



Reopening Our Centers

DISCLAIMER: This is a summary. I'm not the expert!

- I read a LOT.
- Listened to a couple of webinars.
- You're still on the hook for double-checking me! 😊

- Some of these are suggestions.
- Some of these are required. I tried to mark the ones that came from govt docs.

- CCL = Child Care Licensing
- TWC = Texas Workforce Commission
- CDC = Centers for Disease Control

Physical Safety

- Add signs stating that no visitors are allowed in the building
- Remove soft toys, dress-up clothes and items that need to be laundered to be disinfected (CDC)
- Remove area rugs if possible
- Individual sensory experiences rather than group water tables or sensory bins (no shared playdoh, paint, or other shared sensory items) (CDC)
- Use individual supplies like crayons, pencils, markers rather than a “table set” or “class set” (CDC)
- Extra sanitizing for toys, manipulatives, etc. Put them on a schedule to get done each day at minimum. (CDC)
- Street shoes and “school shoes” for staff and students
- Health screening for staff and students (CDC)
- Curbside drop off (CDC)
- Separate cribs and cots/nap mats as much as possible. (CDC)
- Groups of 10 or less (including staff) (TWC guidelines)

Health Safety

- Daily health screenings for all staff and students (CDC)
- Social distancing (CDC, TWC, CCL)
 - If possible, do not combine groups;
 - Groups stay together in the same room
- Remind children to not touch their faces
- Frequent hand-washing – everyone MUST wash hands upon arrival; add hand washing when kids share (CDC)
- Increase the frequency of cleaning and disinfecting toys
- Tables should be cleaned and disinfected after every use
- Deep cleaning schedule for each room (maybe focus on one room per day?)
- No family-style meals (CDC)
- Disposable utensils and paper goods for food service
- Keep bedding/nap mats/ clothing separated (cubbies or bins)(CDC)

General Communication

- Do it NOW before you re-open
- Clear communication about policies and procedures that are different than before
- Educate staff and parents about COVID-19 symptoms and be clear about your policy for exclusion (100.4, cough, shortness of breath, etc)
- Educate parents about the importance of hand hygiene.
- Signs/Posts/Communication for proper coughing and sneezing etiquette for adults
- Create a method of communicating current policies in this ever-changing environment
- Regular communication with staff is VITAL. More frequent than before to ensure they are aware of the latest and greatest info we have and are following the latest protocols.

Specific Communication

- To Parents/Children
 - Pictures and video of staff so they are familiar
 - Pictures and video of routines the children might remember – special songs, chants, greetings, etc.
 - Pictures of staff *and children* wearing masks since many of you will need to do that at least part of the time
 - Copies of visuals for routines – hand-washing, preparing for lunch, self-regulating (breathing), etc – that parents can review with their children beforehand and then you use them when they return
 - Specific instructions for drop-off and pick-up
 - Have parents designate ONE adult to drop-off and pick-up each day
- To Staff
 - Specific arrival and departure expectations
 - Health requirements (you MUST stay home if symptomatic, etc)
 - Plan for subs/absenteeism (CDC)
 - Specific cleaning/disinfecting expectations
 - Specific expectations for how job duties will be performed

Emotional Safety

- It's as important as physical safety
- Adults can't meet expectations if they don't feel safe
- Children can't learn/behave if they don't feel safe
- Emotional safety must be measured from the perspective of the employee, parent and students, not the director.
- Check in with your staff DAILY to monitor physiological, psychological and emotional health.
 - How are you feeling physically? How are you feeling about what's happening? How are you handling your stress/anxiety? How can I pray for you?
- Monitor parents' physiological, psychological and emotional health in a similar fashion
- Recognize that there will be a major adjustment to children being separated from their parents and vice versa

CDC Guidelines

- *When feasible*, staff members and older children should [wear face coverings](#) within the facility. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.
- *If possible*, childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day. *Consider* separate classrooms for healthcare and first responder's children.
- *Consider* whether to halt or alter group activities.
 - Keep classes separated
 - Don't combine for playground, chapel, music, etc.
 - Separate kid at naptime as much as possible. Consider head-to-toe alternating
- Curbside drop-off and pick-up should limit personal contact with parents.
- If electronic sign-in is not available, sanitize pens between parents with wipes

CDC Guidelines Continued

- THREE levels of health checks
 - 1. Rely on parents to take child's temp and certify that they are symptom-free at drop-off. Staff does a visual check.
 - 2. Temperature check for each child from behind a physical barrier using gloves
 - 3. Temperature check for each child using goggles or face guard and gloves. *A gown could be considered if extensive contact with a child is anticipated.*
- Cleaning
 - Use the products you've been using but do it more often
 - Clean doorknobs, light switches, faucets, keyboards, remotes, desks, etc. daily
 - Consider a "yuck bucket" in each classroom for toys that have been mouthed, sneezed on, etc. Removes the toys from rotation until someone can clean and disinfect them
 - Don't share toys between groups without disinfecting before rotating
 - Remove all cloth and plush toys

CDC Guidelines Continued

- Feeding, comforting, and holding a child
 - *To the extent possible*, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - Wash hands every time you put down a child
 - Caregivers should change a child's clothes if bodily secretions(snot, spit, etc) are present. Put contaminated clothes in a sealed plastic bag. Children will need multiple sets of clothes each day.
 - If bodily secretions (snot, spit, etc) are present on the button-down shirt, staff should change shirts and contaminated clothing should be laundered before reuse.

Source Links:

- <https://frontlinechildcare.texas.gov/provider.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
- https://www.twc.texas.gov/files/policy_letters/attachments/07-20-att-1-twc.pdf
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- Webinar Downloads:
 - <https://www.earlylearningleaders.org/wp-content/uploads/2020/04/COVID-19-Acknowledgment-Disclosure.docx>
 - <https://www.earlylearningleaders.org/wp-content/uploads/2020/04/Covid-19-Child-Care-Reopening-Operational-Checklist.docx>

More Resources

- <https://www.facebook.com/tymthetrainer/videos/567683157195798/>
- <https://www.facebook.com/ecefromtheheart/videos/551569375764578/>
- Childproviderlaw.com – acknowledgement and disclosures