery bag (fresh, clean bag each day).** You should include **any food your child needs to eat during the day** (lunch and afternoon snack, as well as breakfast, if like).

- Please pack your child's food in containers that your child can independently open and close. We suggest using a one-piece, bento-box style lunch box. This has been working well for children.
- Please avoid sending "sugary", treat-like foods. Please exclude any food items that list sugar or high fructose corn syrup as the first ingredient. Please do not send things such as: cookies, candy, pudding, cake, sugary cereals, etc.
- **We are a peanut-free facility**, so please do not provide foods that contain peanuts.
- *****If your child has an allergy to any foods**, please be sure that it has been indicated in your child's paperwork in writing, as well as communicated to us verbally. All allergies will be posted in the classroom. **Depending on the allergy, some rooms may become completely "nut free" or free from any food that might cause an anaphylactic response in a classmate.**
- Please include an ice-pack if any of your child's food should be chilled. We will not be able to provide space in the refrigerator. Your ice pack will be washed and returned.

- Please do not send any food that needs to be heated.
- No need to send beverages for your child. We will provide water and 1% organic milk.

Food Service Protocols

- All surfaces will be sanitized before food service, using EPA-approved products.
- All children will wash hands before and after eating.
- All staff will wash hands before and after helping children during eating times.
- Eating times will be staggered, rather than the whole group sitting down to eat at once.
- Children will sit distanced from each other by at least 6 ft.
- We will eat outdoors as often as possible.

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For more information about safely operating early childhood/child care programs during COVID-19, please visit these links:

- <http://publichealth.lacounty.gov/media/coronavirus/docs/education/GuidanceEarlyChildhoodEducation.pdf>
- <https://files.covid19.ca.gov/pdf/guidance-childcare--en.pdf>

Things to Consider Before Enrolling Your Child

Before deciding whether to enroll your child during the period where COVID-19 is a public health concern, please consider how these COVID-19-necessitated policies and operations described in this Addendum to the Parent Handbook may impact your child. Children are resilient and amazingly adaptable. We expect that most children will be able to adjust, over a bit of time, to new routines and plans, and we will do everything we can to help each child be, and feel, successful in our environment. Even so, the required physical distancing and individualized play may be more challenging for some children, and we definitely want children to be able to have good days at school. So, please consider your own child in the context of what we have shared about the necessary programmatic procedures, plans and policies. If a child is struggling with following the physical distancing expectations (or other expectations), we will set up a meeting with the child's parents to discuss how to collaboratively support the child in being successful at school. If, after collaborating with the family, after a reasonable amount of time has passed, it is deemed that the unique expectations during this time are too challenging for a child, the family may be asked to remove their child from the program for a period, or until physical distancing requirements are relaxed.

Much is still unknown about how the novel coronavirus affects young children and the degree to which young children can be spreaders of the virus. There is some evidence, based on the experience of child care programs that have been in operation during the pandemic, that, when proper infection control measures (health screening, physical distancing, masks, hand washing, etc.) are in place in the child care setting, transmission can be low. It does take the full cooperation and commitment from families, to limit their exposure to the virus, so that their children are not bringing the virus into the child care setting. Staff members must take the same precautions. We have put together a comprehensive plan for trying to minimize the spread of COVID-19 at the Oxy CDC. However, as stated above, participation in any group setting does carry some risk of infection. Families should carefully weigh all of the available information and make the decision for themselves about when they feel comfortable sending their child back to the group child care setting.

Parents/Guardians,

Please thoroughly review the Addendum to the Parent Handbook, COVID-19 Edition, for the 2020- 2021 school year, which contains the policies and procedures that will remain in place at the Occidental College Child Development Center until further notice. After reading the Addendum to the Parent Handbook, please complete and sign the Acknowledgement and Agreement form on the next page (both/all parents/guardians). Please return your completed form to Laura Drew by Monday, October 26, 2020. Thank you in advance for your cooperation and help in keeping everyone in our community safe during this public health crisis.

Sincerely,

Laura Drew, Program Director
Occidental College Child Development Center

Occidental College Child Development Center
Acknowledgment and Agreement
COVID-19 Addendum to the Parent Handbook

I/we, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Occidental College Child Development Center will result in adverse action, up to and including termination of enrollment.

On behalf of my child, _____, I/we agree to take all recommended and reasonable actions to protect my child and myself and others from exposure to COVID-19, and that I/we ASSUME THE RISK, as applicable, of enrolling my child and my child's attendance at the Oxy CDC. I understand and agree that no one, including but not limited to College administrators and staff, can guarantee that my child and I will not be exposed to or contract COVID-19.

I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another employee, child, or their family member to COVID-19. I understand that these terms are in compliance with current public health standards and are subject to change. I will be notified in writing of any changes in policy and asked to sign an acknowledgement of the changes.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

Parent's Name: _____

Parent Signature: _____ Date: _____