



Evidence-Based COVID-19 Mitigation Policy

Head Start Program Performance Standard 1302.47(b)(9) requires Head Start programs to have an evidence-based COVID-19 mitigation policy developed in consultation with their Health Services Advisory Committee.

This policy is intended to protect the children, families, and staff of Tri-County Head Start (TCHS) from infection and illness. It can be scaled up or down based on the impacts or risks of COVID-19 in the community. It leverages multiple strategies at the same time, called a “layered approach,” because they are more effective in minimizing the impact of COVID-19 than using one strategy alone. These strategies can also be leveraged in case of other emerging illnesses and/or pandemics.

Consulted Resources

This policy is informed by objective evidence and findings from research and expert recommendations from public health authorities. Direct links are available throughout this document and a full list of referenced material is available in the Appendix; however, general sources include:

- U.S. Centers for Disease Control and Prevention (CDC)
- Colorado Department of Public Health & Environment (CDPHE)
- Local public health in the communities we serve: San Juan Basin Public Health and Montezuma County Public Health
- National Resource Center for Health and Safety in Child Care and Early Education
- The Occupational Safety and Health Administration (OSHA)
- Colorado State Regulations

Policy Approvals and Updates

This policy was created in March 2023 and reviewed and edited by key members of the TCHS Health Services Advisory Committee. It was approved by the TCHS Board of Directors on July 25, 2023. This policy will be reviewed on an annual basis and updated as public health guidance changes.

Definitions

- Evidence-based** An umbrella term that refers to using the best research evidence (e.g., found in health sciences literature) and clinical expertise (e.g., what healthcare providers know) in content development.
- Exposure** When you have close contact with someone who has COVID-19. Close contact means you have been within six feet of an infectious person for a total of 15 minutes over a 24-hour period. And that doesn't have to be 15 minutes continuously: if you were close to an infectious person for 5 minutes in the morning and 10 minutes in the afternoon on the same day, you've had close contact with someone with COVID-19.
- Isolation** Isolation means you have tested positive or have symptoms of COVID-19 and you are staying at home and away from other people until you are likely no longer contagious.
- Mitigation** Mitigation refers to measures taken to reduce or lower COVID-19 transmission, infection, or disease severity. Other terms used for this same concept are "risk reduction strategies" and "prevention strategies."
- PPE** Personal protective equipment, commonly referred to as PPE, is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests and full body suits.
- Ventilation** Ventilation is a term with a variety of meanings. For the purpose of this policy, "ventilation" includes the following as defined by the CDC:
- Indoor air movement and dilution of viral particles through mechanical or nonmechanical (also called natural) means.
 - Filtration through central heating, ventilation and air conditioning (HVAC) systems and/or in-room air cleaners (portable or permanently mounted).

Infectious Disease Prevention Strategies

ROUTINE DISEASE CONTROL STRATEGIES

TCHS employs a number of strategies in everyday operations to protect our children, staff, and families from COVID-19 and other infectious diseases.

TCHS Health & Safety Program Guides

These guides dictate all policies and procedures related to health and safety for TCHS. All staff are trained on the content of these guides upon hire and annually at in-service training. They are reviewed and maintained by the Health & Safety Director on an ongoing basis, and updated per guidance from local, state, and national public health; Colorado Department of Early Childhood; and the TCHS Health Services Advisory Committee (HSAC).

Encouraging Vaccination

At TCHS, we encourage routine vaccination as a critical measure to protect our staff and children from serious illness. During the COVID-19 pandemic, we promoted free vaccination resources in our community to both families and staff, and offered a COVID-19 vaccination and booster bonus to staff through March 2023. Ongoing strategies include but are not limited to the following:

- We proactively plan and implement strategies to combat the annual cold and flu season, including promotion of the flu vaccination.
- In compliance with [Colorado Child Care Regulation](#) 7.702.51, at enrollment, we require proof of vaccination for all children in our program. TCHS tracks immunizations for each child and works with families and healthcare providers to ensure children stay up-to-date. If a child's record is not in compliance, they are temporarily excluded from care until they are brought up-to-date.
- For children on a state-approved nonmedical vaccination exemption, we have an internal policy to follow up annually with those families on the importance of getting their child vaccinated. For those who continue to seek an exemption, we promote the option of taking the Online Immunization Education Module on the Colorado Department of Public Health & Environment (CDPHE) immunization website, which provides education on the safety and efficacy of vaccinations before the parent/guardian obtains their child's exemption.

- We regularly provide information about COVID-19 vaccines and other recommended vaccines, including their importance, safety, and where they can be obtained.

Illness Policy

TCHS follows the [CDPHE “How Sick Is Too Sick?” guidance](#) as our Illness Policy for both children and staff, and leverages the [Infectious Disease Guidelines for Schools and Child Care Settings](#) for further guidance. In addition, TCHS takes the following steps to prevent the spread of illness:

- All child illnesses TCHS is made aware of are documented in our ChildPlus database to track illness trends and address specific issues where possible.
- All children undergo a daily health check upon arrival at their classroom each day and are sent home, if appropriate, per our Illness Policy.
- Per public health requirements, each center has a designated Ill/Injured Child Area where children who are ill at the center are isolated until they can be picked up by their parent or guardian.

Hand Hygiene and Respiratory Disease Prevention

One of the best ways to prevent the spread of infectious diseases is through proper handwashing. TCHS teaches and reinforces proper handwashing practices with both staff and children to lower the risk of spreading viruses, including the virus that causes COVID-19. Staff are also expected to teach and reinforce [covering coughs and sneezes](#) to help keep individuals from getting and spreading infectious diseases, including COVID-19.

- Handwashing procedures are included in our [TCHS Safety Program Guide](#), including expectations for when staff are to wash their hands, when children are, and how to monitor and reinforce in the classroom.
- Supplementary aids, like handwashing timers and kid-friendly posters on handwashing and covering coughs and sneezes, are provided to centers to continuously reinforce good handwashing and respiratory etiquette.
- TCHS provides adequate supplies at every handwashing sink in our facilities to support proper handwashing. These supplies include but are not limited to: warm running water (between 90-120°F), hand soap, and disposable paper towels.
- TCHS provides hand sanitizer that contains at least 60% alcohol for our staff to use at times when handwashing facilities are not available. It cannot be used in lieu of handwashing.

- During regular inspections throughout the program year, the Health & Safety Director inspects for appropriate handwashing procedures and works with supervisors to reinforce as needed.

Cleaning Procedures

TCHS complies with CDPHE rules and regulations as defined in [6 CCR 1010-7](#) for cleaning, sanitizing, and disinfecting in a child care setting. TCHS also follows recommendations from the [Caring for Our Children Standards](#). TCHS procedures define each step and dictate how they are to be performed, how frequently, and in what situations. These specific procedures can be found in the [TCHS Safety Program Guide](#), under “Public Health Proactive Procedures.”

- TCHS provides a variety of PPE as part of our Standard Precautions and Exposure Control Plan (also found in the [TCHS Safety Program Guide](#)). Staff receive training on the appropriate use of PPE upon hire and annually thereafter. PPE includes but is not limited to: nitrile gloves in multiple sizes, child and adult face masks, smocks, soap, disposable paper towels, hand sanitizer, first aid supplies, and spill cleanup kits.
- All areas and materials that an ill child or staff member exposed to illness must be cleaned and sanitized or disinfected as defined by TCHS Cleaning Procedures found in the [TCHS Safety Program Guide](#), before use by other staff or children.

Ventilation

- TCHS changes air filters on a quarterly basis and uses MERV 13 air filters, per [CDC recommendations](#).
- Air duct cleaning was performed at each of our centers during the COVID-19 pandemic and is now done on an as-needed basis.
- Daily classroom schedules encourage more outdoor time in the daily classroom schedule (minimum 60 minutes).
- Staff should open windows to ventilate the classroom/center when there is a suspected or positive case of COVID-19.

COVID-19-SPECIFIC PREVENTION STRATEGIES

Screening for COVID-19 Symptoms

- All TCHS staff are required to perform a self-check each day before reporting to the center. If they have any symptoms of COVID-19 that are out of the ordinary for them, they are required to contact their supervisor for guidance.

- As mentioned in the “Routine Disease Control Strategies” section of this policy, all children undergo a daily health check upon arrival at their classroom each day, which was enhanced to hone in on COVID-19 symptoms during the pandemic. If any COVID-19 symptoms are identified that are out of the ordinary for that child, the child is sent home to test and potentially isolate.
- If a child or staff member has a COVID-19 symptom that cannot be attributed to a chronic or other acute condition, they are encouraged to test. If they test positive or choose not to test, they cannot return to the center/office for the [recommended isolation period as defined by public health](#). See the “Isolation and Quarantine” section of this policy for more details.
- When a communicable disease case is present in a classroom or center, Medical Alert posters are displayed on exterior doors to alert families to the presence of the disease and provide them with information on temporary exclusion requirements (if applicable), signs and symptoms, and control of spread. We also have disease fact sheets, parent letters, and prevention and treatment resources available for staff and families in our Google Shared Drive.

Testing




- Testing is not required but strongly encouraged for anyone who suspects they have or were exposed to COVID-19. It is important to note that an individual who tested positive for COVID may continue to test positive for up to 90 days on a PCR (polymerase chain reaction) test, even if they are no longer symptomatic or contagious. Since reinfections can occur within 90 days, it can be difficult to determine if a positive PCR test indicates a new infection.
- TCHS does not conduct testing in-house but rather recommends at-home COVID-19 antigen rapid tests to staff and families. If free community PCR testing is available, that is recommended as an option as well. Per guidance from the healthcare providers on our HSAC, to avoid unnecessary trips to the doctor and overloading our providers, we do not recommend going to their doctor unless the individual is at risk for severe illness or has severe symptoms.
- TCHS accepts verbal COVID test results from a staff member for themselves or parent/guardian for their child. We do not require proof of a negative test to return to the center. However, required testing for new suspected cases and/or proof of a negative result could be required in the event of an outbreak

or substantial uptick in cases. See the “Enhanced Prevention Strategies” section of this policy for more.

- For those who are asymptomatic but were exposed to COVID-19, testing is recommended 5 days after exposure.

Isolation and Precautions after Exposure

- If a staff member or child tests positive for COVID-19 or chooses not to test, they cannot return to the center/office for the [recommended isolation period as defined by public health](#):
 - *Days 0-5*: Isolate for 5 days, with day 0 being the day they first started to feel symptoms. If they are asymptomatic, day 0 is the day they tested positive for COVID-19.
 - *Day 6*: Staff can return to work on day 6 if they are asymptomatic or they have mild symptoms that are improving and no fever for at least 24 hours without the use of fever-reducing medication.
 - *Days 6-10*: Staff are required to wear a well-fitting mask at all times while in a TCHS center for 5 full days (masking recommended in all public places). TCHS considers our enrolled children unable to wear a mask around others consistently and therefore they are required to isolate for the full 10-day isolation period.
 - *Day 11*: Staff and children may return to the center and no longer need to mask provided they have had no fever for at least 24 hours without the use of fever-reducing medication AND other symptoms have improved.
- TCHS follows public health guidance on quarantine. As of August 11, 2022, CDC no longer recommends quarantine for people who have been exposed to COVID-19, regardless of vaccination status. However, CDC recommends that people who have been exposed still [take precautions to protect others](#).
- TCHS strategies specific to COVID-19 are primarily tied to the [CDC COVID-19 by County](#) tool, which uses COVID-19 hospital admission levels to guide prevention decisions. For each level, the CDC recommends actions to take to help protect individuals from severe impacts of COVID-19. TCHS cross-references this guidance with state and local public health guidance and follows the strictest guidance possible for our operations.

Level	Prevention Steps
 LOW, MEDIUM or HIGH	<p><i>TCHS Required:</i></p> <ul style="list-style-type: none"> Follow recommendations for isolation if you have suspected or confirmed COVID-19. <i>See “Isolation & Quarantine” section above for specifics.</i> Maintain ventilation improvements. <i>See “Ventilation” section above for specifics.</i> <p><i>Recommended:</i></p> <ul style="list-style-type: none"> Stay up to date on vaccination, including recommended booster doses. Avoid contact with people who have suspected or confirmed COVID-19. Follow the recommendations for what to do if you are exposed to someone with COVID-19. If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.
 MEDIUM or HIGH	<p><i>Recommended:</i></p> <ul style="list-style-type: none"> If you are at high risk of getting very sick, wear a high-quality mask or respirator (e.g., N95) when indoors in public. If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.
 HIGH	<p><i>TCHS Required:</i></p> <ul style="list-style-type: none"> Wear a high-quality mask or respirator. <i>In this case, masking would be required at our centers and recommended in public indoor spaces. See “Enhanced Prevention Strategies” section below for more details.</i> <p><i>Recommended:</i></p> <ul style="list-style-type: none"> If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

Case Reporting and Outbreaks

Per Colorado state regulations in [6 CCR 1009-1](#), Colorado child care facilities are required to report single cases of COVID-19 to public health. COVID-19 and other conditions named in Appendix A of CCR 1009-1 (Reportable Diseases, Conditions,

and Related Event Table) are declared to be potentially dangerous to public health and child care providers are able to disclose information needed for disease control to public health without prior written consent under the FERPA health or safety emergency exception.

Per this requirement, TCHS reports all suspected and positive cases of COVID-19 for both staff and children to CDPHE via a TCHS-dedicated, shared Google Sheet. CDPHE uses this data to conduct investigations as needed and consults with TCHS in the event of an outbreak.

TCHS follows the [CDPHE definition of an outbreak of COVID-19](#), which is “five (5) or more people with COVID-19 (including individuals with unproctored antigen positive tests) with at least two confirmed or probable cases of COVID-19 in a facility or non-household group with onset in a 14 day period.” Schools and child care providers are required to report all outbreaks to their local public health agency or CDPHE within 4 days. If an outbreak occurs, TCHS will rely on guidance from CDPHE and local public health to determine next steps.

ENHANCED PREVENTION STRATEGIES

In the event of a COVID-19 outbreak in our centers or a severe surge of COVID-19 in the community, TCHS will rely on local and state public health guidance to determine the best course of action. However, the TCHS leadership team may determine that more rigorous measures are necessary than what public health recommends.

Enhanced mitigation measures may include some or all of the following, many of which were leveraged at some point during the COVID-19 pandemic. These measures would only be 1) employed for a predetermined period of time and 2) communicated to staff and families prior to implementation, though they could be implemented immediately upon communication.

- Closure of one or more classrooms, or an entire center
- Required quarantine for close contact with someone with COVID-19
- Required masking for all staff and children 2 years of age and older while in a TCHS center
- Required COVID-19 testing if symptomatic or a close contact
- Required proof of negative test result to return to the center (limited to new suspected cases of COVID-19, since individuals can test positive for up to 90 days on PCR tests, even after they are no longer symptomatic or contagious)

- Symptom check before granting entry to a TCHS center
- Prohibition of visitors (parents/guardians, volunteers)
- Suspension of Family Style Dining
- Suspension of toothbrushing in the classroom
- Suspension or additional requirements for sensory play

SUPPORT FOR COMMUNITY PARTNER LOCATIONS

TCHS funds Head Start slots at several community partner locations in our tri-county service area. These community partner locations are either operated independently or through the local school district. They manage their own facility, operations, staffing, and enrollment. Because these programs are not run by TCHS, we do not dictate their illness policies unless there are specific steps required to meet the Head Start Program Performance Standards or the Office of Head Start communicates a mandate, as they did with the Final Rule, “Vaccine and Mask Requirements To Mitigate the Spread of COVID-19 in Head Start Programs.” We work with our community partners to ensure compliance with HSPPS for all of their Head Start-funded children, and this is then finalized in our contract with the partner. As part of our contract, we also invite community partner staff to join our in-service training, during which illness prevention is addressed.

Communication

Our Health & Safety Director takes the lead on all COVID-19 communications, often engaging center leadership to communicate with families. The Health & Safety Director consults the TCHS HSAC and local and state public health to stay current on COVID-19 developments. Audiences for communications about COVID-19 may include TCHS staff, our Head Start families, our Community Partner Sites’ staff, or our Board and Policy Council.

COMMUNICATION TOOLS

TCHS leverages a number of different communication tools. The tools are often used in a layered approach to ensure audience awareness and to maximize retention. These tools include but are not limited to:

- Internal staff meetings
- TCHS email
- ChildPlus LiveMessage emails and texts
- RingCentral texts and phone calls

- Printed letters
- Family Handbook
- Enrollment paperwork
- Printed or emailed COVID-19 reference materials
- Postings at centers (e.g., Medical Alert posters, masking notices, etc.)
- Online via social media and the TCHS website

COMMUNICATION ACCESSIBILITY AND EQUITY

All TCHS health materials are produced in both English and Spanish, including our Family Handbook, website, postings, handouts, and forms. If verbal translation needs arise, staff are available in each county to support.

If additional accessibility tools are required to effectively communicate with a family regarding a health matter, TCHS takes necessary measures to ensure that appropriate communication tools are made available.

ONGOING COMMUNICATION

The Health and Safety Director provides regular updates from CDPHE on COVID-19 at weekly TCHS staff meetings, attended by Central Office and Center Administrative staff. If something is urgent regarding COVID-19, the Health & Safety Director will develop a communication plan to share the information quickly and accurately with the appropriate audiences. Input from the Executive Director, Program Director, and other TCHS staff is provided as appropriate.

TARGETED COMMUNICATION

Specific communications cannot be defined for every situation. The Health & Safety Director works closely with public health and the TCHS team to tailor communications to the situation. In two cases, procedures are clearly defined for TCHS:

Positive Case in the Center

1. Staff are required to report all suspected or confirmed cases of COVID-19 to their supervisor, who then reports it to the Health & Safety Director.
2. The Health & Safety Director reports these cases to public health (see “COVID-19 Case Reporting and Outbreaks” section above for specifics).
3. The Health & Safety Director emails the information to the Executive Director and Program Director for awareness, copying the Center Director/Team Lead.

If the positive case is a child, the ERSEA and Family Manager will also be included in the email for attendance purposes.

4. The Center Director/Team Lead shares the appropriate isolation guidance with the positive individual/family, indicating when they can return to work/school.

Center or Classroom Closures

If a classroom or entire center needs to be closed at the recommendation of public health or as deemed necessary by TCHS leadership, the following will occur same-day, ideally within 1-2 hours of the decision:

1. The Health and Safety Director will communicate with the Executive Director so they can email Central Office and, if it's a School District classroom, the appropriate School District contact.
2. The Health & Safety Director will create a COVID Closure Google Sheet to gather impacted staff and student information and send it to the Center Director/Team Lead to complete. This is to provide to Public Health. Once the COVID Closure Google Sheet is complete, the Health & Safety Director emails this to Public Health. The email will also be forwarded to the TCHS Department of Early Childhood contact and the TCHS Child Care Health Consultant separately, for awareness.
3. The Health & Safety Director will create Parent Letters using the Isolation & Quarantine Guidance above for the date of return and work with the Center Director/Team Lead to determine the best way to get the letters out (in-person, email, etc.)

APPENDIX

Referenced Sources

CDC

- [Coughing and Sneezing](#)
- [COVID-19 by County](#)
- [COVID-19 Testing: What You Need to Know](#)
- [Factors That Affect Your Risk of Getting Very Sick from COVID-19](#) (updated 5/11/2023)
- [Isolation and Precautions for People with COVID-19](#) (updated 5/11/2023)
- [Stay Up to Date with COVID-19 Vaccines](#)
- [Ventilation in Buildings](#)
- [Ventilation in Schools and Childcare Programs](#)
- [What to Do If You Were Exposed to COVID-19](#) (updated 8/24/2022)
- [When and How to Clean and Disinfect a Facility](#)

CDPHE

- [Colorado COVID-19 Case Definitions](#)
- [How Sick Is Too Sick](#)
- [Infectious disease guidelines for schools and child care settings](#)
- [Practical guide for operationalizing CDC's school guidance](#) (updated 5/4/2023)

National Resource Center for Health and Safety in Child Care and Early Education

- [Policy Development for Care of Children and Staff Who Are Ill](#)
- [Written Plan for Seasonal and Pandemic Influenza](#)

OSHA:

- [Personal Protective Equipment definition](#)

Regulations:

- [6 CCR 1009-1 - EPIDEMIC AND COMMUNICABLE DISEASE CONTROL](#)
- [12 CCR 2509-8, 7.702 - RULES REGULATING CHILD CARE CENTERS THAT PROVIDE LESS THAN 24-HOUR CARE](#)