

All Indiana school age programs should take measures and institute safeguards to ensure a safe environment for their employees, children and families. The recommendations below are meant to provide support to school age programs operating in a public, non-public or charter school that are fulfilling the requirement of a latch key program. These recommendations are based upon guidance from the CDC and in alignment with the Indiana Department of Education's IN-CLASS re-entry guidance.

Monitoring and Preparing

Employee Screening Procedures: Conduct daily health assessments by implementing screening procedures for COVID-19 symptoms for all employees reporting for work. Examples include self-assessment of symptom before arrival in the workplace, screening questions upon arrival, and daily temperature checks. In order to minimize missed infections, at least two procedures should be implemented every day. School age programs should have a plan in place if an employee presents with symptoms that results in their being sent home. Resources for testing are available in Indiana through medical providers and OptumServe. These procedures should remain in place through stage 5.



Information for testing sites can be found [here](#)

Arrival/Pick-Up Procedures: Your plan for drop-off and pick-up should limit direct contact between parents, staff and children. This may include staggering of drop-off and pick up- times, requiring students to stay in an assigned section of the program to minimize mingling and placing tape marks on the floor to create clear directional paths and support social distancing. Drop-off and pick-up procedures should mirror what the public, private or charter school has adopted and be consistent with the district's plans.

Child Screening: All school age programs may want to consider the practice of checking the temperature of each child as well as a health assessment as children are dropped off in the morning, before the parent leaves. For examples of temperature screening methods to use upon arrival, please see the CDC guidance [here](#) under the heading "screen upon arrival". If a child presents with a temperature of over 100.4, or exhibits any symptoms of COVID-19, the child should not remain at the program and must return home with the parent. The process for notification of school officials should be outlined within the written agreement between the school age provider and the school district and parents should be informed of this process.

Children who have had COVID-19 like symptoms as described [here](#) or have tested positive for COVID-19 should be advised to self-isolate at home and not return to the program until they have been fever-free for at least 72 hours (3 days) without being given fever-reducing medications AND have had improvement in their symptoms AND at least 10 days have passed since their symptoms first appeared. These procedures should remain in place through Stage 5 should a program chose to implement them.

Work with school administrators, nurses, and other healthcare professionals to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. Nurses and other healthcare providers should use [Standard and Transmission-Based Precautions](#) when dealing with sick children or staff. This area should be separate from space utilized to support children who are ill or injured with non-COVID related issues. School age programs should work with districts to identify the spaces that will be utilized before they begin operation.

Personal Protective Equipment: It is recommended adults and children wear cloth face coverings when possible. The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. Additional accommodations may need to be made based upon a child's individual health plan. The school age program should outline in their agreement with the district how information will be shared regarding individual children and information contained in health plans that may impact their ability to wear face coverings.



Programs should identify how personal protective equipment will be used including but not limited to face coverings. These expectations should be clearly communicated to staff, families, and children in writing. The employee and parent handbooks should be updated accordingly.



For information related to making masks please see guidance [here](#).

Visitor entry – Visitor entry should be limited in the school age program. Screening (described above) should occur for all visitors and social distancing should be adhered to. This should remain through stage 5.

Handwashing/Sanitizing: Educate children and staff about proper handwashing strategies, which include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing their nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. Sanitizer stations may be utilized but should always be kept out of reach of young children.

Social Distancing: Close physical contact should be avoided. It is recommended that the same age/grade levels stay together each day with the same staff. Eliminate activities that combine classes or grade levels. Programming in this manner will support ease of isolation identification and contact tracing as part of the overall community health strategy.



IN-CLASS recommends minimizing travel between school buildings. School age programs will want to work with their school partners to support the minimizing of travel between buildings and find creative options to offer latch key programs in multiple locations when needed.

Communication: Create a communication system for staff and families for self-reporting of symptoms and notifications and closures.

Daily Activities

Common Areas and Special Activities: Limit the mixing classes or grade levels, such as staggering the use of common area times. When this is not possible, ensure that social distancing can occur and that children can maintain 6 feet of distance.

Outdoor activities are preferred over indoor activities and schedules should be adjusted to accommodate this whenever possible.



School age programs should begin to work with their school partners to identify the space that will be utilized for the 2020-2021 school year. The space should include more than just a large open area such as a cafeteria or gymnasium that does not allow for separation of groups or adequate social distancing.

Playgrounds: Programs should outline with their school partners if the use of playgrounds is permitted. If the use of the playground is permitted ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff as much as possible. Alternate the use of the playground to limit the number of students on the playground, encourage social distancing, and allow time to disinfect equipment between uses.

Equipment should be sanitized prior to the school age program beginning each day, after each use and at the conclusion of the school age program in accordance with the agreement reached between the

school age program and the school partner.

Cleaning and Disinfection: The following guidance regarding cleaning and disinfection should remain in effect through Stage 5.

- Intensify cleaning and disinfection efforts: Facilities should develop a schedule for cleaning and disinfecting in conjunction with their school partners.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially sports equipment and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, desks, chairs etc. Use the cleaners typically used at your facility.
- Outline expectations with the public school regarding the cleaning and disinfecting of bathrooms (e.g., in the morning and evening, after times of heavy use) using EPA-registered disinfectants.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to staff members so that commonly used surfaces can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on disinfection for community settings.
- All cleaning materials should be kept secure and out of reach of young children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.



For a list of products that the EPA has found to be effective against COVID-19 please visit [this site](#).

Meal or Snack Service: Programs should not participate in family style meals and should practice social distancing during meal times, ideally 6 feet apart. Programs should maintain groups during meal times as well. Bagged or boxed meals with all necessary utensils, condiments, napkins, etc. included would be the preferred method. In addition, prior to any meal service all children should utilize hand washing or sanitizing to ensure safe eating practices.



School Age programs should outline a plan with their school partners on the cleaning and sanitizing expectations for any space where meals or snacks will be served. This should include sanitizing before meals or snacks are served, in between groups and after meal/snack service has concluded.

Contact Sports: Sport activities should follow the schedule outlined in the IN-CLASS re-entry guidance which can be found [here](#).

Social Emotional Learning: Heightened attention to Social Emotional Learning will be critical during this period, and should be made available to all children and staff as part of the daily curriculum. Additional, age appropriate, learning about the medical and public health implications of COVID-19 will also be critical, and should likewise be made available to all children and staff. Children with disabilities and special educational needs are at elevated risk during this time, and careful attention should be paid to ensuring continued learning and wellbeing. This should continue through stage 5.

Maintain Healthy Operations

Establish protocols to notify local health officials, staff, and families immediately of a possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act. Programs should outline in their agreement with school partners how they will share information regarding children who are sick or who have displayed symptoms.

Monitor absenteeism to identify any trends in employee or child absences due to illness - This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.

Safety plans should be updated to include how information will be shared with school partners on who attended a program each day and which group of children they were with to support effective contact tracing.

Signage – Post signage about health policies and practices in common areas for employees and families to see. Resources for providers such as parent communication templates and policy templates are available at this [site](#).

Programs should consider updating employee and family handbooks to include things like sick leave policies, updated human resource policies and parent expectations. For support in templates or examples of policies or communication strategies please contact SPARK Learning Lab at 800-299-1627.