



Minimum Standard Health Protocols

MES follows all federal and state minimum recommended health protocols for childcare centers. When making protocol decisions, we do so with the health and safety of all our employees and children as a priority. The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older or with pre-existing health conditions that place them at a higher risk. Because of the hidden nature of this threat, we will rigorously follow all safety and sanitation practices. Please note, we cannot anticipate every unique situation and we will continue to stay informed and take additional actions based on common sense and wise judgement that will protect the health of all. We will inform our parents through the School Newsletter as changes are made to our protocols.

Information about COVID-19 in children is somewhat limited, but the information that is available suggest that many children have mild symptoms. However, a small percentage of children have reported to have severe illness. Please consult with your health care provider on what is appropriate for you and your child.

Preventative Measures

- Wash hands often (minimum of every 2 hours), before and after meals, after using restroom or playground.
- All children must be supervised if using sanitizer. Sanitizer may not be used for children under age 2. Soap and water is recommended when possible.
- Clean and disinfect frequently touched surfaces between activity changes. Children should be assigned table spaces to use to help prevent cross-contamination.
- Frequently review coughing, sneezing, and “no school hugs” (use elbow high five) procedures with children through role play.
- Sick children and staff must stay home. Staff should notify Administration immediately of any visual symptoms. Children who develop symptoms while at school will be isolated in the office and must be picked up ASAP. The room will then be sanitized.
- If a child is sent home ill, any surfaces or works that the child touched must be immediately sanitized or removed from the classroom for later sanitation.
- Classrooms will be thoroughly sanitized by the teachers at the end of every day. We will be closing a half hour early (5:30) to enable teachers time for thorough cleaning and sanitation each day. This includes wiping all surfaces, door handles, sink faucets, bathrooms, etc. Windows will also be opened to allow fresh air to circulate through the room at the end of the day.
- Professional cleaning will be increased from twice a week to three times a week.

- Water fountains may not be used during this period and will be covered to prevent use. Water bottles will have a designated place in the classroom and will be distanced to prevent cross contamination.
- If a case of COVID is confirmed, the classroom will be temporarily closed down and the children relocated to another classroom. Licensing will be immediately notified. Windows should be opened in the room to allow more air movement. After a waiting period of 48 hours, the classroom would then be sanitized.
- Plan in place to have substitutes available and additional staff scheduled to help with increased cleaning needs.
- All adults must wear face masks when entering the building and moving around in the hallways or between rooms.
- Sanitizer is located outside the front doors and must be used before entering the building. Read further for hand washing recommendations.

Social Distancing Strategies

- Staff should maintain at least six feet apart from other individuals. When this is not possible, such as when working closely with a child (giving individual lessons), a mask should be worn.
- Maintain as much day to day consistency of staff as possible. No outside visitors will be allowed except scheduled tours (beginning June 15th) which will have limited access and must wear gloves and masks while touring.
- Use of outside phonics volunteers (parents) will be suspended until deemed safe. We are also asking our parents to refrain from lunch dates with their children during this time.
- No inside field trips will take place during this time.
- Keep groups separate when possible with staggered playground times and separate Before and After School Care. Do not combine at the end of the day unless it is siblings only.
- Limit time spent waiting in line, keeping children at a safe distance apart.
- Assign table spaces to children in Preparatory classrooms, spacing when possible. Remind children to space when doing floor works.
- Art and Music classrooms should be thoroughly sanitized between classes. We will schedule a 15-minute lag time between classes.
- Nap mats should be spaced 6 feet apart if possible, with children placed head to toe to help reduce viral spread.
- Playground structure will be wiped down between classes. No sand/digging toys will be used during this time.

COVID-19 Symptoms and Precautions

We strongly encourage that if anyone has new or worsening signs of possible symptoms of COVID-19, that they stay home. These include:

Cough	Sore throat
Shortness of breath or difficulty breathing	Loss of taste or smell
Chills	Diarrhea
Repeated shaking with chills	Feeling feverish/fever over 100 degrees
Muscle Pain	Headache
Known close contact with a person who is lab-confirmed to have COVID-19	

Employees and children with new or worsening signs or symptoms, may not return 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: at least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and 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.
- Employees or children with known close contact to a person who is lab-confirmed to have COVID-19 may not return 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).
- 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.

Staff and Student Screening

- All children are met at the door as they arrive. All persons entering the building must be screened and their temperature checked. No one will be allowed to enter with a temperature over 100 degrees and/or visible signs of illness such as coughing, shortness of breath, flushed cheeks, rapid or difficulty breathing, fatigue, or extreme fussiness.

- Person performing screening should wear mask and gloves.
- If using a regular thermometer, it must be thoroughly cleaned between children. If the child is touched, then gloves should be changed between children. If using a touch-free thermometer, use an alcohol wipe on the thermometer between children.
- Hands should be thoroughly washed before donning PPE and after removing it.
- Families should maintain social distancing (6 feet) while waiting to enter the facility. As long as families maintain social distancing, PPE's are not required while waiting outside the building. All persons entering the building must wear a mask.
- Children and staff will not wear masks inside the classrooms. All staff will wear masks arriving and exiting at the end of day and anytime walking through hallways.

Cleaning and Disinfecting

Intensify cleaning and disinfection efforts:

- An additional staff member has been added whose primary focus is continuous sanitizing. The Float should wear gloves when cleaning and change them between rooms.
- Surfaces such as doorknobs, light switches, classroom sink handles, countertops, chairs, and tables will be sanitized between activities throughout the day.
- Children and staff will wash their hands or use hand sanitizer between activities and each time after using the restroom, before and after meals, and after using the playground.
- All cleaning materials should be kept secure and out of reach of 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.

Cleaning and Sanitizing Works/Objects

- Each classroom will have a designated “warm” table. When a child completes a work, instead of returning it to the shelf, it will be placed on the table. A teacher will then wipe it down before returning it back to the shelf for another child to use.
- Any works that cannot be cleaned and sanitized should be removed from the shelves. “Grasping” works such as corn or rice should be removed from the classroom. “Pouring” works may stay on the shelves. All Sensory works should be evaluated for safety.
- Works/objects that cannot be cleaned and sanitized should be removed from the shelves.
- Cloth and soft items will be removed from the classroom, along with any other potentially hazardous works. Rolled carpets will still be used but must be washed weekly.
- Do not share items with other groups, unless they are washed and sanitized before being moved from one group to the other.
- Set aside items that need to be cleaned, such as after being placed in the mouth or contaminated by body secretions. 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. Clean with water and detergent, rinse, sanitize and air-dry or in dishwasher.

- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Avoid activities that would require children to bring objects from home such as sound boxes and show and tell.
- Play-doh and other high contact substances should be used and labeled for individual use only.

Cleaning and Disinfecting Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and store in individually labeled bins, cubbies, or bags when possible. Cots and mats should be labeled for each child. All bedding will be sent home each week to be washed and returned
- Nap mats and cots will be sanitized daily before being stored.

Parent Drop Off and Pick Up

- All staff will be screened before entering the building. Staff performing screenings will wear protective equipment: Face shield, mask, and gloves
- Morning car line is suspended. Children should be walked to the door where they will be screened before entering the building. Parents will maintain social distancing guidelines while waiting in line.
- Afternoon carline will continue with parents and staff taking precautions to limit exposure. Staff will wear masks. Individuals who are considered high risk should take precautions when dropping off or picking up children.
- As much as possible, parents will not be allowed to enter the building. Any items that need to be left, such as car seats, will be kept outside under the awning.

Caring for Infants and Toddlers

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Teachers can protect themselves by wearing an apron or other covering and by wearing long hair up off the collar in a ponytail or other updo.

- Diapering
 - When diapering or helping a child change clothes, first wash your hands and wash the child's hands before you begin, and wear gloves.
 - After completion, again both should wash hands and the changing table (if used.)
- Teachers should wash their hands, neck, and anywhere touched by a child's secretions often.
- Teachers should change the child's clothes if secretions are on the child's clothes. They should change their covering, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag and sent home for washing.

- Infants, toddlers, and their teachers should have multiple changes of clothes on hand in the school.
- Teachers should wash their hands before and after handling bottles, plates, cups, and utensils or other equipment used for food preparation. All items should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.
- Pacifiers will not be allowed in the classroom (parents will be asked to ensure they are not in tote bags or backpacks). “Lovies” will only be allowed during naptime.

Healthy Hand Hygiene Behavior

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.

- All children, staff, and volunteers should 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. Sanitizer may not be accessible to children for unsupervised usage. Sanitizer may not be used on children under 2.
- Assist children with handwashing, including infants who cannot wash hands alone.
- After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks.

Food Preparation and Meal Service

- All children’s snacks must be individually plated, no family style serving. When possible, serve individually wrapped snacks.
- Pizza Thursdays will not be held in summer. We will re-evaluate for fall.
- Take care that children do not share food and are distanced when possible.
- Sinks used for food preparation should not be used for any other purposes.
- Teachers should ensure children wash hands prior to and immediately after eating.
- Teachers should wash their hands before preparing food and after helping children to eat.

Staff Training

Additional Staff Training specific to COVID-19 will be required by all staff through the Texas A&M AgriLife Extension Courses.

- 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, older adults and people of any age who have serious underlying medical conditions 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.

- Staff members with serious underlying health conditions are encouraged 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 more severe illness. Parents with children who have underlying health conditions should discuss with their health professional the advisability of attending school at this time and develop an action plan if needed.

Minimum Standards Chart

Texas Licensing has modified their childcare ratios during the pandemic. MES has made the decision to maintain a higher standard to help ensure the health and safety of our students and staff. These numbers may be re-evaluated periodically.

Specified Age of Children	1 Caregiver	2 Caregivers in same room	Square Footage Required	MES Square Footage	MES Number of Children per Classroom
0-11 months	4	8 (2 groups)	30 ft ²	325 ft ² /54 ft ² per child	6 (T1)
12-17 months	5	10 (2 groups)	30 ft ²	325 ft ² /54 ft ² per child	6 (T1)
18-23 months	7	14 (2 groups)	30 ft ²	418 ft ² /35 ft ² per child	12 (T2)
2 years	8	16 (2 groups)	30 ft ²	418 ft ² /35 ft ² per child	12 (T2)
3 years	10	20 (1 group)	30 ft ²	816 ft ² /51 ft ² per child 728 ft ² /46 ft ² per	16 (Prep)
4 years	10	20 (1 group)	30 ft ²	816 ft ² /51 ft ² per child 728 ft ² /46 ft ² per	16 (Prep)
5 years	10	20 (2 groups)	45 ft ²	816 ft ² /51 ft ² per child 728 ft ² /46 ft ² per	16 (Prep)

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