

California-Nevada Conference The United Methodist Church

COVID-19 Health and Safety Plans for Preschools

To ensure the safety of our children, staff and community in the continuing epidemic of COVID-19 while preparing our schools to reopen and provide much-needed childcare as families begin to return to work, this protocol synthesizes guidelines from the Center for Disease Control, county public health offices and state childcare licensing within state departments of Social Services to provide a template for churches to update their school policies and procedures to create safer school environments and minimize the spread of COVID-19 in the community.

Prior to reopening, each United Methodist Church preschool ministry shall submit a COVID-19 Health and Safety Plan to their District Superintendent for approval.

Churches renting classroom space to preschools, childcare programs and after-school programs shall request a COVID-19 Health and Safety Plan from their tenants also to be submitted for approval to the District Superintendent. All childcare programs shall submit reopening plans to their state licensing agency as required as well.

The COVID-19 Health and Safety Plan should detail practices and procedures that will:

- Implement **social distancing strategies** such as face coverings for staff, smaller group sizes and reduced sharing of materials and spaces
- Intensify **cleaning and disinfection efforts** before, after and during the school day
- Modify **drop off and pick up procedures** to limit the number of persons entering the school
- Implement **screening procedures upon arrival** to exclude symptomatic persons and their families from entry
- Maintain an adequate ratio of staff to children to ensure safety.
- Increase attention to **healthy hygiene habits and food safety**
- Create **response plan** to future outbreaks in your school or in the community

Current guidance from the CDC and CA State licensing agency are summarized below. These guidelines are the beginning of your re-opening plan. Each school site must determine the best practices for their setting with these health requirements for safe gathering in mind, and make changes to your program to accommodate the new procedures: training staff, adjusting class schedules and facilities accordingly, and communicating with families and students.

The COVID-19 pandemic is a challenging and fluid situation. Federal, state and local orders and guidance may change frequently. Schools are responsible for monitoring current

guidelines, and providing a healthy and safe childcare environment for their students and families.

COVID-19 Guidance for Childcare Programs *Summarized from CDC and CDSS*

Social and Physical Distancing

Since it can be difficult to keep physical space between children and their caretakers, social distancing in a young child’s classroom attempts to limit the number of people each child comes into contact with each day while also making accommodations to spread children out in the physical spaces they use as a class.

- Staff and caregivers should wear face coverings at all times.
- Children should remain in groups as small as possible not to exceed ratio and capacity requirements as prescribed by licensing agencies (generally classes of no more than 10 students). *It is important to keep the same children and teacher or staff with each group each day and include children from the same family in the same group, to the greatest extent possible.*
- Keep each class in a separate room, and limit the mixing of children by staggering playground times and keeping groups separate for special activities such as art, music and exercise.
- Use outside spaces as much as possible.
- Open windows to ventilate facilities before and after children arrive.
- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.
- Cancel special events, field trips and large group gatherings including tours to prospective students and families.
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.

Teacher to Child Ratio & Group Size Guidance

Child Care Centers

All child care centers should adhere to the following teacher: child ratios and group size outlined below for prevention, containment, and mitigation measures.

Follow the group sizes in the chart below, unless more restrictive group sizes are required by federal, state or local authorities. Note that the group sizes below do not include the teacher. When mixed ages are present and include an infant under 18 months, adherence to the 1:6 ratio must be followed to allow for responsive caregiving. If all children being cared for are infants, adherence to the 1:4 ratio must be followed within a group size, with no group no larger than 10.

Age	Staff: Child Ratio	Group Size
0-18 months (infant)	1:4	10
18-36 months (toddler)	1:6	10

3 years - kindergarten entry (preschool) & kindergarten entry + (school age)	1:10	10
0 to school age (mixed age groups)	1:6	10

During Drop Off and Pick Up

- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned. Implement daily health screenings (see below).
- Adjust pick-up and drop-off to limit the number of people entering the facility by caregivers and parents meeting in the entryway or at the curb to transfer children whenever possible.
- Explain to parents and caregivers that all visits should be as brief as possible.
- Encourage families to have the same parent or caregiver drop off and pick up the student each day.
- Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before drop off, prior to coming for pick up, and when they get home.
- Ask parents and caregivers to bring their own pens when signing children in and out, or determine contactless sign-in/out methods that comply with state regulations.
- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.

Daily Health Screenings

In order to exclude from your facility any child, parent, caregiver, or staff showing symptoms of COVID-19, schools must implement daily screenings before entry to the school. Persons who have a fever of 100.4° (38.0°C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.

- Screening should include asking all individuals about any symptoms (primarily fever, cough, difficulty breathing or other signs of illness within the last 24 hours) – that they, or someone in their homes, might have.
- Screening should also include taking temperatures before arriving to work or beginning care. It is recommended as a best practice to take children’s temperature each morning **only if the facility uses a no-touch thermometer. The no touch thermometer needs to be wiped with an alcohol wipe after each use.**
- Train staff about the new screening procedures and notify caregivers. Ask caregivers to screen themselves and children daily, prior to coming to your facility. Caregiver must also notify you if children have taken any fever reducing medications in the prior 24 hours.
- If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from the facility.
- Monitor staff and children throughout the day for any signs of possible illness.
- If staff or a child exhibit signs of illness, follow the facility procedures for isolation from the general room population and notify the caregiver immediately to pick up the child.

Personal Items

- All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. During this time, personal toys should be kept at home until further notice.

Caring for Young Children

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held.

- 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.
- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.

Cleaning and Sanitization

Schools should have a regular schedule established based on national standards for cleaning, sanitizing and disinfection of educational facilities for children. Now is the time to intensify those efforts:

- Routinely clean, sanitize, and disinfect frequently touched surfaces and objects, especially toys and games. This may also include cleaning 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.
- 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.
- 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.
- 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.
- Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child.
- Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
- Designate a tub for toys that need to be cleaned and wiped after use.

Bathroom

- Maintain social distancing and limit the number of students using the bathroom at one time.

- Sanitize the sink and toilet handles before and after each child's use and teach children to use a tissue when using the handle to flush the toilet.
- Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly.

Practice Healthy Hygiene

- Implement and enforce strict handwashing guidelines for all staff and children. Hands should be washed at least first thing upon arrival, before and after eating or handling food, after using the bathroom or helping a child use the bathroom, after playing outdoors, after handling garbage, and after touching face or mouth.
- Post signs in restrooms and near sinks that convey proper handwashing techniques.
- Teach, model, and reinforce healthy habits and social skills.
 - Explain to children why it's not healthy to share drinks or food, particularly when sick.
 - Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
 - Teach children to use tissue to wipe their nose and to cough inside their elbow.
 - Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

Food Preparation and Meal Service

While most schools have rules about not sharing food to limit contact with allergens, this is a time to reinforce those rules and provide serving assistance to limit the number of people in contact with food.

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
- Practice proper handwashing before and after eating.
- Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.
- Immediately clean and disinfect trays and tables after meals.
- Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.

Keep Environment Safe

- Limit the amount of sharing.
- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas or taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
- Plan activities that do not require close physical contact between multiple children.

- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.

Napping

- Space cots 6 feet apart from each other. Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.

Teach Young Children about Social Distancing

Implement strategies to model and reinforce social and physical distancing and movement.

- Use carpet squares, mats, or other visuals for spacing.
- Model social distancing when interacting with children, families, and staff.
- Role-play what social distancing looks like by demonstrating the recommended distance.
- Give frequent verbal reminders to children.
- Create and develop a scripted story around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.

Facility Considerations

Ventilation

Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.

Water Systems

Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Preparedness Plans

Have a plan if someone is or becomes sick at the facility.

- Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
- Call the parent or caregiver to pick up the child as soon as possible.
- Identify criteria for seeking immediate medical assistance.
- Close off areas used by any sick person and do not use them until they have been cleaned. 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.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

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

- Close off areas used by the person who is sick.

- Open outside doors and windows to increase air circulation in the areas.
- 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.
- 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.
- Continue routine cleaning and disinfection.

Resources:

PIN 20-06-CCP- Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities. April 7, 2020

5/6/2020 Guidance for Child Care Programs that Remain Open | CDC
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> 2/8

Questions Your Church Preschool Should Answer Before Re-Opening

Inspired by Ken Braddy's "24 Questions Your Church Should Answer Before People Return"

Written by Deacon Susan Grace Smith
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Our preschoolers are asking. Their parents are asking. When can we go back to school?

As the country begins to reopen, the places and activities we are most familiar with may start up again, but they will not look exactly the same as when we left. Think about the changes made in your grocery store. Nothing is quite the same, and it won't be for a while... and that's okay. If there is one thing we have learned over the past few months, we can and should change our behavior to keep one another safe.

As we begin to think about re-opening our preschools, we need to carefully consider how we can keep our children and staff and community safe. The coronavirus will be with us for a long time. We need to think and plan so we do not endanger people simply because we want things to go back to normal. Instead, we need to find a new normal that provides as much safety as possible while allowing us to reconnect with one another and learn in community as long as it is safe to do so.

Parents are listening to the heartfelt cries of their children and may not have thought through the implications of what it means to go "back to school." By thinking about the things that parents may not have thought about, we can be better prepared to answer their questions and ensure our children's safety when we return to our classrooms.

Here are 15 things to consider before your preschool welcomes students back to class:

Social distancing for young children focuses on limiting the number of people children come into contact within a given day. How will your school limit class size and restrict contact with other students and teachers?

CDC guidelines suggest smaller class sizes and dedicated spaces for each group in order to minimize the number of personal contacts made with each child.

Keeping the same group of children together for a full day with the same teachers seems to be a social distancing standard with children since they are not as capable of staying 6 feet away from one another. In my school, our classes are small but we rotate through classrooms. In order to isolate our younger classes, we will need to adjust our weekly schedule so that only one class is in the building

at any given time. This means that classes may not meet at the time parents were expecting and they may meet only once a week. In our older program where we have larger classrooms, we may need to reconfigure each classroom to accommodate a single class and all of its activities instead of rotating each class through for a single activity. Each school will need to consider facility usage, group configuration, class schedules and staffing in order to isolate each small group as much as possible.

How will you communicate these changes to families and make adjustments/changes as needed? Do you need more staff to supervise children in your modified arrangements?

Is sharing toys a thing of the past? We teach children to share everything except germs. How will your school limit the germs shared on toys and equipment in your classrooms?

A shared playdough table or sensory bin filled with corn kernels may not be the best choice right now. How can we offer children similar experiences on an individual basis instead of communal sharing? In what ways do we need to rethink the materials offered to our children for play and discovery? It's probably a good idea to put away toys and materials that are difficult to clean at the end of each day (see sanitization ideas below), and perhaps provide individual sets of materials for each student when possible. If you pack away the dress-up clothes for a while, what will you offer instead for imagination play?

What are you doing now to sanitize and sterilize your school building and materials?

Now is the time to wipe down all classrooms and materials. Have you cleaned tables and chairs and shelves with disinfectant? Who is wiping door knobs and handles? Have you had carpets or rugs cleaned and disinfected? Now is the time for all this to take place, not the week that the "you can go back to school" announcement is made by government officials. It is also important to maintain at least a weekly cleaning routine to keep things functioning and other viruses and bacteria from accumulating or growing while the building sits empty.

Will you postpone special events and family celebrations? Or will you find new ways to celebrate holidays and milestones?

CDC guidelines recommend cancelling or postponing field trips and special events. In addition to these, assess the larger group gatherings in your daily schedule and determine how those might continue. Morning circle time with combined classes may not be possible as it was done in the past. How can you adjust your schedule to stagger groups on the playground or in the snack room, and how will you sanitize the space in between groups?

At our school, parents especially missed the Mother's Day, Father's Day and graduation celebrations this spring. With limited gathering sizes, how can you adapt your family events to be safer while still allowing parents to feel involved and mark the special milestones of their children's year?

Will you continue to provide snacks for students? CDC guidelines limit the number of people handling food, eliminating family style food service. Will you have a designated staff person prepare and serve the snacks to all students, serve individually prepackaged items or have students bring snack from home? How can you rearrange tables and chairs in your snack area to distance children from one another while eating?

What if families or staff decide not to return to school?

I've already heard from older staff who have decided not to return to work until a vaccine is readily available or have decided to retire. Will you be able to fully staff your classes like you did back in February? Will you need more staff to put new procedures in place?

For families, just because they can go back to school doesn't mean they will feel safe doing so. For younger children who may be scheduled to start school for the first time this fall, parents may choose to wait a year rather than risk the virus in community settings. How will you handle cancelled registrations and potentially lower enrollment? Do you have policies in place for cancellations and how will these be communicated to families?

What's your strategy to clean and sanitize your school in real time? It's one thing to prepare in advance of people's return to the school classrooms, but how will you keep the place clean and disinfected on a daily basis and between classes if necessary? Do you need additional staff to clean door knobs and other frequently touched surfaces throughout the day and between classes? Who is going to clean restrooms throughout the morning or evening? Remember you'll have lots of little people touching things while they are at school.

How will your morning arrival time and daily check-in change?

CDC guidelines recommend limiting the entry of adults into your school, and performing health checks on students and, in some cases, their parents before check-in. Each school will need to make some decisions about how to best adjust their morning arrival time to accommodate these new procedures and choose the procedures that will work best in your setting. For young children separating from parents, being greeted from a distance of 6 feet may not always be possible. How will your school help children feel safe and cared for by their teachers while creating a barrier that keeps the virus away?

Is this the time to limit socialization of families before and after school on your campus? It happens naturally. Parents arrive at similar times to pick up their kids, the parents start talking and the kids start playing on the sidewalk in front of the school... Because of physical distancing rules, it may be a good time to discourage these interactions somehow, even though we want our school communities to feel socially connected and supported. What other ways can we create a sense of community? How will you discourage congregating at drop-off and pick-up?

Will you reopen the doors of your preschool before the church itself reopens?

There is a sense that churches will be among the last to reopen but that schools and childcare settings could reopen sooner. How would this work in your setting? Will the church support the re-opening of the preschool ministry even if they are not able yet to gather for worship?

Because people may return very slowly, how might you need to adjust your enrollment procedures and policies to offer grace and flexibility for parent’s choices while still creating stability for your programs?

Between smaller class sizes and some families choosing not to return to school until later in the year, there will likely be many adjustments to your enrollment. How will your current policies and procedures handle these different times and circumstances? Do you have policies in place for how you will handle tuition payments or refunds in the case of virus resurgences and potential fall closures? Now is a good time to add and adjust policies to reflect current circumstances and future possibilities.

Do you have a plan for reducing expenses to match reduced enrollment?

Preschools need to be thinking, “What if…” – what if our enrollment and tuition doesn’t hold steady because of safety concerns or financial strain on families? What areas of your budget can you trim to make room for the financial impact COVID-19 will have on your spending and income? How can you support families who are struggling? This is the time to consider the necessities in your budget and put a hold on the rest.

How will you prepare for additional COVID-19 outbreaks? Now is the time to write policies about what will happen if a child is exposed to the virus, and also how community outbreaks will be handled. Communicating new practices to families and staff is critical. As above, consideration should be given to how tuition payments will be handled or refunded in the case that school is closed again.

Should you be investing in new equipment right now? With the need for health checks and increased sanitization, what purchases can you make now to ensure you have what you need when you are allowed to reopen your school? From thermometers to sanitization supplies, it makes sense to invest now and allow time for impacted items to be delivered before you re-open.

Do you have a plan for distance or hybrid learning should you experience additional closures?

Some schools have found ways to offer content and connection through online platforms such as Facebook and YouTube and zoom. While we may have considered this as a stop-gap measure during a strange season, it might not hurt to include some virtual ideas in your lesson planning just in case the school needs to shut down for shorter periods as new outbreaks and resurgences occur.

None of us were ready to deliver preschool learning content when we first shutdown. How can we be ready for the next closure? How can your staff include remote options in their curriculum planning for the fall so they are ready for the likely resurgence closures? How will you ask staff to stay connected to students and families during future shutdowns?

This list of questions is not exhaustive. It is representative of many things ministry leaders should be thinking about now, before we get the OK from government leaders to go back to school. It's tempting to just turn the lights on and go back to the way things were before, but that is just not possible. However, with care and planning, faith and science, we can offer loving and safe learning environments for our youngest disciples and our dedicated staff.

CALIFORNIA NEVADA CONFERENCE

UNITED METHODIST CHURCH

We acknowledge that we have received a copy of the COVID-19 Health and Safety Plans Protocol dated: _____. We understand that the COVID-19 Health and Safety Plans Protocol represents guidelines that will ensure discussion, planning and partnership between our Preschool management and Church leadership.

We understand that if we have questions or concerns at any time about the Protocol, we will consult our District Superintendent for clarification.

We also acknowledge that the COVID 19 Plans Protocol is a guideline that contains best practices as outlined by the CDC. Any policies or procedures that are followed by on site Preschool Programs must adhere to any and all CDC, Department of Health and Licensing standards.

Please read this carefully to understand these conditions of safety before you sign:

Pre-School leadership/ Management Signature

Date:

Pastor Signature:

Date:

District Superintendent Signature:

Date: