

FISHTOWN MONTESSORI COVID-19 POLICIES VERSION 03.14.2022

This COVID-19 Health and Safety Plan will serve as guidance for the child care activities at Fishtown Montessori ("FM") which has been based on the [Responding to Covid-19 in Pennsylvania](#) guidance as well as the [Schools \(K-12\) and Early Childhood Education Guidance](#) from the Philadelphia Department of Public Health (PDPH) and the City of Philadelphia. Any policies, procedures or protocol in this COVID Policy will supersede the corresponding items in the FM Handbook. In this COVID policy, we have attempted to include all areas of our operations affected by changes with regard to COVID-19.

Given the dynamic nature of the pandemic, this COVID Policy and the plan set out incorporates enough flexibility to adapt to changing conditions. This is a dynamic document that will change as new guidance emerges and is shared through our regulatory or governmental agencies. Any changes to this COVID Policy will be shared with all families and staff via email. It is the role of the parents to ensure that Fishtown Montessori has updated contact information, giving us the ability to rapidly communicate information.

If there are any cases of COVID-19 in the wider community, there are no strategies that can completely eliminate transmission risk within a child care population. The goal is to use guidance from professionals and experts to keep the risk of transmission as low as possible while continuing child care activities as safely as possible. We encourage parents to talk to their children's healthcare providers about their individual risk factors for COVID-19 and the risks of attending a childcare facility.

The best way to prevent the spread of COVID-19 at Fishtown Montessori is to prevent it from getting into Fishtown Montessori. This will be improved by the joint effort of parents, staff, and children. There are instances when quarantine or isolation is required. This is a partnership, we rely on parents to keep their child home and visit the doctor or test when symptoms are present, and to comply with the policies and procedures in this document.

We wish to extend gratitude toward the following organizations whose research and/or guidance this plan is based on:

- American Academy of Pediatrics
- American Montessori Society
- American Society of Heating, Refrigerating and Air-Conditioning Engineers
- Centers for Disease Control and Prevention
- Children's Hospital of Philadelphia Policy Lab
- City of Philadelphia's Guidelines for Childcare and Early Learning Centers During the COVID-19 Pandemic
- Department of Human Services of Pennsylvania, Office of Child Development and Early Learning
- Philadelphia Department of Public Health
- Public Health Management Corporation
- Safety Center of America

ARRIVAL AND DEPARTURE PROCEDURES

In order to provide a secure setting for the children and staff at Fishtown Montessori, we are requesting that all family members maintain the current local masking and distancing guidance recommended by the PDPH while waiting to drop their child off. Parents should expect arrival and departure routines to take longer especially during peak times. We will be utilizing a staggered drop-off schedule with primary students entering from 8:30 - 8:45 and toddler students entering from 8:45 - 9:00 each day.

In order to provide for a smooth arrival and departure, we are asking families to follow these steps:

Prior to Leaving Your Home Screen Children for Symptoms of COVID-19:

The best way to prevent the spread of COVID-19 at Fishtown Montessori is to prevent it from getting into Fishtown Montessori. Staff are asked to screen themselves and parents are asked to screen their child before leaving the house for fever, symptoms, and any visual indication of ill health. Children and staff will also be monitored throughout the day. Please do your part by conducting a temperature check and screening your child for the following symptoms:

1. All parents should conduct an assessment on their child and staff should conduct a self-assessment by answering the following questions **prior to leaving your home:**
 - a. Does your child have at least **one** of the following symptoms?
 - new or persistent cough; shortness of breath; new loss of sense of smell; new loss of sense of taste.

- b. Does your child have at least **two** of the following symptoms?
 - fever (≥ 100.4 degrees Fahrenheit); chills; muscle pain or body aches; sore throat; nausea or vomiting; diarrhea; fatigue; congestion or runny nose.
 - c. Make a visual inspection of the child for signs of illness. Does your child have flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness? Is the child experiencing coughing or shortness of breath?
 - d. Have you, your child, or any member of your household who has not been fully vaccinated, had potential exposure with a person with COVID-19 in the past 14 days?
 - e. Is anyone in your household experiencing any covid-like symptoms such as one of the following symptoms: new or persistent cough; shortness of breath; new loss of sense of smell; new loss of sense of taste and/or two of the following symptoms: fever (≥ 100.4 degrees Fahrenheit); chills; muscle pain; headache, sore throat; nausea or vomiting; diarrhea; fatigue; congestion or runny nose?
2. If the answer to any of the above is yes, the child is not permitted to attend group care and should not be dropped off to attend FM. Parents must keep their child home and contact the director and their healthcare provider for further instructions.

Procure Check In:

1. Check your child in on your personal cell phone using the [Procure Connect](#) App as you are approaching the building.
 - a. This app enables parents to sign-in on your phone once you have come within 100 meters of our building.
 - b. Inform the director if the individual dropping off is unable to check in via procure.

Arrival Procedure:

1. All parents and children two years of age and older must follow the current guidance of the City of Philadelphia regarding mask-wearing during drop-off and pick-up.
2. Staggered drop-off times will be practiced.
 - a. Primary students will arrive between 8:30 - 8:45
 - b. Toddlers will arrive between 8:45 and 9:00.
3. During school-day arrival, parent and child(ren) will form a line and wait at least six feet from other families as you approach Fishtown Montessori.
4. When a family's turn has arrived, a staff member will be present do a visual check of arriving children.
5. Parents are asked to check their child out on their personal cell phone or communicate to the staff member to enter their four-digit code on the tablet for them.
6. Personal strollers or car seats are not permitted to be stored in the building until further notice.
7. Once checked in and screened, children will use hand sanitizer and be escorted to their classroom with their belongings by a staff member.
8. Parents are asked to follow current guidance from the City of Philadelphia on masking and distancing.

If you arrive and do not immediately see a staff member, please sanitize your hands and ring the doorbell and stand where you can be seen to alert the staff of your arrival.

Upon Arrival Children Should:

1. enter the vestibule.
2. have a visual wellness check by the staff member.
3. enter the building and go to their cubby.
4. use hand sanitizer on their hands.
5. hang up their outerwear and tote bag, place lunch in their cubby.
6. take off their outdoor shoes and put on their indoor shoes.
7. wash hands.
8. join their classmates for their work period..

School Day Departure:

1. School-day pick-up will occur between 3:00 and 3:15 each day.
2. Parents should line up at the front of FM and follow current guidance from the City of Philadelphia on masking and distancing..
3. A staff member will be in the vestibule waiting for parents to arrive. When they see the child's parent, they will go get the child and will escort the child safely to their parent.
4. Parents are asked to check their child out on using the Procure Connect App on their personal cell phone or communicate to the staff member to enter their four-digit code on the tablet for them.

PM Care Departure:

1. PM Care pickup will occur between 3:15 and 6:00 each day.
2. When picking up during PM Care, parents should schedule a time to pick up their child by calling or texting the FM mobile phone at 267-608-0836 fifteen minutes prior to their arrival.
3. The parent should ring the doorbell to alert staff of their arrival.
4. The staff will respond and bring the child(ren), with their belongings outside for dismissal.

HEALTH POLICIES

Plan for When Someone Becomes Sick:

- If children develop covid-like symptoms, they should place a mask on their face (if 2 years old or older) and be brought to a designated isolation room while waiting to be picked up. The staff member waiting with the child should wear a mask and also gloves if holding the child.

Fully Vaccinated Exposure to a Person with COVID-19

People are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine. Children are considered fully vaccinated two weeks after the second dose of Pfizer or Moderna vaccinations.

Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low. Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated, and inform their health care provider of their vaccination status at the time of presentation to care. For more information for persons fully vaccinated visit the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html> Additional options for ending quarantine can be found in [2021-PAHAN-559](#)

High-Risk Exposure

Identification of exposures will be prioritized during high-risk activities including lunch, snack-time, naptime, and other indoor activities where masks are not worn, or children cannot mask effectively. A seating chart or assigned seating will be in place for Primary classroom lunch and snack time. Contact tracing and quarantine will be prioritized for known high-risk exposures only. All toddlers are considered to be in a classroom with high-risk exposure due to unmasked napping and children under two years old refraining from mask-wearing.

Criteria for Exclusion due to Exposure to a Person with COVID-19*:

Children or facility persons who are not fully vaccinated and/or who have not had confirmed COVID-19 within the last 90 days (tested positive using a [viral test](#)) must stay home and follow isolation and/or quarantine protocol immediately after:

1. experiencing covid-like symptoms or a covid-like illness at any time.
2. if a member of the household has a confirmed case of COVID-19.
3. they have had a high-risk exposure to a person who has tested positive with covid-19 including but not limited to their own household members.

*Families are required to notify the Head of School in writing if any of the above criteria for exclusion are met.

Calculating Isolation and Quarantine Period:

If isolation or quarantine is needed, the PDPH will be contacted, and we will follow their guidance on isolation and quarantine in all cases. Parents may use this [Calculating Isolation and Quarantine Period](#) document to estimate the length of time needed to stay at home and confirm your calculations with the Head of School. Note that children who are in the same household as another person who is positive are considered not able to separate and should follow guidance titled, "What if I cannot separate from someone with covid-19?"

The PDPH recommends that children who have had a high-risk exposure or have tested positive quarantine for 10 days. Guidance on quarantine time will be taken on a case by case basis by the PDPH and based on child's individual mask usage pattern but in general families can expect that quarantine can be further shortened to 7 days with a negative test after day 5. Quarantines and pauses of 7 days are contingent upon 100% mask usage except during distanced meals. Activities where masks cannot be worn, such as playing certain instruments, must be paused for the full 10 days. Symptom monitoring must continue for the entire 10 days regardless of vaccination

status. Children who are known by staff to regularly refuse mask wearing, and children not old enough to wear a mask may not shorten quarantine to 10 or 7 days.

Any individual who is not up to date with vaccinations and has an **ongoing household exposure** must quarantine while the person with COVID-19 is isolating AND for an additional 10 full days after the person with COVID-19 ends isolation. Individuals who are fully vaccinated do not need to quarantine but must wear a well-fitting mask for 10 full days after their most recent contact. FM will be in communication with the PDPH and follow their guidance which is determined on a case by case basis.

Recommendations for 1- to 2-day closures may be provided when schools need additional time to identify, notify, and exclude close contacts. Longer closures may be recommended for an entire school or specific cohort (e.g., an entire grade) when the large numbers of cases or close contacts present logistical and safety concerns.

Criteria for All Children and Facility Persons Returning to Fishtown Montessori After Exclusion:

Any child or facility person reporting positive test results or showing symptoms of COVID-19 cannot be in attendance at the child care facility. Upon return, the individual must provide a written note or a negative test result signed and verified by a physician or nurse practitioner (CRNP) clearing them to return to the child care facility. The facility person or child in care with symptoms of COVID-19 shall be excluded from attendance until the facility operator receives notification from a physician or CRNP that the person is no longer considered a threat to the health of others. A home test or any other negative test results that have not been reviewed, signed and verified by a physician or CRNP will not be acceptable for a child or a facility person to return to the child care facility.

- Symptomatic child/facility persons who are not tested: exclude for 10 days from symptom onset AND at least 24 hours after fever resolution (if present) without the use of fever reducing medication AND improved respiratory symptoms.
 - Quarantine may be shortened to 7 days if you test negative for COVID-19. The test should be done no more than 48 hours before you plan to leave quarantine as required by [Calculating Isolation and Quarantine Period](#).
- Symptomatic child/facility persons determined by a health care provider to have an illness other than COVID-19: exclude until without a fever for 24 hours (if fever present) without the use of fever reducing medication and symptoms improving.
- Symptomatic child/facility persons who test negative: exclude until without a fever for 24 hours (if fever present) without the use of fever reducing medication AND improved respiratory symptoms.
- If any member of the household has covid-like symptoms, has been exposed to covid, and/or is awaiting covid test results whether symptomatic or asymptomatic: every other household member is considered exposed and must quarantine based on the Calculating Isolation and Quarantine Period document.
 - If the original household member who had covid-like symptoms tests negative for covid-19 AND the child or facility person also tests negative AND no other household members exhibit covid-like symptoms, the child or facility person will be permitted to return.
- If a child or facility person tests positive: A symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy) is the only recommended strategy in discontinuing at home isolation. A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances as determined by a healthcare provider.
 - Symptom-Based Strategy: Individuals with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
 - At least 1 day (24 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; and,
 - At least 10 days have passed *AFTER symptoms first appeared*.
- If a child or facility person tests positive positive for COVID-19 and has previously tested positive for COVID-19:
 - If the two test dates are greater than 90 days apart, the second test is considered a new case, and you should isolate.
 - If the test dates are between 45 and 90 days, you do not need to isolate but you should monitor your symptoms. If you develop symptoms, you should be evaluated by a medical provider.

- If the two test dates within 45 days apart, the second positive test likely represents the shedding of bits of the virus, but you are not likely infectious. You do not need to isolate.
- For Persons Who Tested Positive for COVID-19 but have NOT had COVID-19 Symptoms in Home Isolation:
 - Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation after no less than 10 days have passed since the date of their first positive COVID-19 diagnostic test, provided no symptoms have developed during that 10-day period.

Criteria for Returning to Fishtown Montessori After Illness:

If a child or staff member in a classroom has COVID- like illness they can return to FM if:

1. initial COVID-19 testing is negative, and the individual meets FM's normal criteria for return after an illness.
OR
2. a clinician has evaluated the child and documented and has provided a written alternative diagnosis.
OR
3. for children who were not tested for COVID, they can return to FM if all of the following are true:
 - a. At least 10 days since the onset of symptoms **AND**
 - b. until fever free off anti-fever medications for 3 days **AND**
 - c. symptoms are improving.

Note: repeat COVID testing should not be required to return to FM.

SOCIAL DISTANCING

Promote Social Distancing: It is not possible to prevent children and infants from coming in close contact with one another and their teachers. Instead, the goal is to create cohorts of children and staff to limit the number of people in close contact in order to lower the risk of transmission.

- As much as possible, the same teachers will be with the same children each day, limiting cross-exposure between groups.
- Staff breaks and lunch hours for staff will be staggered when possible in order to minimize interactions.
- Employees should maintain distance and avoid eating near or across from each other.
- All nonessential visitors and volunteers will be restricted.
- Only staff and children will be permitted through the first set of doors, parents and other nonessential visitors will not be permitted to enter the building.
- All special events such as group orientations, group holiday events, and special performances are cancelled until further notice.
- All field trips are cancelled.
- When taking walks or playing outdoors, choosing space that is not occupied by children other than those who attend Fishtown Montessori will be prioritized.
- Children will not be permitted to use playground equipment at the local park until further notice.
- Each child will have their own personal supply of items such as crayons, markers, colored pencils, eraser, pencil sharpener, scissors, school glue, glue stick, hole puncher, etc. This personal supply should not be used by anyone other than your child.

Social Distancing During Nap Time

- Children will not wear face masks during nap time as this is not advisable or recommended for safety reasons.
- At nap time the children’s cots will be spaced out as much as possible and children will be arranged head to toe in order to reduce the potential for viral spread.
- Ventilation measures will be used including the use of open windows and fans to promote fresh air circulation when practical.

PERSONAL HYGIENE

Hand Cleaning and Respiratory Etiquette

Set up hand hygiene stations at the entrance of the facility and the classroom, so that children and staff can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol at the entrance. Hand hygiene should be practiced at the following times:

- Before and after eating or breaks.
- After using the toilet.

- After individuals cough, sneeze, or blow their nose.
- After playing outdoors.
- Before and after group activities.
- Staff: Hand hygiene should also be practiced before and after preparing food and drinks and before and after any medication administration.

Children should be supervised by an adult when using hand sanitizer to avoid accidental ingestion or contact of hand sanitizer with their eyes. For younger children, staff should apply the sanitizer and rub the children's hands until they are dry.

Handwashing Procedure: Follow these five steps every time.

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Push LED timer.
3. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
4. Scrub your hands for at least 20 seconds, stopping when the LED timer light turns red.
5. Rinse your hands well under clean, running water.
6. Dry your hands using a clean towel or air dry them.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Schools (K-12) and Early Childhood Education are now mask-optional. Certain early childcare education centers that receive federal funding will continue to require masks. There will be a 1-week mask requirement after Spring Break to avoid a post-break surge in COVID-19 cases.

Enforcing Universal and Correct Use of Face Masks

Face masks help to prevent the transmission of COVID-19. Learn more about [why, when, and how to wear a mask \(PDF\)](#).

- Encourage correct use of face masks in certain situations, and always make masks widely available for students and staff to mask if desired.
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Masks Should Not be Placed on:

- Babies and children younger than 2 years old.
- Anyone who has trouble breathing or is unconscious.
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.
- Children during naptime.

Other PPE

- Toddler staff will wear gowns/smock/scrub jackets over their clothing. If contaminated by a bodily fluid, the staff member will change their gowns/smock/scrub jacket. Gowns/smock/scrub jackets will be laundered if soiled and on a daily basis.
- Staff should wear gloves when diapering.
- Staff should wear gloves when preparing or serving food or bottles.

CLEANING, DISINFECTION AND VENTILATION EFFORTS

Cleaning and Maintaining Healthy Facilities

Although transmission from a contaminated environment is an uncommon mode of transmission, sites should continue to maintain a cleaning schedule. Clean and disinfect frequently touched surfaces within the school and school buses regularly. This includes tables, desktops, chairs, doorknobs/handles, light switches, remote controls, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. The CDC has [steps for cleaning and disinfecting](#).

Facilities should use [cleaning products that are EPA-approved](#) for use against COVID-19. Store all cleaning products securely and out of the reach of children.

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Air Quality and Ventilation

- Increase ventilation in the building by opening windows and/or doors on opposite sides of the room and consider using fans to blow outside air through the room.

Food Safety Procedures:

- Staff members will use a gloved hand to plate each child's snack to serve it. Self-serve snacks will be discontinued until further notice.
- Children should not serve food.
- Sinks used for food preparation should not be used for any other purposes.
- Staff should ensure children wash hands prior to and immediately after eating.
- Staff and children should wash their hands before and after preparing food.
- Staff should wash their hands before and after helping children to eat.
- Staff should wear gloves while preparing food/ bottles and feeding children or giving them bottles.
- If place settings are used, staff should put a place setting on each table for children rather than having children get their own fork, spoon, knife, plate, napkin, or cup.
- Staff should pour water for each child rather than having them share a pitcher.
- The snack table should be cleaned by an adult before and after each use.
- Lunch tables should be cleaned and disinfected before and after eating lunch.
- Children will continue to eat lunch that is brought from home each day.
- Children are not permitted to share food or beverages.

CHILDREN WITH DISABILITIES OR SPECIAL NEEDS:

Provide accommodations, modifications, and assistance for children with disabilities and special needs. Your child care program should remain accessible for children with disabilities. CDC guidance says:

- Physical distancing can be difficult for young children with disabilities.
- Wearing a face covering may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues. See below for face covering requirements.
- If interacting with people who rely on reading lips, consider wearing a clear mask or a cloth face covering with a clear panel.
- Many children require assistance or visual and verbal reminders to cover their mouth and nose with a tissue when they cough or sneeze, throw tissues in the trash, and wash their hands.
- Cleaning and disinfecting procedures might negatively affect children with sensory or respiratory issues. Avoid overuse, use safer products, and clean and disinfect when these children are not nearby, if possible.
- Behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues for positive reinforcement) can help all children adjust to changes in routines and take preventive actions but may be especially beneficial for some children with disabilities.
- If outside program services are necessary in the facility, see guidance below for Direct Service Providers.

Direct Service Providers:

- Direct Service Providers (DSPs) include direct support professionals, paraprofessionals, therapists, early intervention specialists, and others. DSPs should be allowed into your facility to provide important services to children, and there are several steps you can take to make sure they do so as safely as possible.
- Follow standard screening procedures to admitted DSPs. If DSPs provide services in other programs or facilities, ask specifically whether any of the other places have had positive COVID-19 cases.
- If space allows, limit the interaction of the DSP to only the child(ren) they need to see and utilize face covering wearing and physical distancing as much as feasible.
- When developing cohorts, it is important to consider services for children with disabilities, so that they may receive services within the cohort if feasible.
- CDC has developed guidance for DSPs. Child care providers should review the DSP guidance and ensure that DSPs that need to enter your child care program facility are aware of those preventive actions, which include:
- DSPs should wash their hands with soap and water when entering and leaving any child care program, when adjusting or putting on or off face coverings, and before putting on and after taking off disposable gloves. If soap and water are not readily available, they should use a hand sanitizer that contains at least 60% alcohol.
- DSPs should launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.
- When working with or having direct physical contact with young children, DSPs can consider protecting themselves by wearing an oversized, button-down, long sleeved shirt and changing it when traveling between child care programs.

PARENT & FAMILY EFFORTS

Health and safety starts at home. We rely on the efforts of all our community members to support this COVID-19 plan.

- Parents must follow local PDPH guidance for masking and distancing every time you drop off or pick up your

child.

- Label all of your child's belongings so that they do not get misplaced or mistaken for another child's belongings.
- Do a symptom check as indicated above, including temperature check prior to leaving the house each day
- Refrain from giving your child fever reducing medicine before drop-off at FM
- Launder the nap mats when soiled or every weekend at minimum
- Launder school bags when soiled or every weekend at minimum
- Launder lunch bags when soiled or every weekend at minimum
- Launder outerwear when soiled or every weekend at minimum
- Parents and guardians should refrain from entering the Fishtown Montessori building unless specifically invited to do so.
- Create a plan: Personal strollers or car seats are not permitted in the building until further notice.
- Support the health and safety of all our community members by complying with these COVID-19 policies.

DEFINITIONS

Cleaning: removal, usually with detergent and water or enzyme cleaner and water, of adherent visible soil, blood, protein substances, microorganisms and other debris from the surfaces, crevices, serrations, joints, and lumens of instruments, devices, and equipment by a manual or mechanical process that prepares the items for safe handling and/or further decontamination.

Cohort: a group or class of children and their teachers. In our center, classes A, B and C are individual cohorts.

COVID-19: COVID-19 is a contagious disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' or may also be referred to simply as coronavirus.

Covid-Like Symptoms: Someone who has covid-like symptoms exhibits at least one of the following symptoms: new or persistent cough; shortness of breath; new loss of sense of smell; new loss of sense of taste AND/OR at least two of the following symptoms: fever (≥ 100.4 degrees Fahrenheit); chills; muscle pain or body aches; sore throat; nausea or vomiting; diarrhea; fatigue; congestion or runny nose.

Disinfectant: usually a chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects. EPA groups disinfectants by product label claims of "limited," "general," or "hospital" disinfection.

Disinfection: Thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Exclusion: Staying home and not being able to return until certain criteria are met.

Exposure is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period. It also means coming into direct contact with droplets from a COVID-19 positive individual. Persons who test positive are considered infectious 48 hours before the onset of symptoms. Persons testing positive but do not have symptoms are considered infectious 2 days after exposure (if known) or starting 2 days before test date (if exposure is unknown). Persons with COVID-19 are considered infectious from 2 days before onset of symptom until the end of isolation.

Facility Person: Any adult employee, (aka "staff member") or volunteer who has a complete employee or volunteer file in place, and has undergone all applicable training and clearances as required by 55 PA Code Chapter § 3270.

High-Risk Activities: lunch, snack-time, naptime, and other activities where masks are not worn indoors, or children cannot mask effectively.

Infectious Period: The infectious period of a positive individual (during which a close contact can be exposed to COVID-19) starts 2 days before their positive test or 2 days before symptoms onset.

Isolation: Isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission.

Outbreak of COVID-19: An outbreak is defined as a single positive COVID-19 case.

Potential Exposure: A potential exposure means being in a household or having close contact within 6 feet of an individual with a confirmed or suspected COVID-19 case for at least 15 minutes during the case's infectious period.

Quarantine: Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease.

Sanitizer: Agent that reduces the number of bacterial contaminants to safe levels as judged by public health requirements. Commonly used with substances applied to inanimate objects. According to the protocol for the official sanitizer test, a sanitizer is a chemical that kills 99.999% of the specific test bacteria in 30 seconds under the conditions of the test.

Symptoms of COVID-19 aka COVID-like symptoms: People with COVID-19 have had a wide range of symptoms reported. Symptoms may appear 2-14 days after exposure to the virus.

- At least one of these symptoms: new or persistent cough; shortness of breath; new loss of sense of smell; new loss of sense of taste
OR
- At least two of these symptoms: fever (≥ 100.4 degrees Fahrenheit); chills; muscle pain or body aches; headache, sore throat; nausea or vomiting; diarrhea; fatigue; congestion or runny nose

Virucide: An agent that kills viruses to make them noninfective.