



MINIMUM STANDARD HEALTH PROTOCOLS FOR A PANDEMIC

Little Explorers Staff shall operate the child care in accordance with the Guidance for Child Care Programs that Remain Open released by the CDC, Centers of Disease Control, available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.

Based on above CDC guidance above, Little Explorers Academy has created plans for our child care facility around the following prevention measures:

- ✓ Implementation of social distancing strategies
- ✓ Intensify cleaning and disinfection efforts
- ✓ Modification of drop-off and pick-up procedures
- ✓ Implementation of screening procedures upon arrival
- ✓ Operating the child care center in accordance with applicable state rules, including Health and Human Services
- ✓ Ensure that all child care providers have taken required health and safety training related to COVID-19 through the Texas A&M AgriLife extension. The following training is required:
 - Providing High Quality Experiences during COVID-19 for Emergency Child Care Settings
 - Special Considerations for Infection Control during COVID-19

Vulnerable/high risk groups:

Based on currently available information and clinical expertise, people 65 or older might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it is important that everyone practices healthy hygiene behaviors.

If we have staff members or teachers age 65 or older, we shall encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have severe illness.

Preventative health measures for child care centers:

As a Child care provider we shall follow all applicable state statutes and HHSC Child Care Licensing rules.

The following checklist is intended to provide a selection of important health and safety items. It is not intended to be an exhaustive list at this time.

We shall plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces are readily available. If we have difficulty in obtaining these supplies, please contact our Child Care Licensing representative for assistance.

- ✓ Consistent with the actions taken by many businesses across the state, we shall have all employees wear cloth face coverings (over the nose and mouth) who open and shut the Front Door and communicate with the general public. If available, employees should consider wearing non-medical grade face masks.
- ✓ Require sick children and staff to stay home.
- ✓ Communicate to parents the importance of keeping children home when they are sick.
- ✓ Communicate to staff the importance of being vigilant for symptoms and staying in touch with center management if or when they start to feel sick.
- ✓ Procedures have been created to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- ✓ Keep sick children and staff separate from well children and staff until they can be sent home.
- ✓ Sick staff members should not return to work until they have met the criteria to discontinue home isolation.
- ✓ This guide shall be posted on our website to communicate to our child care center families.
- ✓ We shall use established procedures of isolation and Immediate Exclusion from attendance, if someone is or becomes sick.
- ✓ We have created an isolation room that can be used to isolate a sick child.
- ✓ We shall follow the CDC guidance on how to disinfect our building if someone is sick.
- ✓ If a sick child has been isolated in our facility, we shall clean and disinfect surfaces in the isolation room or area after the sick child has gone home.

If COVID-19 is confirmed in a child or staff member:

- ✓ We shall Contact our local health authority to report the presence of COVID-19 in our facility. Our local health authority will advise us on re-opening procedures and this will be our guide.
- ✓ We shall Contact Child Care Licensing to report the presence of COVID-19 in your facility.
- ✓ We shall Close off areas used by the person who is sick.
- ✓ We shall Open outside doors and windows to increase air circulation in the areas.
- ✓ We shall Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- ✓ We shall Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- ✓ If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- ✓ We shall Continue routine cleaning and disinfection.
- ✓ We shall Monitor and plan for absenteeism among your staff.

We are currently hiring part-time and substitute teachers to cover classes in the event of increased staff absences. If needed, we shall coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.

We shall identify and recommend to individuals at higher risk for severe illness from COVID-19 to consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community or home.

We shall implement plans for implementing social distancing strategies at the center.

Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. The following is a detailed guidance for implementing social distancing strategies in our child care centers:

- ✓ Assess group gatherings and events.
- ✓ Events and group activities are strongly discouraged. If for some reason an event must occur, we shall follow current CDC guidance about gatherings and events.
- ✓ Avoid scheduling events that require your children to bring items from home.
- ✓ Limit access to our center.

We are currently Prohibiting any but the following individuals from accessing our facility:

- Operation staff;
- Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff, Licensing staff, and Department of Family and Protective Services staff;
- Professionals providing services to children;
- Children enrolled at the operation; and
- Parents who have children enrolled and present at the operation. However, Parents shall only enter the child care center when necessary for an emergency.

We are Limiting the use of staff in our facilities to an absolute minimum.

Social distancing strategies:

Use of preparedness strategies and the following social distancing strategies:

- Employees must maintain at least 6 feet of separation from other individuals. If such distancing is not feasible, other measures such as face covering, hand hygiene, cough etiquette, cleanliness, and sanitation should be rigorously practiced.
- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day.
- We have cancelled and postpone special events such as festivals, holiday events, and special performances.
- We have halted daily group activities that may promote transmission.
- We shall keep each group of children in a separate room to the fullest extent possible.
- We are limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- We have increased our outdoor areas, like playgrounds for increased normal routine cleaning, It is not recommended to disinfect these areas. Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.

- High touch surfaces made of plastic or metal, such as grab bars and railings shall be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- If possible, at nap time, we shall ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. We shall place children head to toe in order to further reduce the potential for viral spread. Cots are disinfected before and after each use.
- We shall minimize time standing in lines and keep children at safe distances apart from each other. Six feet of separation between children is preferred.
- We shall limit the use of water tables and sensory tables, and have children wash or sanitize their hands immediately after using these play stations.
- We shall increase the distance between children during table work.
- We shall incorporate more outside activities, when feasible.

Class size and ratio requirements:

New and lower child care ratios have been implemented. These ratios are intended to support the state's policy of social distancing, while also supporting providers and ensuring they are able to continue our business.

Modified Child Care Ratios If the specified age of the children in the group is...

Modified Size for One Caregiver

Modified Group Sizes for Two Caregivers in the Same Room** Square Footage Requirement

0 – 11 months **

- No modification in size (Existing standard is 4).
- Modified to 8, but children should be put into two groups and separated with one caregiver per group (Existing standard is 10).
- 30 square feet space per child (existing standard, indoor)
- 80 square feet space per child (existing standard, outdoor)

12 – 17 months **

- No modification in size (Existing standard is 5).
- Modified to 10, but children should be put into two groups and separated with one caregiver per group (Existing standard is 13).
- 30 square feet space per child (existing standard, indoor)
- 80 square feet space per child (existing standard, outdoor)

18 – 23 months**

- Modified to 7 (Existing standard is 9).
- Modified to 14, but children should be put into two groups and separated with one caregiver per group (Existing standard is 18).
- 30 square feet space per child (existing standard, indoor)
- 80 square feet space per child (existing standard, outdoor)

2 years**

- Modified to 8 (Existing standard is 11).
- Modified to 16, but children should be put into two groups and separated with one caregiver per group (Existing standard is 22).
- 30 square feet space per child (existing standard, indoor)
- 80 square feet space per child (existing standard, outdoor)

3 years**

- Modified to 10 (Existing standard is 15).
- Size limit modified to 20 (Existing Standard is 30).
- **Note:** these children will not be able to remain in two separate groups.
- 30 square feet space per child (existing standard, indoor)
- 80 square feet space per child (existing standard, outdoor)

4 years**

- Modified to 10 (Existing standard is 18).
- Size limit modified to 20 (Existing standard is 35).
- **Note:** these children will not be able to remain in two separate groups.
- 30 square feet space per child (existing standard, indoor)
- 80 square feet space per child (existing standard, outdoor)

5 years**

- Modified to 10 (Existing standard is 22).
- Size limit modified to 20, but children should be put into two groups and separated with one caregiver per group (Existing standard is 35).
- 45 square feet space per child (Indoor)
- 120 square feet per child (Outdoor)

6 – 8 years**

- Modified to 10 (Existing standard is 26).
- Size limit modified to 20, but children should be put into two groups and separated with one caregiver per group (Existing standard is 35).
- 45 square feet space per child (Indoor)
- 120 square feet per child (Outdoor)

9 – 13 years**

- Modified to 10 (Existing standard is 26).
- Size limit modified to 20, but children should be put into two groups and separated with one caregiver per group (Existing standard is 35).
- 45 square feet per child per child (Indoor)
- 120 square feet per child (Outdoor)

Parent drop-off and pick-up:

The pick-up and drop-off of children should be completed outside of the operation, unless the operation determines that there is a legitimate need for the parent to enter. Should the parent have a legitimate need to enter the operation, the parent must be screened by the operation as outlined in this document.

NOTE: For families participating in the subsidized child care program, Center Staff shall swipe the parent's card for them and sanitize the card swipe station after use.

NOTE: If needed, staggering arrival and drop off times shall be implemented. At some point we may implement that our child care providers shall go outside the facility to pick up the children as caretakers arrive. We may create a plan for curbside drop-off and pick-up as we get busier which should limit direct contact between parents and staff members and adhere to social distancing recommendations.

Hand hygiene stations shall be set up at the entrance of the facility, so as children arrive, we can clean their hands before they enter. We will provide hand sanitizer with at least 60% alcohol for children over 2 years old.

We will have a daily designated staff member assigned for drop-off/pick-up. This person shall walk all children to their classroom, and at the end of the day, walk all children back to their parents or cars. These staff members shall wear a mask and to the fullest extent possible, they should also keep 6 feet of distance between themselves and the parents.

Infants can be transported in their car seats and stored out of children's reach.

If possible, older people such as grandparents should not pick up children, because they are more at risk for severe illness from COVID-19.

* Group sizes should be stable, with the same children and caregivers in the same group every day, as possible. These groups can be in the same room, as is current practice, but the separation of the two groups should be emphasized.

** If a child has an aide assisting them as a result of their Individual Education Plan (IEP), the aide does not count as a caregiver for purposes of this table. The aide would count as a “child” for purposes of figuring out the allowable number of children in each group or classroom setting.

Notes:

- ✓ Regulated Family Child Care ratios are not affected by this table.
- ✓ Floating staff members are allowed under this modified class size table. To the extent possible, these floating staff members should float in the same rounds with the same students every day.

Screening:

The following individuals must be screened every day before entering the facility:

- ✓ Operations staff;
- ✓ Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff,
- ✓ Licensing staff, and Department of Family and Protective Services staff;
- ✓ Professionals providing services to children;
- ✓ Children enrolled at the operation; and
- ✓ Parents who have children enrolled and present at the operation for emergencies. Parents should only enter the child care center when necessary and invited by staff.
- ✓ We shall implement a social distancing standard and use of masks and gloves while conducting temperature screenings at the front door. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening. For various examples on screening practices, see CDC guidance on screening at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forchildcare.html#ScreenChildren>

We shall screen those entering the facility prior to entering the child care center:

We shall Send home any employee or child who has any of the following new or worsening signs or symptoms of possible COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

We will not allow employees or children with new or worsening signs or symptoms listed above to return to work or the center until:

- In the case of an employee who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: 1) at least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and 2) the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and 3) at least 10 days have passed since symptoms first appeared; or

- In the case of an employee who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or

- If the employee has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.

We shall not allow an employee or child with known close contact to a person who is lab-confirmed to have COVID-19 to return to work or the center until the end of the 14-day self-quarantine period from the last date of exposure (with an exception granted for health care workers and critical infrastructure workers).

- ✓ We have implemented a sick leave policies that permit staff who are symptomatic, particularly high-risk individuals, to stay at home.
- ✓ If staff members believe they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.
- ✓ If a parent believes that they or the child has had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.

Enhanced cleaning and disinfecting measures:

The following should be done in addition to (or in substitution of) existing cleaning protocols in place at our child care center:

Clean and disinfecting efforts should be intensified over the pre-COVID-19 standards. Additional CDC guidance can be found here:

<https://www.cdc.gov/coronavirus/2019ncov/community/disinfectingbuilding-facility.html>

- ✓ 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.
- ✓ We have developed a daily schedule for regular cleaning and disinfecting; which includes, routinely cleaning, sanitizing, and disinfecting surfaces and objects that are frequently touched, especially toys, tables and games.
- ✓ We shall clean objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. We will use the cleaners typically used at our facility.
- ✓ We have adjusted the HVAC system to allow for more fresh air to enter the program space, when possible.
- ✓ Restrooms shall be cleaned and disinfected regularly throughout the day, at a minimum restrooms should be cleaned and disinfected three times per day.

Cleaning products:

- ✓ We shall use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective.

A list of cleaning products specific to COVID can be found here:

<https://www.epa.gov/pesticideregistration/list-n-disinfectants-use-against-sars-cov-2>

- ✓ If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- ✓ We shall follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- ✓ If possible, we will provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance of disinfection for community settings.
- ✓ All cleaning materials should be kept secure and out of reach of children.

Clean and sanitize toys:

- ✓ Toys that cannot be cleaned and sanitized should not be used.
- ✓ Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned and disinfected by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- ✓ Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- ✓ Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- ✓ Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- ✓ Children's books and other paper materials should be rotated if used by one group in a cohort.
- ✓ They should not be used by any other cohort or group for at least 36 hours.

Clean and disinfect bedding:

- ✓ We shall only use bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
- ✓ We shall keep each child's bedding separate, and consider storing in individually labeled bins or cubbies. Cots shall be labeled for each child.
- ✓ Bedding that touches a child's skin should be cleaned weekly or before use by another child.

Caring for infants and toddlers:

Diapering:

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Wash your hands and the child's hands prior to preparation
- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child's hands
- Clean up diapering station
- Wash your hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

Washing, feeding, or holding a child:

It is important to comfort crying, sad, or anxious infants and toddlers, and they often need to be held. 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. Staff shall limit the amount and type of jewelry that they wear so that the disease cannot be transmitted that way.

Child care providers should wash their hands, neck, and anywhere touched by a child's secretions often and throughout the day.

Child care providers should change the child's clothes if secretions are on the child's clothes. They should change their clothing, if there are secretions on it, and wash their hands again. Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center. Children should not be allowed to wear other children's clothing.

Child care providers shall wash their hands before and after handling infant bottles prepared at home or prepared in the facility.

Bottles, bottle caps, nipples, and other equipment (e.g. bottle warmers) used for bottle-feeding should be thoroughly cleaned after each use by washing with a bottlebrush, soap, and water.

Healthy hand hygiene:

All children, staff shall engage in hand hygiene at the following times:

- ✓ Arrival to the facility and after breaks
- ✓ Before and after preparing food or drinks
- ✓ Before and after eating or handling food, or feeding children
- ✓ Before and after administering medication or medical ointment
- ✓ Before and after diapering
- ✓ After using the toilet or helping a child use the bathroom
- ✓ After coming in contact with bodily fluid
- ✓ After handling animals or cleaning up animal waste.
- ✓ After playing outdoors or in sand.
- ✓ After handling garbage.
- ✓ Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- ✓ Supervise children when they use hand sanitizer to prevent ingestion.
- ✓ Assist children with handwashing, including infants who cannot wash hands alone.
- ✓ After assisting children with handwashing, staff should also wash their hands.
- ✓ We shall place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Transportation:

- ✓ Close seating on buses makes person-to-person transmission of respiratory viruses more likely.
- ✓ Those providing transportation shall practice social distancing while on the bus, van or car.
- ✓ We shall maximize space between riders (for example, one rider per seat in every other row).
- ✓ Keeping windows open might reduce virus transmission.
- ✓ Cleaning and disinfecting vehicles: Open the windows after runs and let the vehicles thoroughly air out.
- ✓ Vehicles shall be cleaned after each use. Handrails can then be disinfected with an EPA-approved safer disinfectant.
- ✓ Windows must be kept open to prevent buildup of chemicals that could cause eye and respiratory problems.
- ✓ These recommendations should also be followed by any third-party transportation we utilize.

Food preparation and meal service:

- ✓ Our operation shall not serve family style meals. Each child should be provided individual meals and snacks with the use of disposable dishes, cups and utensils.
- ✓ If the child brings their own food from home, we shall continue to discourage the sharing of food between children.
- ✓ We shall give careful consideration to the meal process and work on educating parents and families on the best way to provide their child's food and drinks for the day/week.
- ✓ We shall consider storing children's food and drinks for the day in their cubbies or another dedicated area if meals are brought from home, when applicable.
- ✓ Meals and snacks should be served in the classroom and teachers should directly serve children in their classrooms, when applicable.
- ✓ Sinks used for food preparation should not be used for any other purposes.
- ✓ Caregivers should ensure children wash hands prior to and immediately after eating.
- ✓ Caregivers should wash their hands before preparing food and after helping children to eat.
- ✓ We shall follow all other applicable federal, state, and local regulations and guidance related to safe preparation of food.
- ✓ A meal for employees, should be individually packed for each employee.