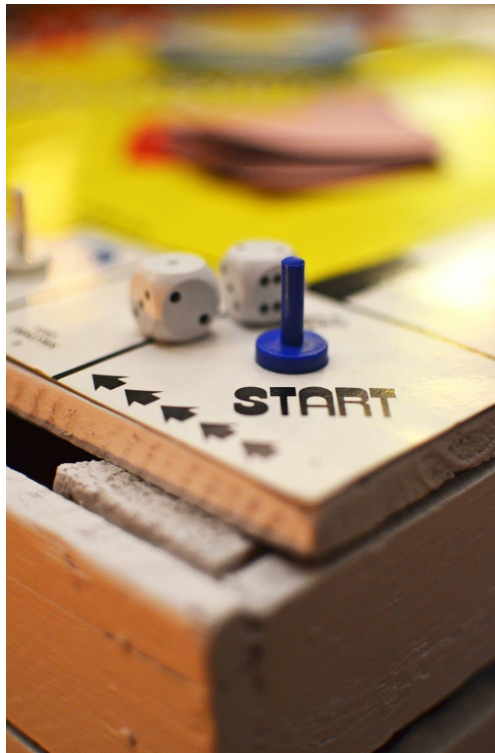




**Community Action Team**  
**Child and Family Development Programs**  
**Addendums to Policy and Procedure During a Pandemic**



## Table of Contents:

<u>Overview</u>	<u>3</u>
<u>Supporting Families</u>	<u>3</u>
<u>Mental Health and Well-being</u>	<u>3</u>
<u>Cleaning, Sanitizing and Disinfecting</u>	<u>4</u>
<u>Staff Health and Safety Protocol</u>	<u>7</u>
<u>Daily Arrivals and Departures</u>	<u>8</u>
<u>Daily Health Checks</u>	<u>9</u>
<u>Exclusion</u>	<u>10</u>
<u>Sign In/Out</u>	<u>10</u>
<u>Attendance</u>	<u>10</u>
<u>Meals</u>	<u>11</u>
<u>Tooth Brushing</u>	<u>11</u>
<u>Curriculum</u>	<u>12</u>
<u>Home Visit</u>	<u>15</u>
<u>Screening and Assessments</u>	<u>17</u>



## **Overview:**

Community Action Team - Head Start has developed this addendum to support the health and safety of children, families, staff and community to operate during a pandemic. Each center is responsible for developing and implementing a site specific COVID-19 Health and Safety Plan. The plan must cover health, safety, cleaning, sanitizing and disinfecting. Staff will be trained on the plan, the plan will be shared with families and posted in a visible area. The COVID-19 Health and Safety Plan will be monitored by Center Managers and updated as necessary. Current copies will be submitted to Admin.

## **Supporting Families:**

To support families in navigating the challenges and unique needs during this time of uncertainty, it is imperative the program is thoughtful and intentional in services and supports. It is expected to support all families including Dual Language Learner and children with disabilities with intent by providing the same frequency of contact and sharing of information while individualizing for families. Program staff will remain flexible and adapt to updates and changes in guidance as needed.

## **Mental Health and Well-being**

The mental health and well-being of children, families and staff is a priority. The well-being of adults has a powerful effect on the children in their care. Children notice when adults are calm, composed, and joyful, and they learn from our examples. Self-care for families and children is especially important when they are stressed or isolated. Staff can support families by:

- Making a phone call or sending an email just to say, "hello," and offer empathy and encouragement.
- Offering to talk to the child, giving the parent a break.
- Asking families how they prefer to communicate. Would they prefer a phone call or an email? Would they like to receive materials sent by postal mail or dropped off at their home?
- Acknowledging the stress of having children at home all day and understanding that we all cope differently.
- Encouraging caregivers to step away or put their baby down when feeling overwhelmed; for example:
  - Place the child in a safe place or position.
  - Step away for a moment once you make sure the child is in a safe place with trusted adult supervision.

- Go for a short walk or take a moment to breathe deeply and relax your body.
- Explaining that activity-based mindfulness is a great way for kids and adults to manage their emotions and calmly respond to stressful situations.

## **Cleaning, Sanitizing and Disinfecting:** **(procedure 3-52, form 3-54a,b,c)**

### **Purpose**

Indoor and outdoor play areas and playgrounds are wonderful places for children to explore, learn and grow. Unfortunately, playgrounds are found to contain high levels of bacteria and other germs. To maintain a clean and healthy environment and to prevent the spread of harmful bacteria and viruses, Community Action Team Head Start Centers will routinely clean, sanitize and disinfect indoor and outdoor play areas.

**Changes to Sanitization practices:** Tables used for meals, oral motor toys, computer and mouse need to be sanitized before and after each use.

**Changes to Disinfecting practices:** Handwashing sinks and faucets need to be disinfected before and after each use.

### **Sanitizing and Cleaning Play Areas**

The indoor and outdoor play areas at CAT Head Start Centers vary widely across the counties and contain many different types of equipment, structures and toys. These procedures apply to a broad range of items, structures and equipment; should questions ever arise regarding the cleaning, sanitizing and disinfecting of particular items, please contact the administration team.

At times, it may be necessary to clean, rinse, sanitize and/or disinfect more frequently. The 3 Step-Method is 1. WASH 2. RINSE and 3. SANITIZE or DISINFECT.

Sanitizing solution is used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from the surfaces to levels that are considered safe. The sanitizing 3-step Method is most often used for food surfaces, kitchens, and classrooms.

Disinfecting solution is used to destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection

Agency (EPA). The disinfecting 3-Step Method is most often used for body fluids and bathrooms/diapering areas.

All surfaces (top, bottom and sides) of indoor and outdoor playground items touched by children, must be fully cleaned and disinfected between different groups accessing the play area.

For centers with possible public access of play areas during closure hours, it is strongly recommended that the disinfecting occur in the morning prior to opening.

Classroom items brought to outdoor areas may return to indoor areas with the same stable group and be washed according to their regular schedule. Unclean play items that are normally stored outdoors are to remain outdoors and will be cleaned and sanitized after each use or stored in a restricted area to await cleaning and disinfection (as this presents a risk of unintentional sharing without sanitization, a sign is recommended to clearly indicate where unclean items are being stored).

### **Using Portable Sprayers to Clean, Sanitize**

Portable sprayers are recommended for use for cleaning, sanitizing and disinfecting play areas.

Follow these steps:

1. Put on gloves (wear gloves for all steps of this procedure).
2. Follow the diluting procedures for creating the soap and water, and bleach and water solutions.
3. Bring the sprayer containing the bleach solution.
4. Spray surfaces with the bleach solution. Use a cloth or scrub brush if needed for areas soiled with dirt and grime.
5. Spray surfaces with the bleach solution and let it remain for the required time according to the sanitizing and disinfecting job aid for bleach.
6. Leave to air dry or dry surfaces with a paper towel or single use clean towel.

\*If available and preferred, a hose may be used for outdoor playgrounds in place of the portable sprayer with soap and water.

For indoor play areas, follow the same procedures using hand held spray bottles instead of portable sprayers. Any and all cleaning cloths or towels used must be laundered directly after use and not re-used for later cleaning or drying. Paper towels are recommended. Play areas and toys must be dry before children may access them.

\*\*It is never safe to mix soap and bleach. Many soaps contain ammonia compounds and will produce harmful and toxic gases if mixed with or sprayed onto the same surface as bleach products. Always be sure to remove soap residue before sanitizing with bleach and other products.



### **Supporting Transitions between Groups**

Cleaning and sanitizing play areas and toys multiple times a day is a big undertaking. To simplify transitions between groups during operating hours, consider implementing these strategies:

- Limit the equipment and play items offered for each group of children, while taking care to offer enough items to minimize sharing between children. For example, instead of offering large blocks, balls, tricycles and wagons, just offer tricycles and large blocks for a play session, and attempt to have each child use a separate tricycle if possible.
- Create a way for classroom staff to communicate what items were touched and played with to the person who cleans and sanitizes in between groups. A checklist of items and areas or a laminated picture of the playground that is marked with a dry-erase marker are two suggestions.
- Remove or block off items or areas that are time consuming or difficult to clean. Bring items that are easier to clean, such as dolls and other toys, to replace removed activities if needed.

### **Maintaining a Healthy Play Area Environment**

Apart from the routine cleaning and sanitizing of play areas, other practices can help reduce the risk of transmission of disease and exposure to bacteria.

- Have children wash their hands near to the time they will be entering the indoor or outdoor play areas. For children 3-years and above, consider

use of hand sanitizer before accessing a play area under the direct supervision of a staff person. Keep out of reach of children at all times.

- Toys that come into contact with children's mouths must be removed directly after each use. Keep bins for collecting dirty toys outside, and ensure they are kept away from children.

### **Staff Health and Safety Protocol (Policy 1-1)**

Staff will follow CAT procedures and protocols along with the Early Learning Health and Safety Guidance at all times in regard to potential exposure and when to remain home.

1. Staff will complete a daily health check which includes temperature and required questions. In your center plan there will be a designated person to document pass/fail on health checks.
2. If staff fail the health check, they will not be allowed to enter the building and sent home.
3. Staff will wash their hands upon arrival and implement ongoing hand washing practices.
4. Staff will maintain social distancing in common areas.
5. If operating under the Emergency Childcare License, staff must wear face covering or shield when children are present. Providers and staff only: exception to requirement to wear a face shield or face covering if they have a medical condition or disability, as documented by their doctor's order, that prevents them from wearing a face covering.
6. Classroom staff will wear smocks in class, when children are present. Consistent staff will put smocks on upon entry to class, and remove them when leaving class. Non-stable group staff (i.e. floating aides) will change smocks when rotating between groups, i.e. one smock will be worn with group A, and when moving to group B a new smock will be used. Smocks will remain at the center and be laundered daily following manufacturer instructions.
7. Staff moving between stable groups must wash their hands before joining a new group.
8. Cooks will wear aprons, which will remain at the center and be laundered daily.

Only staff required to maintain ratio, or as needed to provide breaks or other support will be in class when children are present. Parent volunteers will not be in the building, but encouraged to participate in other ways. For example, they can record a story to be shared with the group, contribute ideas for lesson planning, send a video of a fingerplay, etc.



## **Child Arrival and Departure During a Pandemic Procedure (procedure 1-54)**

### **General:**

1. Centers will have a clear plan establishing location, designated staff for health checks/sign in/out, and designated staff for escorting children to/from classroom.
2. Centers will establish a clear arrival and departure location outside of the center. The location will be a safe distance from traffic.
3. Staggered times will be used to support physical distancing and reduce contact between families and children. Appropriate spacing will be marked to allow for physical distancing.
4. Staff responsible for arrival and departure will wear a face covering/mask (paper, disposable, clean fabric, and/or face shield) and a smock.
5. The station will be equipped with the required materials, i.e. tablet, stylus, hand sanitizer (out of reach of children), thermometer, copies of emergency forms, and communication device (i.e. walkie-talkie) if needed.
6. After arrival/departure is complete for each stable group, the tablet and stylus will be sanitized, if a new staff person is responsible for the next stable group.

**Active Supervision** is used to ensure all children are safe at all times, including arrival and departure. Staff and guardians/parents will support the safe arrival and departure of all children following the procedure below.

### **Arrival:**

1. Guardian/parent will remain with the child and actively supervise them until the child has been accepted by staff.
2. The designated staff person will complete and document the health check, following program procedure below.
3. The designated staff person will sign the child in following the program procedure below for sign in/out.
4. Once the health check is complete and the child is signed in, the child will be accepted by staff and escorted to class by designated staff.
5. Children will wash hands immediately upon entering the center.
6. Current counts of children will be maintained on classroom whiteboards, with changes in count verbalized between staff members and noted on the board.



7. If a child arrives late, families will call the center to have a staff person meet them at the designated arrival/departure location and complete a child health check and sign in.

### **Departure:**

1. Guardian/parent will follow a staggered schedule for departure. If a guardian/parent needs to pick up the child early, they will call the center prior to arrival.
2. Children will wash hands prior to departing class.
3. Designated staff person will escort child from class to the designated arrival/departure location. Staff will verbally communicate changes in count of children and update white board.
4. Staff person will verify the identity of the adult and permission to pick up.
5. Staff will follow the sign out program procedure listed below using Child Plus app.
6. Guardian/parent will actively supervise the child once received from staff.

### **Daily Health Checks**

All adults will comply with a daily health check prior to entering the building and a designated staff person will document pass or fail.

Child health checks will be completed daily prior to the child entering the building and will include:

- Asking parent if the child has:
  - Cough
  - Fever
- Asking the following questions:
  - Has the adult or child been exposed to a person with a positive case of COVID-19 in the past 14 days?
  - Has the adult or child been exposed to a person with a presumptive case of COVID-19 in the past 14 days?
  - Is the adult or child experiencing an unusual cough, shortness of breath, or fever? "Unusual cough" means something not normal for this person (e.g., allergies, asthma).
  - Does the child or adult have symptoms of diarrhea, vomiting, headache, sore throat, or rash?
- Staff will then take temperatures using the touch free thermometer. A child with a temperature of 100.4 degrees or above will not enter the

building. (The program will use touch thermometers from a distance according to the manufacturer's directions).

Children with any of the above symptoms will not be allowed to enter the building.

Daily Health Checks will be documented using the Child Plus app.

### **Exclusion**

If a child or adult develops symptoms of cough, fever, or shortness of breath, isolate immediately and send home as soon as possible. If a child, an adult must supervise.

Excluded child or adult may return after 72 hours from the resolution of symptoms

Report to the public health authority:

- If anyone is diagnosed with COVID-19 who has entered the facility
- If any cluster of illness happens among staff or children at the facility.

Any person with confirmed exposure must be excluded for a minimum of 14 days.

### **Sign In/Out**

The designated staff will sign in the child using the Child Plus app after the daily health check is complete.

Tablets and stylus will be used by staff to reduce contact and potential for exposure.

Staff person will be sure to print the name of the adult bringing the child so it is clearly documented.

use the Child Plus app, tablet and stylus to sign the child out. Staff will be sure to print a clear name for documentation.

### **Attendance**

During the current pandemic, the program will continue to monitor attendance and be flexible in service delivery but not be held to the 85% daily attendance rate. Attendance will be documented in Child Plus regardless of the mode children and families are participating.

## **Meal Service**

Meals will be provided in the classrooms and family style meals are suspended. Cooks will deliver the food wearing masks, gloves and aprons to the classroom door. Teaching staff will complete the point of service count and document in the meal count app in Child Plus. Each child will have an individual meal plated. Contact with food and serving utensils should be minimized. Social distancing will be followed during meal times. After each meal the Cook will return to pick up the tray with used items at the classroom door.



## **Tooth Brushing**

Tooth brushing will be suspended in the classroom until it is considered safe again. Staff will share resources about tooth brushing with families.

## **Curriculum**

### **School Readiness Guide 2-8**

#### **Child Learning Profile - Interest & Strengths form 2-2**

Many program practices continue to apply. Children **WILL** be provided typical, developmentally appropriate activities. Staff will continue to be intentional about social stories and activities used to support children with healthy practices. Books, social stories, etc. must be developmentally appropriate and approved by the program. Use materials through approved resources, such as NCPMI. However, it is important to note there are some things that need to be modified, or need to be increased and planned with more intent. It is expected staff recognize it is developmental for children to have difficulty with physical distancing, wearing face covering, etc. At no time will children be admonished, belittled, or punished for doing those things that are developmental. Staff will offer gentle reminders and support as needed. Adults and children **are not** required to physically distance within their stable group.

#### **Daily Practices:**

1. Take it outside:
  - a. Only one stable group may be outside at a time.
  - b. Sensory items such as sand and water cannot be used.
  - c. Sanitize equipment between stable groups. Staff will collaborate across classrooms to help reduce sanitizing. For example, Class A uses the outdoor lincoln logs, and Class B uses the outdoor waffle blocks. This allows cleaning and sanitizing to occur at the end of the day. Materials and equipment that needs to be sanitized before use by other groups shall be placed in a designated area until it has been cleaned and sanitized and is ready for use.
  - d. In class - open windows as much as possible to increase airflow.
  - e. Outdoor class is an option. This requires intentional planning of activities to support child development and progress. Staff must be actively engaged with the children in meaningful ways to support engagement and learning opportunities. Classes will coordinate and develop a schedule with the center manager to allow for fair and equitable access to outdoor environments.
  - f. Walking field trips are permitted as long as:
    - i. the field trip is fully outdoors
    - ii. stable groups remain separated
    - iii. adults and children must wash hands or use hand sanitizer before and after the field trip
2. To support with minimizing the spread of germs in the classroom:

- a. Eliminate large groups - children will be arriving at different times, which will occur over a period of time. It is not developmental to have children participate in a group activity while waiting for everyone to arrive. It is also difficult to have children spaced sufficiently. Instead smaller groups will be used to complete activities like Second Step. Small group times shall be **no more** than 10 minutes. Consider your classroom spacing, and if it is possible to plan two groups at the same time, one with the teacher and one with the assistant. This can be done if there is adequate spacing for children.
  - b. Limit number of children in each program space - Consider the size of each space and how many children can occupy the area safely. Some centers may need to have reduced numbers allowed. Children **will not** be forced into play hubs, limiting their ability to make choices. Children will be allowed to choose from all centers daily to support development and growth in all developmental areas and engage children in meaningful ways. Form 2-41 will be updated to reflect the current number of children in each center.
  - c. Increase distance at tables - The use of trays or placemats may help children define their space. Place chairs in a manner to support visual cues of where children can be.
  - d. No close physical contact activities. Activities like "pass the beanbag" will be discontinued. Consider ways to modify activities, such as using the parachute with children spaced at every other handle.
  - e. Discontinue the use of water or sensory tables. These spaces can be converted into an additional quiet area, manipulative space, etc.
3. Plan with intent for relationship building
    - a. Embed routines that are familiar and important to connecting with children, such as greetings. This may need to look different to reduce direct contact, for example instead of a touching hug, give an air hug. Place greeting icons on the floor for children to step on instead of cards they touch.
    - b. Shift thinking from "Children are seeking attention" to "Children are seeking a relationship."
    - c. Focus on the interests of the child, and engage them in meaningful ways. Children need an opportunity to feel pride and the adults in their life are genuinely interested in them. Focus **will not** be on policing children's behavior around COVID practices.
    - d. Children seek and need physical contact, especially in times of distress. Staff will continue to provide comfort to children as needed. Adults and children in stable groups **do not** need to physical distance within their group.

4. Plan for items that can be single or individual use to reduce sanitizing:
  - a. Discourage items from home, i.e. show & tell. Children may need and should have access to essential comfort items, such as a family photo.
  - b. Crayons, markers, pencils, scissors, etc. will be noted for individual children. Children will have tubs marked with their name and picture to store their individual items. Consider other items that may be important for individual use, such as a preferred fidget, that should be stored in the child's box.
  - c. Paint smocks or shirts - these do not have to be the vinyl or plastic smocks, but can be an old oversized shirt that can protect the child's clothes. When possible provide one smock for each child in the stable group, sanitizing between stable groups. If it is not possible to provide one for each child, smocks need to be sanitized between children.
  - d. Program raincoats/boots need to be designated for individual children. If they cannot be marked for individual use, they must be sanitized between use.
  - e. Consider "sensory" items that can be used in a bag (slime) that can be sanitized. Playdough may be used if it is divided into individual use sizes, placed in a ziploc, labeled and then stored in each child's box.

5. Focus on trauma informed practices-

The impact of trauma can appear at any time. For some children trauma is evident quickly, for others, trauma effects can be seen months later. It is expected that many children will have some impact and display effects of trauma, regardless if they can tell us about it or not. Practices focus on helping children develop positive coping strategies and not on reversing trauma. Staff will implement trauma informed practices with intent to support all children. (See Everyday Strategies for Building Young Children's Resilience in Early Childhood Education settings)



- a. Robust relationships and building community is the priority. ALL children will be treated with equity, dignity, and respect.
  - b. Allow for children to talk and follow their lead. They do not have to tell us the "why", as they may not be able to. It is more important to help children recognize and label their emotions and have those emotions validated.
  - c. Engage "as if" all children are trauma impacted.

- d. Resilience is built in everyday routines and connections. Predictable routines and structures allow children to feel competent, capable and safe, which is essential to developing positive coping strategies.
- e. Responsive and nurturing care provides a foundation of security for children.
- f. Rich emotional vocabulary is important to helping children build the tools and skills needed. Be descriptive in describing how the body may feel and helping children describe their bodies attached to different emotions.
- g. Visual cues need to be accessible and located throughout the environment. Additional visuals to help children with spacing will be needed, i.e. footprints on the floor.
- h. Structure transitions. Transitions need to be adapted to reduce or eliminate time children are standing in line. Provide clear expectations and steps for the transition, i.e. We are going to get ready for lunch. When I call your name, wash your hands, and sit at the table with green chairs. What song will you sing while washing your hands?
- i. Use intentional calming activities, such as modeling belly breathing, taking time to pause and count to help calm, emotional check in (How are we all feeling right now?) etc. These will be embedded throughout the day and not just in response to a conflict or upset.
- j. Have calming pictures in the quiet area. What things do the children like? Consider pictures like the beach, a garden, etc. that can invite a thoughtful conversation. For example - What do you think you would smell? How does this picture make you feel? Have a variety to meet differing needs of children.

## **Home Visit**

The following service delivery guidelines apply to Head Start for home visits. Head Start will ensure that families and staff comply with federal, state and local requirements, such as physical distancing and safety issues in the implementation of in-person home visiting, during the pandemic period.

### **Plan**

Staff will continue to comply with the Head Start standards related to the purpose and approach for home visits, with the understanding that specific activities may be offered in alternative ways.

Staff will follow all procedures for completing and documenting health checks, and notify supervisors prior to home visit with the time and location of visits. Families not receiving in-person home visits will continue to receive virtual home visits as per program requirements.

## **Staffing**

Each home visitor will be expected to perform home visits in alignment with their program's expectations and goals to the extent possible during this unique time.

In-person home visits will be completed based upon comfort level of the staff and participating families and if a virtual option is not available. Staff will discuss the procedures of the in-person home visit with families and gain consent to complete the home visit in-person. Staff will need to complete the home visit screening questions with the family prior to an in-person home visit.

- Does anyone in the household have a fever or unusual cough?
- Have all family members been symptom free for 72 hours?
- Have any family members been exposed to COVID-19 in the past 14 days?

Center Managers and Admin are available to discuss staff's comfort level on an individual basis.

If a staff member arrives at a home visit and a family member has or develops a cough, fever, or shortness of breath, the staff member should immediately leave the in-person home visit and offer to reschedule when the family member has been symptom free for 72 hours. Staff members will contact the Center Manager or Admin for further instruction. Center Manager or Admin can complete an incident form for tracking purposes.

## **Health Screening for Staff**

If a home visitor develops signs and symptoms of illness while on the job, they should stop working immediately, notify their supervisor, follow state and local health department protocols, and self-isolate at home immediately.

## **Completing in Person Home Visits**

1. Follow physical distancing requirements.
2. Use a face covering or shield.
3. Use outdoor space if appropriate and available.



4. Wash your hands before and after the visit with soap and water for 20 seconds. Use a hand sanitizer with at least 60% alcohol when hand washing is not available.
5. Ensure a safe and confidential space is available. Consider how you will conduct the visit in situations such as apartment complexes in which families live in close proximity or where there is limited outdoor space.
6. Engage with only one family unit at a time.
7. Prior to a home visit, communicate your expectations to the family. Children should not run out and greet the teacher/home visitor; parents should understand that you may not be able to enter their home.
8. After knocking or ringing the doorbell, staff may use hand sanitizer or gloves; remove using proper glove removal technique after stepping away from door. You do not need to wear gloves during the visit. Dispose of gloves after each visit.
9. A home visit may be on the porch, outside of a window, from the sidewalk, or on a walk with the parent. Avoiding going inside homes.
10. If you take a walk with the parent(s) and the children, wearing a face covering is still required of home visiting staff. The arrangements and route for a walk should allow for maintaining physical distancing and visitor, child, and parent safety.
11. Minimize your handling of items that parents or children will touch. If completing any paperwork, provide parent copies, clipboard and provide individual pens for the parent to use. Bags have been provided to home visitor to place completed paperwork and sanitized with wipes.
12. Tips: Consider wearing clothes that can be easily changed between home visits. Hold no more than 3 visits within one day to limit contact with a variety of people. More than 2 home visits in a day need to have prior approval by the supervisor.

## **Screenings and Assessment**

### **ASQ**

ASQ-3 screenings should be completed as soon as reasonably possible to help identify children that may need additional supports. This is very important as referrals and additional evaluation may be delayed as a result of current conditions. The program recognizes it may not be feasible to complete all screenings within the required 45 day timeline. However every effort will be made to complete these in a timely fashion, with clear documentation for any that are completed beyond the due date.

ASQ-3 materials will be gathered and divided into individual use packets in order to complete more than one screening in a day. Sets will be placed in a designated area once used for cleaning and sanitizing prior to use by another child. Materials that will be gathered are:

- A ball for kicking, and a ball for tossing
- Small table blocks (5-10) - these should be of two colors to allow for patterning, counting, and stacking.
- Beads for lacing (5-10) and string
- Pencil
- Scissors

ASQ-3 may be completed on site, or with families during a home visit.

ASQ-SE does not require special materials to be prepped and should be completed in a timely fashion to support families and children.

## **TSGold**

Ongoing assessment of children is important to track child growth and progress. The program recognizes that gathering information at the typical level may not be feasible or practical. Gathering as much information as possible is important for individualizing and meeting the needs of each child. Teachers will partner with families to collect data. MyTS has improved the family section and modified activities - both Mighty Minutes and Intentional Teaching Experiences to be family friendly. To the extent possible activities from MyTS will be shared with families to support their child and recognize parents/guardians as important primary teachers. Teachers will provide guidance and support to families in accessing these systems. Timelines for collection will be followed as usual, however, observations not collected will be noted as "Not observed" and pandemic/distance learning as the reason.

## **Vision and Hearing Screenings for Children**

Vision- the Health & Disabilities Specialist will conduct the vision screenings at the centers. Masks and gloves will be required.

Hearing Screenings-Center staff will be responsible for implementing the hearing screenings. Masks, gloves and aprons are required during the screenings. It is important to sanitize equipment after each use.

**Resources:**

[Mental Health and Wellness | ECLKC](#)

[National Center for Pyramid Model Innovations](#)

[Oregon Early Learning Division Health and Safety Guidelines](#)