Dear BBI Families:

The Office of the State Superintendent of Education (OSSE) has issued guidance for childcare centers that are continuing to operate during this Coronavirus (COVID-19) pandemic. This guidance is based on updates from our local health departments and the Center for Disease Control (CDC). You may already be aware that the CDC recommends wearing non-medical (cloth) face coverings in public settings in which social distancing is difficult. These recommendations now include childcare facilities when feasible.

As a result, we will begin implementing the following safeguards within our childcare facilities on Monday, July 6th:

- Parents/guardians are required to wear a face covering during pick-up and drop-off times.
- Staff will wear a face covering when arriving/exiting and within the facility.
- The CDC recommends that children age 2 and older should wear a face covering provided by the school. A child must be able to demonstrate that they can put on and take off the face covering independently. The child will be asked to demonstrate this action in the presence of center staff at drop off. If the child is unable to use their mask independently, avoid touching their mask during the day, and/or use the mask safely, they will not be able to participate in the center-based program.
- Face coverings will be removed and stored safely in an individually labeled plastic bag designated for your child only during meal and nap times.

A benefit of a face covering is to limit the spread of secretions while in the presence of others. If a child’s face covering becomes soiled or if a child plays with their face mask or others’ face covering it will be removed, stored safely, and returned to the parent/guardian at the end of the day to be washed.

Currently, we are requiring that a parent/guardian provides a minimum of one (1) spare face coverings in a Ziplock bag labeled with their child’s name to remain onsite. We want to ensure that center staff have spare face coverings readily available for your child if needed and we can safely store face coverings that have been used.

While this decision was made to prioritize the health and safety of our entire community, we understand that the recommendation for children to wear a face covering while in our care does not apply to everyone. Please complete the non-medical (cloth) face covering acknowledgment form that is attached and submit it to awilliams@bbidc.org or a family advocate.

The CDC has provided information on making a non-medical (cloth) face covering at home at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html or you can review the DIY instructions that are attached.

If you have any questions, please feel free to contact us.

Sincerely,

Dr. Marla Dean, Executive Director Shaquita Tillman, Education Director
NON-MEDICAL (CLOTH) FACE COVERING ACKNOWLEDGEMENT FORM

Child’s Name: ___________________________________________ Date of Birth: ______________

Parent/Guardian Name: ________________________________________________________________

The Office of the State Superintendent of Education (OSSE) has issued guidance for childcare centers that are continuing to operate during this Coronavirus (COVID-19) pandemic. As a result of recommendations from the Center for Disease Control (CDC), the use of non-medical (cloth) face coverings in our childcare facilities will be implemented on July 6, 2020.

By initially and signing below, I acknowledge that my child (child’s name) ____________________________

________(Initial Here) WILL wear a non-medical (cloth) face covering while in care of Bright Beginnings Inc. My child can put on and take off the face covering independently. I will provide a minimum of one (1) non-medical (cloth) face coverings in a Ziplock bag labeled with my child’s name to be readily available for use at the center.

________(Initial Here) WILL NOT wear a non-medical (cloth) face covering while in care at Bright Beginnings Inc. due to my child being under 2 years of age. Currently, my child is unable to use the non-medical (cloth) face coverings independently and/or appropriately.

Parent/Guardian Signature __________________________________________________________  ______

Date: _______________________________
Sewn Cloth Face Covering

Materials

- Two 10”x6” rectangles of cotton fabric
- Two 6” pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

Tutorial

1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the mask as if it was a single piece of fabric.

2. Fold over the long sides ¼ inch and hem. Then fold the double layer of fabric over ½ inch along the short sides and stitch down.

3. Run a 6-inch length of 1/8-inch wide elastic through the wider hem on each side of the mask. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the end tight. Don’t have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the mask behind your head.

4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the mask on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.
Quick Cut T-shirt Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

1. Fold t-shirt in half.
2. Cut a strip 6-7 inches long.
3. Cut tie strings.

Bandana Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial

1. Fold bandana in half.
2. Fold top down, fold bottom up.
3. Place rubber bands or hair ties about 6 inches apart.

4. Fold sides to the middle and tuck.
5. Place over face.
COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

Please read and initial each statement below.

1. ____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility. I understand that this procedure change is for the safety of all persons present in the facility and to limit everyone’s risk of exposure. I understand that it is my responsibility to inform any Emergency Contact of the information contained herein. I understand that I must wear a face mask at drop off and pick up.

2. ____ I understand to enter the facility premises my child must be free from COVID-19 symptoms. If any of the following symptoms appear during the day my child will be separated from the rest of the people in the facility. Once I have been contacted by Bright Beginnings, my child MUST be picked up from the facility within 45 minutes of being notified.

   Symptoms include:
   • fever of 100.4 degrees Fahrenheit or higher
   • dry cough
   • shortness of breath
   • chills
   • loss of taste or smell
   • sore Throat
   • muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom-free without any medications for 72 hours before returning to the facility.

3. ____ I understand that my child’s temperature will be taken every 2-4 hours throughout the day while on facility premises.

4. ____ I understand that my child will be required to wear a mask if he or she is 2 years or older while in the facility and on facility premises with the exception of during nap time. I will follow the
5. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

6. I understand that CDA currently recommends that children with chronic medical conditions and/or immunocompromised systems should not participate in large congregate activities without permission from their doctor.

7. I agree to answer pre-screen questions at drop-off to verbally confirm that my child did not have a fever prior to arrival.
   - Only one family will be allowed at the door at a time and must leave the entryway completely before the next family is allowed to enter.
   - The child will have their temperature taken at drop off with a non-contract thermometer, then escorted to wash their hands and then enter the classroom.

8. I understand the center staff will do the following to ensure appropriate social distancing:
   - No more than 10 individuals clustered in any given activity including, but not limited to, outdoor play and indoor gross motor activities.
   - To the degree possible, keep the same group of children and staff together each day.
   - Maximize spacing between individuals in the classroom, including while at tables in groups and in individual activities as much as possible, ensuring the child is always still within sight and earshot.
   - While practicing social distancing there will be no large group activities or activities that require children to sit or stand in close proximity, e.g. circle time.
   - Classroom mixing will be minimized on the playground, in the restrooms and other shared spaces as much as possible.

9. I understand that outside of care, in order to control my child’s exposure in the community, I will comply with any and all state, county, or local stay-at-home orders.

10. I will practice all recommended social distancing, exposure limiting practices recommended by the CDC.

11. I will immediately notify Bright Beginnings if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
12. ______ Further, I will immediately notify Bright Beginnings if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

13. ______ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
I, ___________________________________ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by [BBI] will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child Name: ___________________________   Date of Birth: _____________________

Parent Name: ____________________________

Parent Signature: ___________________________   Date: ___________________________

Parent Name: _____________________________

Parent Signature: ___________________________   Date: ___________________________

Management Team Witness: ______________________   Date: ___________________________