



COVID-19 REOPENING SUMMARY & RECOMMENDATIONS

Dallas Afterschool has reviewed reopening protocols from the Governor’s COVID-19 Taskforce in regard to Child Care Providers, Youth Clubs, and Youth Day Campus, released on Monday, May 18th, along with information from CDC.gov and OSHA.gov. Dallas Afterschool has summarized and highlighted practices that may be applicable to our afterschool partners in reopening programs. Dallas Afterschool is not a public health organization, and as such, we strongly encourage our partners to continue to review and follow guidelines and orders from the [Texas Department of State Health Services](#), [Texas Health & Human Services](#), and the [Centers for Disease Control and Prevention](#) and not rely solely on Dallas Afterschool’s summary.

OVERALL GOAL

To limit the number of possible exposure opportunities to COVID-19

The State of Texas acknowledges that there are a number of challenges at play when managing educational operations during this pandemic. Many times, their answers to specific questions will be **“do your best.”** As such, please keep in mind that you want to do everything you can to keep your students, staff, and families COVID-19 free. When navigating challenges, always choose the option with the least opportunities for exposure.

STEPS TO REOPENING

The following are recommended steps that should be taken when reopening afterschool programs.

1. Develop a program reopening plan	2. Establish resources and needs
3. Implement the plan with staff	4. Maintain, monitor, and revise frequently

Below is a summary of applicable protocols. Licensed or not, we recommend all partners follow the [Protocols for Child Care Centers](#). This document has the most guidance and examples on safety measures and will provide assistance in meeting the overall goal of reducing exposure.

Licensed Programs	Non-Licensed Programs
<ul style="list-style-type: none"> Notify Licensing of Reopening Status via Email at MSC@hhsc.state.tx.us Continue to meet the state’s minimum licensing standards, to the extent that is possible Licensing Emergency Rules are still in effect Two COVID-19 trainings are required for all staff through Texas A&M AgriLife extension Contact licensing for training questions Request a waiver for CPR certifications that expired after March 1st until in-person resumes Parents are allowed to enter for swiping subsidy attendance cards Report to Child Care Licensing any cases of COVID-19 in your facility The items in the Protocols for Child Care Centers are requirements for your program 	<ul style="list-style-type: none"> The Protocols for Youth Clubs are intended for programs who run for just a couple hours at a time The Protocols for Day Youth Camps are intended for programs that run a full day program While not required, Dallas Afterschool strongly encourages all partners to follow the procedures outlined in the Procedures for Child Care Centers due to their additional measures and details Two COVID-19 trainings are required for all staff through Texas A&M AgriLife extension Texas Childcare Licensing has made their online trainings available to everyone



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Recommended Licensed Ratios

The modified child care ratios are not Minimum Standards nor Emergency Rule and cannot be cited. Child Care Regulation will enforce Minimum Standards related to Child/Caregiver Ratios and Group Sizes.

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
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)

* 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.

** 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.

COVID-19 Symptoms

- 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
- Temperature of 100°F +
- Known close contact with a person who is lab-confirmed to have COVID-19



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STAFF & CONTRACTORS	FACILITIES
<ul style="list-style-type: none"> • Train on cleaning, disinfection, hand hygiene, respiratory etiquette, and how to identify symptoms • Screen personnel daily for symptoms at entrance and send home any personnel with symptoms • Monitor and plan for absenteeism; try to find substitutes who can provide multi-day coverage • Sick staff members should not return to work until they meet the criteria to discontinue home isolation • Personnel need to wash their hands upon entering • Personnel need to maintain 6 feet of separation or wear a mask with rigorous hygiene practices • Staff 65 and older should consult their doctor for risk • If meals are provided, pack them individually • Have one person responsible for protocol compliance • Consider having all personnel wear face masks • Travel precautions/restrictions should be followed • Allow administrative staff to work remotely • Encourage staff to wear their hair up, limit their jewelry, and bring an extra set of clothes • Consider providing button-up work shirts or aprons • Set extra safety measures for janitorial staff • Evaluate staff duties and adjust for safety • Hold staff meetings and trainings virtually • Ensure sick leave is flexible and consistent with state and local health guidelines 	<ul style="list-style-type: none"> • If the building has been empty for more than 7 days, it only needs routine cleaning (Soap & Water) • Before reopening, consult with the local health department on your COVID-19 response protocols • Before reopening, have the HVAC system inspected and change the filter to a high-efficiency model • Implement entrance screening procedures • Cleaning should be intensified per CDC guidelines • Implement daily sanitization protocols for frequently touched surfaces, restrooms, and classrooms • Clean and disinfect bathrooms three times a day • Have sanitizer, wipes, and soap readily available • Place visible signage with best hygiene practices • Limit visitors to your facility-if necessary, ensure screening, social distancing, and hygiene protocols. • Limit access to your facility to personnel, enrolled participants, service professionals, and those with legal authority • Set rooms for as much social distancing as possible • Remove unnecessary and hard to clean items (rugs, pillows, soft seating, stuffed animals, etc.) • Ensure easy access to medical personnel/support • Plan ahead for a short-term supply shortage (disinfectant, 1/3 cup bleach to 1-gallon water) • Clean outdoor areas regularly as normal
POSITIVE CASES	HAND WASHING
<ul style="list-style-type: none"> • Create a management plan for outbreaks • Isolate the individual and contact health department • Consult CDC guidelines on disinfecting • Open doors and windows for air circulation • Notify all families in writing within 48 hours • Staff with symptoms should be tested • Staff should assist in identifying exposure risks • Do not allow personnel to return to work until all three have been met: 72 hours of time recovered, symptoms have improved, and 10 days have passed since symptoms first appeared • Negative test results • With 3 or more positive cases, work with state and local health authorities on continued operations 	<ul style="list-style-type: none"> • All individuals should engage in hand hygiene at the following times: <ul style="list-style-type: none"> ○ Arrival to the facility and after breaks ○ Before and after preparing food or drinks ○ Before and after eating or handling food ○ Before and after administering medicine ○ After using the restroom ○ After coming in contact with bodily fluid ○ After handling animals or animal waste ○ After playing outdoors or in sand ○ After handling garbage • Follow CDC guidelines for effective hand washing • Post hand washing instructions at each sink

*"... there is a need for us to focus on **social and emotional learning** and not only how we can provide academic support, but the **mental health** and wraparound supports for students to help them recover."* -Dr. James Lane, Virginia's Superintendent of Public Instruction

Npr.org, "9 Ways Schools Will Look Different When (And If) They Reopen"



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PROGRAMMING	FAMILIES
<ul style="list-style-type: none"> • Implement social distancing strategies • Separate students and staff into groups or cohorts that remain consistent every day • Limit groups/cohorts mixing for any activities • Limit shared supplies and resources • Utilize separate rooms to the extent possible • Sanitize program areas daily • Sanitize supplies and toys before and after use • Keep a bin of soapy water to place items for cleaning • Cancel/limit group gatherings and events • Field trips are strongly discouraged • Use staggered seating in disinfected vehicles and face masks if transportation is necessary • Minimize time standing in lines • Limit the use of sensory tools • If meals are provided, they should be individually packed and given to children in their classroom seats • If food is brought from home, store it in the student's cubby or away from other food-discourage sharing • Utilize the outdoors as much as weather will permit • Limit building and hallway movement • Increase space between student seats • Have seating face the same direction • Avoid group restroom visits • Keep program and classroom sizes small • Bring supplies to students in their seats • Continue virtual options for high-risk students 	<ul style="list-style-type: none"> • Create a communication strategy and employ it often • Focus your message on programming and safety • Require sick students to stay home and communicate the importance of this with families • Notify families of the increased risk to individuals 65 and older who come in contact with their student • Inform families of all safety measures • No visits, with exception of drop-off and pick-up • Consider staggering arrival times • Modify drop-off and pick up for social distancing • Family member should remain in their vehicles • If it is necessary to enter, they must be screened • Listen to the experience of the program families and train your staff to understand these experiences • Educate parents on teaching good hygiene • Involve families in at-home learning • Provide support and helpful community resources
TEMPERATURE CHECKS	
<ul style="list-style-type: none"> • See protective methods for staffing • Must be uniform. If one student is checked, all students have to be checked • Results have to be kept confidential • Keep records to show prevention efforts • Temperatures below 100°F are okay • Not all carriers have a temperature 	
ADMINISTRATIVE	
<ul style="list-style-type: none"> • Monitor your community spread • Follow state health regulations • Require and provide face masks • Monitor absenteeism with staff and students • Renegotiate with your vendors 	<ul style="list-style-type: none"> • Plan for a possible 2nd wave of closures • Open incrementally to allow for testing your new procedures with less students • Stay connected to national organizations (naaweb.org, afterschoolalliance.org, etc.)

Recommendations compiled from [cdc.gov](https://www.cdc.gov), [osha.gov](https://www.osha.gov), [dshs.texas.gov](https://www.dshs.texas.gov), and MDH's Guidance for Social Distancing in Schools

RESOURCE LINKS:

Opening the State of Texas:

<https://www.dshs.texas.gov/coronavirus/opentexas.aspx>

EPA's list of approved products for use against COVID-19:

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

CDC's Guidance for Childcare Programs that Remain Open:

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

American Academy of Pediatrics Germ Prevention Strategies

<https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Germ-Prevention-Strategies.aspx>

American Academy of Pediatrics Reducing the Spread of Illness in Childcare Settings

<https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Prevention-In-Child-Care-or-School.aspx>