CHILDCARE CRISIS ASSISTANCE IN ISOLATION RESPONSE PLAN (CCAIR)

NOVEL "CORONAVIRUS" COVID-19 PANDEMIC - 2020

Site Manual

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

MISSISSIPPI STATE DEPARTMENT OF HEALTH

A Message to Our CCAIR Partners…

The Novel "Coronavirus" COVID-19 Pandemic represents a critical point in time for public health and how we as a society respond to crises like these. During this time, many have been called on to self-quarantine and work from home. However, as we know, there are those that cannot do so because they are deemed as "essential" personnel. These individuals include, but are not limited to healthcare providers, public safety officials, power generation and utility personnel, food retail personnel and more. It is crucial that support for these essential workers is provided, which includes daily care for their children.

Child care centers provide the backbone for workforce support. These centers are established to provide both care and education for our children. It is recommended to use your local established providers as the primary source for child care. However, during times of crises traditional providers may not be fully able to meet the need of the essential workforce. The Childcare Crisis Assistance in Isolation Response Plan (CCAIR) was created to offer guidance for establishing temporary, emergency child care in non-traditional settings.

***NOTE:** A search of currently licensed child care providers may be conducted online at: https://www.msdh.provider.webapps.ms.gov/ccsearch.aspx.

This manual will continue to be revised as we learn more information about COVID-19 and adjust health and safety practices in response to this everchanging crisis. Please contact us if you have recommendations or best practices you would like to share.

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Childcare Crisis Assistance in Isolation Response Plan (CCAIR)
NOVEL "CORONAVIRUS" COVID-19

BACKGROUND ON COVID-19

On March 13, 2020, President Donald Trump signed an executive order declaring a national state of emergency for the United States of America in response to the Novel Coronavirus disease (COVID-19) pandemic. Additionally, Governor Tate Reeves declared a state of emergency for all counties in the state of Mississippi on March 14, 2020. The declarations allow the state to provide resources and assistance to help meet the needs of families impacted by COVID-19.

PURPOSE

The CCAIR Plan was created in response to the COVID-19 pandemic. CCAIR sites will serve as temporary, emergency childcare facilities during this crisis period for families that include but are not limited to first responders, emergency personnel, emergency support personnel, essential government personnel, and health care professionals responding to public need who cannot isolate at home. CCAIR sites are designed for quick set up and break down. These sites are not intended to last for extended periods of time; therefore, these sites will not meet all requirements of the Mississippi State Department of Health *Regulations Governing Licensure of Child Care Facilities.* However, CCAIR sites will be required to meet basic health and safety requirements as outlined in this manual.

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SUBCHAPTER 1: WHO ARE YOU SERVING?

Defining the population that will be served by your CCAIR site is a crucial first step. CCAIR is designed for first responders and the like whose job requirements do not allow for quarantine at home. These individuals include but are not limited to health care professionals, service staff, and public sector employees. The list of questions below can provide some guidance on the population that your CCAIR site will be serving, however more than likely your CCAIR site will be serving families that are responding to an emergency/crisis. You can easily define your CCAIR service population by answering a few simple questions:

- ✓   How many families in your area will have need of emergency childcare?
- ✓   How many children will have need of CCAIR services?
- ✓   What hours of care will families in your area need?
- ✓   Do you have single parents/guardians that will need CCAIR services?
- ✓   Do your families have children with special needs that will need CCAIR services?
- ✓   What is the cultural background of most families in your area?

SUBCHAPTER 2: THE CCAIR SITE

CCAIR sites must be equipped to care for young children. The site needs to be set up to split children into smaller groups. Lavatories, sinks, food storage and food prep, and possible outdoor space shall be considered when selecting a CCAIR site. It is vital that your CCAIR site be located in relatively close proximity to families that will be needing CCAIR site care

2-A. PHYSICAL FACILITY

At minimum a CCAIR site must have:
1. Adequate heating and cooling units.
2. Area for at least one classroom that is free of any equipment or debris that may be harmful to children.
3. Lavatories (toilets) that can be made accessible for children. Standard size toilets shall be equipped with child seats and steps if necessary.
4. Handwashing sinks that do not double as food prep sinks (hot and cold running water is preferable).
5. Receiving/screening area in cases of widespread illness or pandemic (i.e., COVID-19 outbreak).
6. Exclusion Space or Sick Room. In the event that a child becomes ill or shows signs of illness while in attendance, the CCAIR site will need to be equipped with an Exclusion Space or Sick Room
7. Food storage area if food will be stored on site (e.g., functioning refrigerator, freezer, etc.)
8. Food preparation area unless ready-to-serve food is used, or all food is externally catered.
9. Outdoor play area free of any equipment or debris that may be harmful to children (optional).

2-B. EMERGENCY RELOCATION SITES

In the event of an emergency that requires evacuation, each CCAIR shall designate both a ONE (1) MILE RELOCATION SITE and a FIVE (5) MILE RELOCATION SITE.

One (1) mile evacuation site: immediate evacuation of the building. Examples of these emergencies may include fire, structural damage, etc.

Five (5) mile evacuation site: immediate evacuation of the community or area that the CCAIR site is located. Examples of these emergencies may include gas leaks, extensive structural damage to the local area, etc.

These sites do not have to be outfitted or equipped in the same manner as the CCAIR site. These locations will simply function as a location to move children and CCAIR site personnel if a situation requires an evacuation of the CCAIR site. It is recommended that CCAIR sites notify local police or sheriff departments that the site may need assistance relocating children in the event of an emergency.

2-C. EQUIPMENT & FURNITURE

The ages of children served by the CCAIR site will play a big role in the type of equipment that will be needed at your CCAIR Site. At minimum each CCAIR site shall be outfitted with:

1. Child-sized or child adaptable furniture (tables and chairs).

2. Storage/shelving for supplies (see SUBCHAPTER 5: SUPPLIES for more information).
3. Area for storage of personal items for children and personnel. Plastic bags may be used to confine personal items if necessary. (See Subchapter 6 for more information).
4. Lavatories that include bathing areas (if CCAIR site will provide overnight care).
5. Mats or cots for naptime (for children aged 12 – 60 months).
6. Portable cribs or Pack-N-Plays (infant care only).
7. Diaper changing stations which includes changing pads, handwashing sink, storage space for gloves, diapers, wipes, creams & ointment (infant & toddler care only).

2-D. RECEIVING/SCREENING AREA

Each CCAIR site must have a receiving and screening area (AKA warm zone). **Two CCAIR staff members will need to be assigned to work the receiving/screening area during drop off and pick up times.** See **Appendix B Form 3** for the CCAIR Check in/out Sheet for children.

1. Parents or guardians must stay at their vehicle at all times in an effort to decrease possible exposure. Parents or guardians will hand the child off to CCAIR personnel.
2. A staff member will escort the child to the warm zone, take the child's temperature (using protocol as outlined below), and observe the child for any visible symptoms. ***Note: CCAIR sites may elect to use the immediate surroundings of the parent or guardian's vehicle as the warm zone. Child screening and check in can be conducted at the vehicle of the parent of guardian.**
3. A second staff member will check the parent's ID and check in the child on the roster.
4. If the child exhibits symptoms of illness or has a fever, the child will be escorted back to the parent's car and the refusal will be reported on the roster.
5. If the child is cleared to enter the center, personnel will escort the child to a bathroom to wash hands upon arrival.
6. All personnel wash hands once check in is over and as frequently as needed.

The screening process will include:
1. Body temperature taken by thermometer:
   a. Forehead thermometer (100.4° Fahrenheit)
   b. Armpit thermometer (99° Fahrenheit or higher)
   c. Oral Thermometer (99.5° Fahrenheit)
2. Visual screening of discharge from eyes or ears.
3. Visual check of child's overall state.
4. Check to see if the child has one or more of the following signs and/or symptoms:

-Diarrhea	-Abnormal breathing (e.g., fast breathing)	-Body rash	-Cough w/fever
-Behavior changes (e.g., irritable, lethargic)	-Ear or eye discharge	-Body itching (scabies, lice infestation)	-Disease conditions such as measles, chickenpox, mumps, scabies, common cold

CCAIR personnel shall not allow parent to drop child off until the child has (1) been properly screened, and (2) the child has been properly signed in. All check-in/check-out forms must be copied and sent via MDHS CCAIR Portal on a weekly basis.

Pick up procedures
1. Parents or guardians stay at their vehicle at all times.
2. Two CCAIR staff members will accompany the child to the vehicle of the person authorized to pick up the child.
3. A CCAIR staff member will hand the child off to the parent. The second CCAIR staff member will check out the child on the roster.
4. The child is properly secured in the vehicle before leaving the child in the parent or guardian's care.

2-E. EXCLUSION SPACE/SICK ROOM

In the event that a child becomes ill or shows signs of illness while in attendance, the CCAIR site will need to be equipped with an Exclusion Space or Sick Room. The Exclusion Space shall be a room quartered off from all other areas where children and personnel are present. However, any children in the Exclusion Space must be properly supervised at all times. The Exclusion Space shall be outfitted with seating and/or rest space for children. Close access to a water supply or sink, as well as close proximity to a lavatory.

2-F. KITCHEN/FOOD PREP & SERVICE AREA

CCAIR sites may choose to prepare food onsite or have food catered or supplied by an external source (donations, etc.) For more information about food and nutritional guidance see **Appendix B.**

If food is prepared onsite, the CCAIR site must:
1. Have a separate food prep sink that does not double as a handwashing sink.
2. Maintain adequate storage and refrigeration for meals and snacks.
3. Serve food from disposable containers (plates and cups) and using disposable utensils (spoons, forks, etc.) unless a dishwasher that produces a final rinse of at least 180° Fahrenheit is used.
4. Do NOT allow children into the kitchen/food prep area.
5. CCAIR sites may want to include lists of food allergies in kitchen.

2-G. CATERING/OUTSIDE FOOD

At the discretion of the facility, food may be supplied by an external caterer or brought in from other food donors. Any food brought in from an outside source will need to be closely inspected for quality. Any serving equipment must be properly cleaned and sanitized prior to being used. It is STRONGLY recommended that CCAIR sites utilize a licensed caterer if possible. Keep in mind that CCAIR sites could bear the liability due to foodborne illnesses. For more information about food and nutritional guidance see **Appendix B.**

2-H. OUTDOOR AREA

In addition to providing an excellent way for children to get some exercise and fresh air, outdoor play time can be therapeutic for children who are experiencing the stress and/or trauma of crisis situation such as the COVID-19 pandemic. While not required, CCAIR sites have the option of utilizing an outdoor space. If an outdoor play space is utilized it is essential that the space be free of hazards which could pose a health or safety risk to children present in the space.

1. Fenced in space is recommended, but not required.
2. Pools or bodies of water are not allowed.
3. Space shall not be in close proximity to electrical transformers, high voltage power lines, electrical substations, railroad tracks, or sources of toxic fumes or gases.
4. Access to air conditioner units and utility mains, meters, tanks, and/or cabling shall be inaccessible to children at all times.
5. Inspection for any sharp or rusted equipment shall be conducted daily.
6. CCAIR personnel shall monitor for pinch points (areas that fingers, toes, or other appendages could get caught) or head entrapment spaces (space greater than 3.5 inches or less than 9 inches would be a head entrapment).
7. Any insect infestations (ant beds, wasp & hornets' nests, etc.) shall be removed immediately.

2-I. LIABILITY INSURANCE

Each site should carry accident/liability insurance that will cover any accidents in which children may sustain injuries. **If your CCAIR site chooses not to carry accident/liability insurance, any families that are enrolled with the CCAIR site must be notified in writing that the site does not carry accident/liability insurance.**

2-J. FACILITY INSPECTION

Before your CCAIR site can begin operating, the facility will need to be inspected by an MSDH Child Care Facility Inspector to ensure the site complies with basic health and safety requirements (see **Appendix D**). A fire inspection conducted by a local Fire Marshall may also be required.

SUBCHAPTER 3: PERSONNEL

Personnel planning and preparation is key to the successful operation of a CCAIR site. In addition to a CCAIR Site Coordinator, the person in charge, each site must have caregiving personnel that have been properly trained on how to provide daily care for children, keeping children and other personnel safe, and how to react in the event of any emergency. The site must have an enough Caregivers to meet all caregiver-to-child ratio requirements. Additionally, all caregivers must be 18 years of age or older. While a person can function in more than one role, **each CCAIR site must have**:

1. CCAIR Site Coordinator(s)*
2. Healthcare Coordinator/Consultant(s)
3. Caregiver(s)*
4. Sanitation Manager(s)*
5. Food Service Manager(s)**
6. CPR/First Aid Responder(s)*
7. Mental Health Consultant

Must be on site at all times.
**Must be on site when food is being served.*

3-A. BACKGROUND CHECKS & IMMUNIZATION REQUIREMENTS
Each staff member must have received a criminal background check that passes MDHS and MSDH requirements before beginning work at the CCAIR site. For more information contact the Mississippi State Department of Health Criminal History Records Division at 601-364-1101.

Required background checks:
1) In-State Criminal Registry Check
2) In-State Sex Offender Check
3) In-State Child Abuse and Neglect Check
4) National FBI Criminal Fingerprint search
5) National Criminal Information Center Search (NCIC)
6) National Sex Offender Registry Search (NSOR)

Additionally, each staff member must have a current MSDH Immunization 121 Form, or waiver authorized by Mississippi State Department of Health, on file before working at the CCAIR site.

3-B. JOB RESPONSIBILITIES

1. **Site Coordinator:** Designated with on-site responsibility for the operation of the CCAIR Site. <u>Must be on site at all times.</u>

2. **Healthcare Coordinator/Consultant:** Designated with responsibility for overseeing and providing guidance for all policies and activities related to proper screening for health and well-being of all children and CCAIR site personnel. The Healthcare Coordinator/Consultant should be on call to assist CCAIR site when needed.

3. **First Aid/CPR Responder:** Any CCAIR site staff member that is currently certified to provide First Aid/CPR for Infants and Children. A minimum of one staff member who is First Aid/CPR certified <u>must always be on site</u> when children are present at the CCAIR site.

4. **Food Service Manager:** Designated with overseeing all food preparation of the CCAIR site.

5. **Sanitation Coordinator:** Designated to ensure proper sanitation and cleanliness of the CCAIR facility and equipment per sanitation standards established by the Center for Disease Control and the Mississippi State Department of Health.

6. **Caregiver:** Designated to provide for the direct supervision and care of all children enrolled in the CCAIR site. Must be on site when children are present. <u>Children must be supervised at all times. No exceptions.</u>

7. **Mental Health Consultant:** Designation person to assist with trauma-related experiences that children may experience.

Complete a Staff Approval form for each staff. See Appendix B Form 2 – CCAIR Staff Approval Form.

3-C. ORIENTATION TRAINING

Working with children requires a specialized skill set. CCAIR personnel shall not supervise children alone without being given Orientation Training. Orientation Training must include:

1. Health & Safety Training provided by the MCCB Early Childhood Academy
   https://eca.catalog.instructure.com/courses/ccpp-health-and-safety-training-course
2. Orientation to the CCAIR site facilities, policies, and procedures
3. Training on appropriate disciplinary actions that can and cannot be taken
4. Training on assisting children deal with trauma-related incidents
5. Recognizing and reporting child abuse and/or neglect
6. CPR/First Aid for Children and Infants (minimum of one staff member on site at all times)
7. Emergency evacuation protocols
8. E-ledger training (only for CCAIR sites that will be accepting emergency subsidy certificates)
Documentation of Orientation Training must be kept on site for each CCAIR staff member.

3-D. GROUP SIZE & STAFF-TO-CHILD RATIOS

Grouping
During the COVID-19 pandemic crisis, limiting group sizes is crucial to help slow the spread of the COVID-19 virus. Public health officials are recommending that group sizes not exceed 10 individuals. CCAIR ratios and group sizes will follow this guidance. **At no time shall a grouping have more than 10 individuals (including both CCAIR personnel and children gathered, except in the event of an emergency situation evacuation such as a fire or tornado.)   Groupings shall not exceed 10 individuals during pick-up/drop-in times, mealtimes, outdoor play/playground time, indoor playground time, and naptime. Children from different groups should not be allowed in common areas, including but not limited to, cafeterias or meal service areas, bathrooms, and playground areas at the same time.**

Staff-to-Child Ratios

Staff-to-child ratio refers to the number of adults that are assigned to supervise a group of children. CCAIR ratios were designed based on COVID-19 grouping recommendations from public health officials, as well as staff-to-child ratio requirements of the Mississippi State Department of Health *Regulations Governing Licensure of Child Care Facilities.* **The following ratios must be maintained at all times.**

Infants (approximately birth – 11 months of age)	One (1) adult for every four (4) children
Toddlers (approximately 12 – 24 months of age)	One (1) adult for every nine (9) children
Two-year-old (approximately 24 – 36 months of age)	One (1) adult for every nine (9) children
Three-year-old (approximately 36 – 48 months of age)	One (1) adult for every nine (9) children
Four-year-old (approximately 48 – 60 months of age)	One (1) adult for every nine (9) children
Five-year-old and up (over 60 months of age)	One (1) adult for every nine (9) children

These ratios are subject to change as the COVID-19 situation progresses. Should ratios change for any reason, MDHS will notify all CCAIR sites immediately.

3-E. CCAIR PERSONNEL SCREENING PROCESS

All CCAIR staff members must be screened each day before beginning work at the CCAIR site. The screening process shall follow the same protocol as child screening. See **Appendix B Form 4** for the CCAIR Check in/out Sheet for staff.

1. Body temperature taken by thermometer:
   a. Forehead thermometer (100.4° Fahrenheit)
   b. Armpit thermometer (99° Fahrenheit or higher)
   c. Oral Thermometer (99.5° Fahrenheit)
2. Visual screening of discharge from eyes or ears.
3. Visual check of staff member's overall state.
4. Check to see if the staff member has one or more of the following signs and/or symptoms:

-Diarrhea	-Abnormal breathing (e.g., fast breathing)	-Body rash	-Cough w/fever
-Behavior changes (e.g., irritable, lethargic)	-Ear or eye discharge	-Body itching (scabies, lice infestation)	-Disease conditions such as measles, chickenpox, mumps, scabies, common cold

SUBCHAPTER 4: REQUIRED DOCUMENTATION

4-A. REQUIRED PERSONNEL & CHILD INFORMATION

1. Enrollment forms – parent or guardian contact information, other authorized pick up individuals, brief medical history, allergies, etc.
2. Background Checks (for each staff member)
3. MSDH Immunization 121 Forms for personnel and children (waiver signed by a licensed medical health care provider), or confirmation from MSDH that a staff member or child has met all immunization requirements.

It is **STRONGLY** suggested that personnel and child information forms be kept in a separate binder that can be easily taken from the CCAIR site in the event of an emergency. Personnel and child forms can be organized alphabetically for easy reference. To protect any sensitive information, CCAIR personnel must ensure that all information forms are kept secure. If forms need to be moved, CCAIR personnel must ensure that all forms are accounted for and not lost or misplaced at any time.

4-B. REQUIRED OPERATIONAL INFORMATION

1. Roster (Check-in & check-out forms) for children
   - Child's first and last name
   - Full name of parent of guardian or authorized representative
   - Time child is signed in (with signature of person signing child in each day)
   - Time child is signed out (with signature of person signing child out each day)
   - **All rosters must be uploaded through MDHS submission site at minimum, once per week of operation. Upload the rosters at this link:** CCAIR.
2. Roster (Check-in & check-out forms) for personnel
3. Screening forms (can be documented on check-in/check-out forms)
4. Medication logs (if medication will be administered)
5. Daily Schedule
6. Meal Schedule
7. Emergency/Evacuation Plan

CCAIR sites have the option of choosing whether or not CCAIR personnel will administer non-emergency medication to children.

Check-in & Check-out forms, screening logs, and medication logs must all be kept on file as long as the CCAIR site is in operation. These forms must be kept secure to protect the confidentiality of children enrolled at the CCAIR site. Upon dissolution of the CCAIR site, these forms must be redacted and disposed of properly (e.g., shredded).

SUBCHAPTER 5: SUPPLIES

5-A. FIRST AID SUPPLIES

CCAIR sites shall have at least one, preferably more than one fully stocked first aid kit on hand. CCAIR personnel shall ensure that as supplies are taken from the first aid kit that they are replenished as needed.

Some SAMPLE first aid kit supplies include
- ✓ 1 bag or box for storage of kit
- ✓ 1 packet of 25 individually wrapped adhesive strips (band-aids)
- ✓ 2 sterile eye pads
- ✓ 1 triangular bandage
- ✓ 12 safety pins
- ✓ 5 sterile gauze pads
- ✓ 2 rolls adhesive tape
- ✓ 1.25 cm wide (preferably microspore tape)
- ✓ 2 crepe bandages
- ✓ Cotton wool (one packet)
- ✓ 1 pair sharp scissors
- ✓ 3 pairs disposable gloves
- ✓ 1 pair tweezers
- ✓ 2 small bottles of sterile eyewash solution
- ✓ Alcohol swabs/wipes
- ✓ Dettol (small bottle) or antiseptic solution
- ✓ Antiseptic wipes
- ✓ Soap
- ✓ Thermometer
- ✓ Calamine lotion
- ✓ Hydrocortisone cream (1%)
- ✓ Elastic bandage
- ✓ Adhesive bandages in variety of sizes
- ✓ List of emergency contact numbers
  List adapted from Save the Child Friendly Spaces Guide 2020

5-B. PAPER & OFFICE SUPPLY RECOMMENDATIONS CHECKLIST
- ✓ Access to computer
- ✓ Access to printer/copier/scanner
- ✓ Printer paper
- ✓ Pens and pencils
- ✓ Paper clips
- ✓ Stapler & staples
- ✓ Hi-liters & sharpies
- ✓ Notepads
- ✓ Receipt notebook

5-C. LEARNING MATERIALS & TOYS

The following are lists of materials broken down by age group. It is not expected that CCAIR sites keep all of these materials on hand. These lists are included to provide guidance on types of materials that would be appropriate for each age group. Please minimize the amount of soft or plush toys/dolls allowed onsite. If soft or plush toys/dolls are allowed, be sure they are machine washable.

Infants & Toddlers (birth – 24 months of age)
- ✓ Cloth & cardboard books (ones that are small enough for 0-6 mo. old to hold)
- ✓ Musical tapes, records or CDs for children (no radio or television)
- ✓ Soft furry puppets that are not frightening and can be washed
- ✓ Soft cloth balls, blocks and cloth dolls that can be washed
- ✓ Rattles and other teething toys that can be washed
- ✓ Squeeze toys
- ✓ Mobiles to be hung in the crib or handmade mobiles hung from the ceiling
- ✓ Small plastic jars with beads, beans or other noise making items inside (glue lid securely)
- ✓ Textured squares
- ✓ Soft items, such as pillows, mattress on the floor, etc.
- ✓ Jack in the box (non-frightening)
- ✓ Small bean bags which are not too heavy
- ✓ Pop up toys and busy boxes
- ✓ Small nesting cups
- ✓ Stacking rings
- ✓ Small heavy plastic cars and trucks (not matchbox)
- ✓ Hats
- ✓ Containers, such as buckets/coffee cans to put things in and out of
- ✓ Jumbo non-toxic crayons with large sheets of paper
- ✓ Balls of all kinds
- ✓ Push and pull toys (no long strings)
- ✓ Toy telephones
- ✓ Soft dolls with no small pieces
- ✓ Simple musical instruments

Two-Year-Old Children	
Consider breaking down the classroom into learning areas.	
Area:	Possible Materials to Include:
Book Area	✓ Books (chubby, heavy cardboard, and cloth) ✓ Soft materials (pillows, carpet, small mattress on floor)
Art Area	✓ Large sheets of paper ✓ Jumbo colored or white chalk with large chalkboards ✓ Old magazines, catalogs, and tissue paper for tearing ✓ Avoid scissors with this age group
Blocks Area	✓ Heavy plastic trucks, cars, firetrucks, etc. ✓ Large people figurines ✓ Large animal figurines

	✓ Small colored blocks
Manipulative Area	✓ Jumbo Legos (must be the very large type) ✓ Jumbo pegs (must be the very large type) ✓ Simple puzzles (1-4 piece) or puzzles with knobs ✓ Nesting cups ✓ Bristle blocks ✓ Jumbo beads, spools or buttons to string (must be the very large type) ✓ Plastic pop beads that snap together ✓ Magnetic shapes with a board ✓ Plastic nuts and bolts that screw together
Dramatic Play/Home Living Area	✓ Sturdy, child sized furniture, such as a sink, stove, refrigerator and table with chairs ✓ Dolls and doll bed ✓ Toy food that can be sanitized daily ✓ Plastic dishes ✓ Toy telephones (at least two) ✓ Food container props (empty, clean cans of vegetables, cereal boxes, milk cartons, etc.) ✓ Washable hats, purses, and simple dress up clothes
Large Motor Area (if space allows)	✓ Portable climbers ✓ A jumping pit (pillows in a large box) ✓ Slides ✓ Broad balance beams ✓ Planks on a low incline ✓ Milk crates ✓ Beach balls for throwing into laundry baskets

Preschool Children	
Consider breaking down the classroom into learning areas.	
Area:	Possible Materials to Include:
Book Area	✓ Comfortable, soft materials for children to lie on, such as pillows, cushions, beanbags, soft rugs, etc. ✓ Age-appropriate books on a variety of different topics ✓ Magazines, cassette/books for listening, flannel-board stories, and puppets for language development
Art Area	✓ Two-sided easel ✓ Paint brushes with long and short handles ✓ Paint holders ✓ Water-based paint in a variety of colors ✓ Crayons – large and of good quality ✓ Assorted water-based markers ✓ Large school pencils ✓ Collage items (scraps of paper and fabric, buttons, feathers, yarn, ribbon) ✓ Scissors ✓ Glue

	✓ Finger-paint paper
	✓ Easel paper
	✓ Drawing paper
	✓ Construction paper
	✓ Play-dough and utensils
	✓ Sponges for clean-up
Blocks Area	✓ Low shelves for storage
	✓ Unit blocks in a variety of sizes and shapes
	✓ Wood or rubber people
	✓ Wood or rubber animals (zoo and farm)
	✓ Small cars and trucks
	✓ Colored inch cube blocks for decorating buildings
	✓ Traffic signs
	✓ Play farms, garages, houses, castles, etc. that further the child's imagination
Manipulative Area	✓ Low shelf to display toys
	✓ Low table with four to five chairs
	✓ Puzzle rack
	✓ Selection of puzzles (about five)
	✓ Cuisenaire rods
	✓ Homemade games
	✓ Bristle blocks
	✓ Tinker toys
	✓ Stacking rings
	✓ Collected items for sorting and classifying (bottle caps, keys, buttons)
	✓ Play-dough and utensils
	✓ Sponges for clean-up
	✓ Pegs and pegboards
	✓ Beads and laces
	✓ Parquetry blocks
	✓ Colored inch cube blocks
	✓ Legos
	✓ Attribute blocks
	✓ Nesting cups or rings
Dramatic Play/Home Living Area	✓ Stove
	✓ Sink
	✓ Cabinet
	✓ Refrigerator
	✓ Small table and two to three chairs
	✓ Sturdy bed that holds a child
	✓ Highchair
	✓ Mirror – full length
	✓ A place to hang dress-up clothes
	✓ Dishes
	✓ Pots and pans
	✓ Silverware
	✓ Cooking utensils

Large Motor Area (if space allows)	✓ Portable climbers ✓ A jumping pit (pillows in a large box) ✓ Slides ✓ Broad balance beams ✓ Planks on a low incline ✓ Milk crates ✓ Beach balls for throwing into laundry baskets

School-age Children

✓ Create soft, cozy areas where children can play alone, read books and magazines, do homework, listen to music, daydream, or talk with a friend.
✓ Areas to include: (1) Art, (2) Board Games, (3) Computer area (4) Reading area, (5) Quiet or calm area.
✓ Sufficient storage for children's personal belongings, for example, labeled lockers, cubbies, and shelving units.
✓ The environment is adapted, if necessary, to accommodate children with special needs.
✓ Materials are selected such as board games, puzzles, and manipulative toys of varying. degrees of difficulty to accommodate a wide range of skill levels.
✓ Material such as puppets, dramatic play props, posters, books, and magazines reflect. backgrounds, diverse roles for men and women, and people with disabilities.

SUBCHAPTER 6: CLEANING & SANITIZATION

The Center for Disease Control (CDC) and the Mississippi State Department of Health both recommend routine cleaning and disinfecting of all surfaces that are frequently touched. This includes doorknobs, light switches, sink handles, and countertops. Any toys or learning materials that children will be using at your CCAIR site will also need to be cleaned and disinfected. These items include blocks, balls, puzzles, manipulative toys, and may also include craft type materials such as markers, colored pencils, child scissors, etc.

Each CCAIR site shall have a Sanitation Manager to ensure that all surfaces and materials are properly cleaned and sanitized as recommended.

6-A. CDC GUIDANCE

*Adapted from the CDC *Interim Guidance for Administrators of US K-12 Schools and Child Care Programs* Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Provide EPA-registered disposable wipes to teachers and personnel so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before use. Ensure adequate supplies to support cleaning and disinfection practices.

Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing: **5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water. THIS SOLUTION MUST BE MIXED DAILY. DO NOT USE A BLEACH SOLUTION THAT IS OVER 24 HOURS OLD.**

6-B. HANDWASHING

Proper handwashing is a must to protect against the spread of the COVID-19 virus and many other infectious diseases. The CDC breaks down handwashing into 5 simple steps: (1) Wet, (2) Lather, (3) Scrub, (4) Rinse and (5) Dry.

<u>**Follow these five steps every time.**</u>
1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

When assisting a child in hand washing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all of the above steps and then wash your own hands.

CCAIR personnel shall wash their hands frequently throughout the day. Specifically, personnel shall wash their hands:

- ✓ As soon as they report for duty to the CCAIR site.
- ✓ Immediately before handling food, preparing bottles, or feeding children
- ✓ After using the toilet, assisting a child in using the toilet, or changing diapers
- ✓ After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
- ✓ After handling animals, animal cages, or other animal objects
- ✓ Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys
- ✓ After removing gloves used for any purpose
- ✓ Before giving or applying medication or ointment to a child or self

*NOTE: CCAIR personnel should be instructed to refrain from touching their face while on duty.

6-C. GENERAL GUIDANCE ON CLEANLINESS & SANITIZATION

1. Children should be provided with their own individual supplies when available.
2. All supplies should be disinfected after each use and before used by another child or personnel.
3. Children should wash their hands after each activity and before beginning the next activity or as soon as possible between activities. Hand sanitizer can be used between activities; however, **HAND SANITIZER SHOULD NOT SUBSTITUTE ALL HAND WASHING PROCEDURES.**
4. Children should wash their hands before and after eating snacks/meals.
5. Doorknobs, light switches, sinks, tables, chairs, trash cans, and commonly touched areas should be wiped down each time children leave the room. This includes tv remotes, computers, and computer equipment.
6. Any personal items brought in by children or personnel should be sanitized immediately upon being brought into the CCAIR site.
7. Parents or guardians should be instructed to launder any extra clothing using a wash cycle with final rinse of at least 130°F and dried on hot setting.

6-D. CONFIRMED CASE OF COVID-19 ON-SITE

If a confirmed case of COVID-19 is found among either personnel or children enrolled at the CCAIR site, notify the Mississippi State Department of Health and Mississippi Department of Human Services immediately.

The CDC recommends the following guidelines if a confirmed case of COVID-19 is found among either personnel or children enrolled at the CCAIR site.
*Adapted from the CDC *Interim Guidance for Administrators of US K-12 Schools and Child Care Programs*

1. **Coordinate with local health officials. Once learning of a COVID-19 case in someone who has been in the school, immediately notify local health officials.** These officials will help administrators determine a course of action for their child care programs or schools.

2. **Dismiss students and most staff for 2-5 days.** This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

   Local health officials' recommendations for the scope (e.g., a single school, multiple schools, the full district) and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.

3. **Communicate with staff, parents, and students.** Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

4. **Clean and disinfect thoroughly.** Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.

   Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
   If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. **For disinfection most common EPA-registered household disinfectants should be effective.**

5. **Make decisions about extending the school dismissal.** Temporarily dismissing child care programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities.

SUBCHAPTER 7: EMERGENCY PLAN

7-A. GENERAL EMERGENCY PROCEDURES:

In the event of an emergency CCAIR site personnel shall follow these procedures:
- ✓ Instruct the children to remain calm and not run.
- ✓ Collect Emergency Contact Forms and check-in/check-out forms.
- ✓ Collect fire extinguisher.
- ✓ Have pre-designated "safety buddies" for children. Instruct children to grab their buddy and walk in pairs to the exit and to the designed emergency relocation site.
- ✓ Instruct the children to sit on the ground and remain still.
- ✓ Do a headcount of all children and personnel.
- ✓ Call 911 and brief the responder on the situation.
- ✓ CCAIR site personnel should not attempt to deal with the situation (e.g. fire, flooding), but wait for qualified emergency personnel.
- ✓ If a child is at risk of injury, personnel should take all reasonable measures to address the situation, without compromising their own safety or the safety of other children or other CCAIR site personnel.
- ✓ If a child is injured, call 911 IMMEDIATELY, and then follow first aid procedures. Do not attempt to move a seriously injured child until authorized medical personnel are on hand and request help. If CCAIR site personnel feel the child needs to be moved more quickly, ask 911 responder for advice.
- ✓ CCAIR site personnel shall remain with children at all times until authorized parent or guardians have come to pick children up from the CCAIR site or emergency relocation site.

See **Appendix B Form 5 – CCAIR Incident Report**. This is a sample incident report that may be used. A copy of the incident report should be retained by the Site Coordinator.

7-B EMERGENCY KIT SUGGESTED SUPPLIES:
- ✓ Portable first aid kit
- ✓ Fire extinguisher
- ✓ Fire blanket
- ✓ Bottled water
- ✓ Weather radio
- ✓ Batteries
- ✓ Emergency contact forms

SUBCHAPTER 8: SECURITY PROTOCOLS

CCAIR sites will host a lot of foot traffic that includes not only CCAIR personnel, but also families and children. It is critical that your CCAIR site have security protocols in place to protect all individuals while on site. CCAIR sites will be hosted at different types of facilities. It is important that the designed Site Coordinator work with other CCAIR personnel before opening your doors to ensure that potential security issues are addressed. Some things to consider:

8-A. BUILDING AND SITE AREA ACCESS

The general public shall not have access to the CCAIR site. This includes any individuals who may be dropping off donations. CCAIR sites shall have limited access into and out of the building. Entrance and exit doors shall be monitored constantly throughout the day.

8-B. PERSONNEL & CHILD IDENTIFICATION

CCAIR personnel must be easily identifiable. At minimum, CCAIR personnel should wear a badge that includes both (1) first & last name visible, as well as (2) as job title. Personnel may also wear arm bands, specifically colored shirts, hats or caps, etc.

Your CCAIR site may want to consider armbands or nametag for children enrolled at the CCAIR site as well as an extra precaution.

8-C. COMMUNICATION

If your CCAIR site encompasses a large area, CCAIR personnel will need a way to stay in communication with each other. Walkie-talkies, phone apps that allow for walkie-talkie functionality, or an intercom system may serve this purpose. Zello® is a smart phone application that allows a smartphone to function as a walkie talkie.

8-D. EMERGENCY PROCEDURES/CODES & LOCKDOWN

CCAIR sites must be prepared in the event that emergency action needs to take place. Setting up emergency codes can assist with this.

The following list of codes is used by the Children's Museum in Jackson, MS. The museum has established codes to quickly notify personnel about various situations that may come up and what actions need to be taken in the event of each situation.

Code Pink	Child missing, facility has seven (7) minutes to find the child before authorities are contacted and facility is placed on lockdown.
Code Red	Fire on site.
Code Yellow	Unidentified person(s) on site.
Code Black	Weather related incident in progress.
Code Grey	Authorized uniformed officer on site.
Code White	Medical emergency in progress.

SUBCHAPTER 9: PUBLIC OUTREACH & SUPPORT

9-A. PUBLIC AWARENESS, MEDIA, & SOCIAL MEDIA

CCAIR sites will be providing an essential function to the working community. There may be opportunities where media will request information or even want to report out on CCAIR activities. CCAIR sites should have a designated person that will respond to media requests.

SOCIAL MEDIA POLICY

Each CCAIR site may consider having a social media policy. CCAIR personnel shall be made aware of what can and cannot be posted on social media. If pictures of children or CCAIR personnel are going to be shared on social media platforms, a waiver must be signed by the enrolling parent or guardian of children at the site. CCAIR personnel shall sign a waiver for themselves.

9-B. DONATIONS

In the event of crisis or emergency situations such as the COVID-19 pandemic, communities typically want to rally around support functions, such as CCAIR sites. Before opening, the CCAIR site should decide if the site will receive donations. If the CCAIR site decides to allow donations, the following protocols should be put in place.

- ✓ Ensure all food is in good condition, check expiration dates, signs for mold, dented cans, etc.
- ✓ Any toys or other materials shall be properly sanitized before used by the CCAIR site. All toys shall be wiped down with CDC approved disinfectant (See Subchapter 6).
- ✓ Cloth materials shall be laundered with laundry detergent and using hot water with a rinse cycle that reaches 120ºF. Cloth materials shall be dried on high heat setting as well.
- ✓ Donors should receive a donor receipt or documentation of their in-kind contribution.
- ✓ CCAIR personnel should keep a record of donations including source and amount.

SUBCHAPTER 10: CCAIR SITE BREAK DOWN

CCAIR sites will be working with the Mississippi Department of Human Services, Public Health Officials, and Local Governance to determine how long the facility will continue to operate during the COVID-19 pandemic. Upon determination that CCAIR site services are no longer needed, CCAIR personnel will begin the process of breaking down the site. Upon breakdown of the site, the following protocols must be considered:

- ✓ Reporting information needs to be prepared according to funding requirements. A copy of check-in/check-out sheets, incident reports, donations, etc. will most likely need to be kept for a short period of time after the CCAIR site is dissolved.
- ✓ Copies of 121 Immunization Records and any other medical records of children or CCAIR personnel shall be destroyed using HIPPA document requirements.
- ✓ Any unused donated goods/resources must be (1) donated to another non-profit organization or (2) destroyed. Donated goods/resources cannot be sold for profit by CCAIR sites.
- ✓ The entire facility must be cleaned and sanitized. CCAIR personnel shall work to return the facility to its original state.
- ✓ Any keys, access cards, etc. shall be returned to the owner of the facility where the CCAIR facility was established.

APPENDIX A: CHILDREN WITH SPECIAL NEEDS

All young children with disabilities should be included in early childcare that provides access to learning environments, participation in daily routines and activities, and support that meets the needs of educators, families, and children.

When including children with disabilities implement the following strategies.

Provide Access to the Learning Environment

1. Ensure all children can easily access the classroom and outdoor environment.

2. Ensure all children can access every area (learning center) of the classroom independently.

3. Teachers monitor how children use materials and equipment and provide support for children having difficulty using the materials.

Promote Participation in Daily Routines and Activities

1. Ensure all children are engaged in the classroom environment in a meaningful way.

2. Teachers promote interactions between children with and without disabilities in a variety of intentional ways.

3. Teachers are initiating and responding to reciprocal interactions with all children.

Provide Support to Meet the Needs of Educators, Families, and Children

1. There is daily communication between the family and teacher and/or director.

2. Personnel are involved in training opportunities and on-site mentoring to support quality inclusion.

3. When available, there is weekly communication between children's therapist and teacher and/or director.

*** For support in including children with disabilities, contact the Mississippi Early Childhood Inclusion Center at 601-266-4547 or visit, www.mecic-usm.org. Please indicate the support is requested at a CCAIR Center. ***

Resources:
Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from http://www.dec-sped.org/recommendedpractices.
Cunconan-Lahr, R.L. & Stifel, S. (2007). Inclusive Child Care: Early Childhood Inclusion/UDL Checklist. Northampton Community College, PA.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA), reauthorized in 2009, was passed for the purpose of placing a societal value on individuals with disabilities and their right to have access to activities of daily living as other members of society. Title III of the ADA requires that childcare providers not discriminate against persons with disabilities, that is, that they provide children and parents with disabilities an equal opportunity to participate in the childcare center's programs and services. It clarifies the requirements as follows and states a few exceptions:

1. Centers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.

2. Centers must make reasonable modifications to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a fundamental alteration.

3. Centers must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.

4. Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the readily achievable standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be fully accessible.

Resource:
Americans With Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990, 2009).

APPENDIX B: SAMPLE FORMS & TEMPLATES

CCAIR - SITE CHECKLIST

Form 1

PHYSICAL FACIILTY:

Page 1

- ☐ Adequate heating and cooling units.
- ☐ Area for at least one classroom free of any equipment or debris that may be harmful to children.
- ☐ Lavatories (toilets) that can be made accessible for children.
   Standard size toilets should be equipped with child seats and steps if necessary.
- ☐ Handwashing sinks that do not double as food prep sinks (hot & cold running water is preferable).
- ☐ Receiving/screening area in cases of widespread illness or pandemic (i.e., COVID-19 outbreak).
- ☐ Food storage area if food will be stored on site (e.g., functioning refrigerator, freezer, etc.)
- ☐ Food preparation area unless ready-to-serve food is used or all food is externally catered.
- ☐ Outdoor play area free of any equipment or debris that may be harmful to children (optional).
- ☐ Designated "exclusion room" or "sick room"

EMERGENCY RELOCATION SITES:

- ☐ One mile relocation site
   List location: _____
- ☐ Five (5) mile relocation site
   List location: _____

EQUIPMENT AND FURNITURE

- ☐ Child-sized or child adaptable furniture (tables and chairs)
- ☐ Storage/shelving for supplies (see SECTION 5 SUPPLIES of CCAIR Plan)
- ☐ Area for storage of personal items for children and staff.
   Plastic bags may be used to confine personal items if necessary.
- ☐ Lavatories that include bathing areas (if CCAIR site will provide overnight care)
- ☐ Infant care only: Portable cribs or Pack-N-Plays (infant care only)
- ☐ Infant/toddler care only: Diaper changing stations which includes changing pads, handwashing sink, storage space for gloves, diapers, wipes, creams & ointment (infant & toddler care only)

SITE SETUP/PREP:

- ☐ Clean and sanitize site
- ☐ Areas are sectioned off or rooms are assigned for each group of children
- ☐ Walkie Talkies or phone app like Zello
- ☐ Emergency codes (Code Adam) established and explained to all staff
- ☐ Computer or phone to enter E-ledger attendance – assigned a staff to this task
- ☐ Sign in/out sheets

STAFF SETUP:

- ☐ Orientation training completed by all staff
- ☐ E-ledger – Assigned staff viewed the webinar and are responsible for updating attendance records
- ☐ Health and Safety webinar is completed
- ☐ Criminal background check is completed
- ☐ Assign staff positions: Site Coordinator, Healthcare Coordinator/Consultant(s), Caregiver(s), Sanitation Manager(s), Food Service Manager(s), CPR/First Aid Responder(s), Mental Health Consultant

CCAIR - SITE CHECKLIST

Form 1

HEALTH & SAFETY SUPPLIES:
- ☐ Thermometers –
    - – no touch is preferable (ear or forehead swipe)
    - – if regular then also need alcohol wipes and ther
- ☐ Gloves (small, medium and large)
- ☐ Masks
- ☐ Toilet paper
- ☐ Facial tissue
- ☐ Cleaning supplies:
    - ☐ Bleach (and water)
    - ☐ Sanitizing wipes

CHILD RESOURCES: (See Subchapter 5 for a comprehensive list)
- ☐ Games and toys
- ☐ Arts and crafts

CCAIR - STAFF APPROVAL FORM

Form 2

First Name _____ **Last Name** _____

Phone number _____ **Emergency Contact Name** _____

Email address _____ **Emergency Contact Phone** _____

REQUIREMENTS FOR ALL STAFF:

☐ Criminal background check
☐ MSDH Immunization 121 Forms
☐ Orientation training:
  ☐ Health & Safety Training provided by the MCCB Early Childhood Academy *registration link
  ☐ Orientation to the CCAIR site facilities, policies, and procedures
  ☐ Training on appropriate disciplinary actions that can and cannot be taken
  ☐ Training on assisting children deal with trauma-related incidents
  ☐ Recognizing and reporting child abuse and/or neglect
  ☐ CPR/First Aid for Children and Infants (minimum of one staff member on site at all times)
  ☐ Emergency evacuation protocols

  Documentation of Orientation Training must be kept on site for each CCAIR staff member.

REQUIREMENT FOR STAFF ASSIGNED TO RECORDING ATTENDANCE:

☐ E-ledger – Assigned staff viewed the webinar and are responsible for updating attendance records

Role(s) Assigned: (Check all roles that apply to this staff member)

☐ CCAIR Site Coordinator*
☐ Healthcare Coordinator/Consultant(s)
☐ Caregiver*   *Must be on site at all times.*
☐ Sanitation Manager*   **Must be on site when food is being served.*
☐ Food Service Manager**
☐ CPR/First Aid Responder*
☐ Mental Health Consultant

Staff Signature: _____ **Date:** _____

Print Name: _____

Approved by Site Coordinator:

Signature: _____ **Date:** _____

Print Name: _____

CCAIR – CHILD ENROLLMENT FORM – PLEASE PRINT ALL INFORMATION

_____   _____
Child's name   DOB

_____
Parent or Guardian

_____
Street Address   City   State   Zip code

_____   _____
Phone   Alternate Phone

Please list the names and phone numbers of all individuals authorized to pick up child or to contact in the event of an emergency if parent or guardian can't be reached.
(VALID PHOTO ID WILL BE REQUIRED OF ANYONE PICKING UP CHILDREN).

_____   _____
Name   Phone

_____   _____
Name   Phone

_____   _____
Name   Phone

....

_____
Child's Physician   Child's Preferred Hospital

Please list any allergies, medications being taken, physical impairments, or any other information to a which a personnel, physician, or hospital shall be alerted. If health and medication changes occur after submission of this form, it is the parent's responsibility to inform our personnel. Please note that if your child needs emergency medical treatment, CCAIR staff will contact emergency response before contacting the parent. A CCAIR staff member will accompany your child to the hospital or emergency clinic.

_____

_____

CCAIR - CHECK IN/OUT SHEET - CHILDREN

CCAIR Site Name: **Day/Date:**

	Child's Name (PRINT NAME)	Parent Name (PRINT NAME)	Time IN	Parent ID Checked	Staff Initial	Temp Check	Staff Initial		Time OUT	Parent ID Checked	Staff Initial	Temp Check	Staff Initial
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													

CCAIR - CHECK IN/OUT SHEET - ADULT STAFF

Form 4

CCAIR Site Name: **Day/Date:**

	Staff's Name	Temp Check	Time IN	Witness Signature	Temp Check	Time OUT	Witness Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

CCAIR - INCIDENT REPORT

Form 5

CCAIR SITE INFORMATION

Site Name:

Site Coordinator Name:

Site Address: (Street, City, State, Zip)

Site Coordinator Phone Number:

CHILD AND PARENT INFORMATION

Name - Child:

Birthdate: (mm/dd/yyyy)

Name - Parent(s) / Guardian(s):

Telphone Number - Parent/Guardian

INCIDENT INFORMATION

Incident Location:

Incident Date:

Incident Time:

☐ AM ☐ PM

Incident Description:

Where Child Received Treatment:

☐ Onsite by CCAIR Staff Member   ☐ Hospital/ER   ☐ Dentist

☐ Onsite by Health Professional   ☐ Doctor's Office   ☐ Other

☐ Urgent Care   ☐ Clinic

Signature of Staff Member:

Date:

Signature of Parent/Guardian:

Date:

Medication Log

_____
Date

_____
Child Name

_____
Medical Given

_____
Dosage

_____   _____
Administered By (PLEASE PRINT)   Title

_____
Signature

J. Smith

Child First Initial & Last Name

CCAIR Site: Children's Museum

APPENDIX C: FOOD & NUTRITIONAL RECOMMENDATIONS

*Adapted from the MSDH *Regulations Governing Licensure of Child Care Facilities.*
*While not required, these guidelines can help establish sound nutrition and meal planning for your CCAIR site.

MENU PLANNING
- ✓ Offer a variety of foods.
- ✓ Serve meals and snacks that help maintain a healthy weight.
- ✓ Serve fresh, frozen, canned, or dried vegetables, fruits whenever possible, and whole grain products.
- ✓ Avoid excessive fat, saturated fat, and cholesterol. Limit fried foods or foods with trans fats as much as possible.
- ✓ Use and serve sugar only in meal preparation and then in moderation. Limit concentrated sweets, such as candy, syrup, sweetened drinks sodas, or flavored milks.
- ✓ Limit sodium products and the use of salt.
- ✓ To prevent nutrient and vitamin loss from foods during preparation, cooking, or storage, try to:
- ✓ Serve fruits and vegetables raw as appropriate for the age. The risk of choking is greater for the child under the age of two.
- ✓ Steam, boil, or simmer foods in a very small amount of water, or microwave for the shortest time possible.
- ✓ Cook potatoes in their skins. Be sure to wash the dirt off the outside of the potato.
- ✓ Refrigerate prepared juices and store them for no more than two to three days.
- ✓ Store cut raw fruits and vegetables in an airtight container and refrigerate - do not soak or store in water. Nutrients may be diluted from soaking in water. Manufacturer packaged fresh fruits and vegetables are the exception due to packaging processes.

MILK
- ✓ Whole milk is served to infants and toddlers less than 2 years of age.
- ✓ After age two, skim/fat free or 1% milk shall be served.
- ✓ Soymilk may be served when indicated with dietary restrictions.

BREAK & BREAD ALTERNATES
- ✓ Use enriched whole-grain breads and bread alternatives.
- ✓ Dry cereals need to be of high fiber and not sugar coated.
- ✓ Try to limit these items: doughnuts, honey buns, breakfast tarts, pastries, packaged snack cakes, and other high fat/sugar foods.

FRUITS & VEGETABLES
- ✓ Use fresh, canned, dried, or frozen fruit for breakfast.
- ✓ Canned or frozen fruit should be packed in juice or water - not syrup or sugar packed.

MEAT & MEAT ALTERNATES
- ✓ Meats and meat alternates that would be acceptable include eggs, fat free yogurt, low fat cheese, fat free cottage cheese, lean ham, Canadian bacon, and peanut butter.
- ✓ Try to limit meats high in sodium and fat content including cured meats and bacon.

APPENDIX D: DIAPERING PROCEDURES

*Adapted from the MSDH *Regulations Governing Licensure of Child Care Facilities.*

1. Caregiver washes hands.
2. Prepare for diapering by gathering wipes, diaper, plastic bag, clean clothes, gloves, and other supplies needed. Bring materials to the diaper changing area but not on the changing table
3. Place child on diapering table.
4. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
5. Remove soiled diaper and place into plastic-lined, hands-free covered trash container. (To limit odor, seal in a plastic bag before placing into trash containers.)
6. Use wipes to clean child's bottom from front to back. Use a fresh wipe for each swipe.
7. If gloves were used, remove at this point.
8. Use a wipe to remove soil from adult's hands.
9. Use another wipe to remove soil from child's hands.
10. Throw soiled wipes into plastic-lined, hands-free covered trash container.
11. Put on clean diaper and redress child.
12. Place child at sink and wash hands using the proper hand washing procedure. Return child to a supervised play area without contaminating any surface.
13. Spray the surface of the diapering table with soap-water solution to remove gross soil. Wipe clean using a disposable towel and throw away in a plastic-lined, hands-free covered trash container. Be sure the surface is dried completely.
14. Spray the surface of the diapering table with clear water (recommended). Wipe dry using a disposable towel and throw away in a plastic-lined, hands-free covered trash container.
15. Spray the diapering surface with disinfecting strength bleach-water solution (completely cover table; table should glisten) and wait for 2 minutes before wiping dry with a disposable towel or allow to air dry. Dispose of the towel in a plastic-lined, hands-free covered trash container.
16. Adult washes hands using the proper hand washing procedure.

APPENDIX E: CCAIR Site Inspection Form

County_____   Date_____

Facility Name_____   ID Number_____

Purpose_____   Capacity_____

Pass ☐   Fail ☐

Records and Policies	In	Out	COS	N/A
All facility records and policies are documented and kept together in one notebook or binder.				
A current alphabetical roster of children enrolled in the facility to include the child's full name and date of birth is kept onsite of the physical grounds of the facility.				
A current alphabetical roster of personnel employed or volunteers is kept onsite of the physical grounds of the facility.				
All back ground checks completed/Letters of Suitability on file for every employee and/or resident within the facility. Records are kept on-site at the facility.				
Immunizations up to date documented on 121 Form for all employees, volunteers, and enrolled children. Exemptions from immunization documented on 122 Form. Records are kept on-site at the facility.				
A written child abuse and neglect reporting policy is in place at the facility and followed by all employees.				
A written Emergency Preparedness and Response Plan is in place which includes fires, natural disasters, and other threatening situations that may pose a health of safety hazard to children. Plan includes relocation, evacuation, shelter-in-place, and lockdown procedures.				
A least one caregiver/employee that is certified in pediatric first aid and cardiopulmonary resuscitation (CPR) is on the premises at all times when children are present. Proof of certification is kept on-site at the facility.				
All caregivers are trained in a Health and Safety Standards Information Session that covers the topics of child abuse and neglect including definitions of types of abuse (physical, emotional, sexual), maltreatment of children, recognizing signs of abuse, and reporting policies. Current documentation of training is kept on file (Training must be renewed every two years).				
All caregivers are trained on recognizing possible signs and symptoms of Shaken Baby Syndrome (SBS) and abusive head trauma and the consequences of SBS/AHT. Current documentation of training is kept on file.				
Building and Grounds (Indoor)	In	Out	COS	N/A
Inside area is clean, in good repair, free of insects/rodents, free of unnecessary articles.				
All areas used by children are well lighted, ventilated, and free of hazardous or potentially hazardous conditions, such as but not limited to, open stairs and unprotected low windows.				

	In	Out	COS	N/A
A separate space for ill or injured child where child is supervised by an employee at all times is provided.				
A first aid kit is kept on site and easily accessible to employees at all times, but not in reach of children.				
Extension cords and all other electrical cords are kept out of reach of children.				
All unused electrical outlets are protected by safety plug cover.				
If nonelectric heating and/or cooling systems, cooking stoves, and/or hot water heaters or other nonelectric equipment are present, sufficient carbon monoxide monitors placed appropriately within the facility.				
All smoke detectors are in place and in working order.				
Kitchen	**In**	**Out**	**COS**	**N/A**
Food appears in good condition to be served, Adequate dishwashing capability is available (manual or mechanical) with hot water available.				
Food service and storage area is clean. Food is properly labeled.				
Handwashing facilities with running hot water are available.				
Toxic items are properly stored away from food items.				
Toilets and Sewage	**In**	**Out**	**COS**	**N/A**
Water supply – public or private is under pressure and protected.				
Sewage – central or individual is functioning properly.				
Outdoor Area	**In**	**Out**	**COS**	**N/A**
Garbage and trash is removed from the facility daily and from the grounds at least once a week. Garbage and trash is stored inaccessible to children, and is stored in insect and rodent resistant containers.				
The outdoor playground area is free of hazards (e.g., broken, rusted, or malfunctioning equipment, ant beds or other insect infestations, broken fencing, etc.).				
Potential hazards, including but not limited to air conditioner units and utility mains, meters, tanks, and/or cabling are inaccessible to children.				
Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, quarries, canals, excavations, fishponds, or other bodies of water.				
The soil in outdoor playground areas of the facility does not contain hazardous levels of any toxic chemical or substances.				

_____   _____
Facility Representative   MSDH Child Care Facility Inspector

White Copy – Facility File   Yellow Copy – Facility Operator

Mississippi State Department of Health   1-22-19   Form. 1135

APPENDIX F: CDC POSTERS AND GUIDELINES

SHARE FACTS ABOUT COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT 2

For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT 4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT 5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

cdc.gov/COVID-19

CS 315446-A 03/16/2020

How to Clean and Disinfect Schools to Help Slow the Spread of Flu

Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. To help slow the spread of influenza (flu), the first line of defense is getting vaccinated. Other measures include covering coughs and sneezes, washing hands, and keeping sick people away from others. Below are tips on how to slow the spread of flu specifically through cleaning and disinfecting.

1. Know the difference between cleaning, disinfecting, and sanitizing.

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

2. Clean and disinfect surfaces and objects that are touched often.

Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

3. Simply do routine cleaning and disinfecting.

It's important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for only 2 to 8 hours after being deposited on a surface. Therefore, it is not necessary to close schools to clean or disinfect every surface in the building to slow the spread of flu. Also, if students and staff are dismissed because the school cannot function normally (e.g., high absenteeism during a flu outbreak), it is not necessary to do extra cleaning and disinfecting.

Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects.

Translations of all CDC posters can be found at:

https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html