EMERGENCY CHILD CARE GUIDE FOR SCHOOLS











Guidance for Emergency Child Care

With guidance from the Governor's Office, the Texas Workforce Commission, Texas Health and Human Services, and the Texas Higher Education Coordinating Board, this resource is provided by the Texas Education Agency to assist district leaders who are needing to establish **emergency child care facilities** for COVID-19 frontline employees. This information supports decisions related to:

- Texas Health and Human Services Commission (HHSC) emergency child care operations process
- Emergency child care operating requirements
- Foundational procedures: age groups, classroom ratios and groups size, and health and safety practices for children of all ages (0-12)

In addition to this guidance document, programs may find resources on instructional continuity, activities for families, supports for children with special needs, and answers to frequently asked questions at: https://tea.texas.gov/texas-schools/health-safety-discipline/coronavirus-covid-19-support-and-guidance

As the emergency situation rapidly evolves, so will the guidance and resources to support your work. To support child care for COVID frontline employees, the Frontline Child Care website has been launched, providing resources for families, employers, providers, and public schools. The website is also home to the Frontline Child Care Availability Portal, allowing users to search for available child care near their home or work, displaying a map of licensed child care centers, licensed homes, and registered homes. The website also provides each center's operating hours and number of available seats for infants, toddlers, preschool, and school age children. The process to submit your program's availability to the website is included in the process below.

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Introduction and Overview

Supporting the frontline system (health care professionals, first responders, and essential personnel) of Texas is critical to the state's response to COVID-19. While schools remain closed throughout the state, emergency child care for children of frontline employees will be vital to supporting Texas communities. Schools may choose to deploy partners to help with some of this care- for example, asking community partners to support in providing infant care.

The following are recommended procedures and practices for school programs operating an emergency child care during the COVID-19 outbreak.

Point of Contact

School leadership with questions about the following guidance should contact TEA at disasterinfo@tea.texas.gov

Emergency Rules to Establish a Temporary Child Care

Texas Health and Human Services §745.10101, establishes temporary emergency child care operations for frontline (essential) workers in response to the COVID-19 crisis.

To obtain a temporary emergency child care permit¹, an applicant must:

- 1) Complete the <u>Temporary Emergency Application Form</u> located on the Health and Human Services website
- 2) Complete the <u>Temporary Emergency Child Care Operation Plan of Operation Form</u> located on the Health and Human Services website
- 3) Submit the Application Form AND Plan of Operation Form to UnregulatedOperations@hhsc.state.tx.us
- 4) Comply with the Emergency Child Care Rules, Safe Sleep Requirements, and Additional Emergency Child Care Requirements (detailed in the following sections)

¹ §745.10101

Emergency rule establishing a new temporary emergency child care permit during the COVID-19 disaster.

⁽e) A temporary emergency child care permit issued under this section expires 60 days after issuance and may be renewed by Licensing upon completion and submission of a renewal application form.

⁽f) All initial and renewal permits issued under this section automatically terminate when the expiration or withdrawal of this rule is effective.

Liability and Insurance Coverage



Personnel assigned or reassigned to provide these services should have a current job description that incorporates the services to be provided or agree to a modification incorporating those services into their job description. A model job description has been provided by the Texas Association of School Boards (TASB) and can be found here. Districts should review their liability insurance policies to ensure that such policies include coverage of the operations and services to be undertaken.

Background Checks

An emergency child care operation must meet the federal background check requirements listed in HHSC Chapter 745, Subchapter F, with the exception of:

- An employee who has had a prior fingerprint-based criminal history check with Child Care Licensing
- If the operation is affiliated with an Independent School District

School district staff who have successfully completed background checks required by the district do NOT require an additional/ different background check for employment at the emergency child care operation.

Age Groups

Frontline families will likely need care for various age groups, including ages 0-5. If schools intend to offer care for infants and toddlers, it is **recommended** to partner with a community provider with expertise in the unique aspects of infant and toddler care.

Temporary Emergency Child Care Operation Rules

Emergency child care program must submit documentation (captured on the <u>Temporary Emergency</u> <u>Child Care Operation Plan of Operation Form</u>) that demonstrates how the program will comply with the following health and safety standards:

Standard Sta	Submitted
Prevention and control of infectious disease by complying with the current CDC Guidance for Childcare Programs that Remain Open located at: www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html	
Prevention of sudden infant death syndrome and use of safe sleep practices, including the safe sleep requirements in §745.10105 of this division (relating to Safe sleep requirements for infants)	
 If the operation will administer medication, administration of the medication must be: consistent with standards for parental consent; and given as stated on the label directions 	
Prevention and response to emergencies due to food or an allergic reaction	
Building and physical premises safety, including identification and protection from hazards that can cause bodily injury, bodies of water, and vehicular traffic	
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	
Emergency preparedness and response planning to ensure the safety of children during an emergency by addressing staff responsibility and operation readiness with respect to emergency evacuation, relocation, and sheltering or lock-down	
Handling and storage of hazardous materials and the appropriate disposal of bio contaminants	
Appropriate precautions in transporting children	
Pediatric First Aid and CPR	
Recognition and reporting of child abuse, neglect, and exploitation	

Safe Sleep Requirements

In providing emergency child care for non-walking infant younger than 12 months of age, an individual crib or play yard is required. In addition, the following safe sleep standards in relation to the crib/play yard must be met:

- Use a firm, flat mattress that snuggly fits the sides of the crib or play yard and do NOT supplement the mattress with additional foam material or pads
- The crib or play yard must be bare, except for tight-fitting sheet
- NOT use bean bags, waterbeds, or foam pads as sleeping equipment

In providing emergency child care for infants birth to 17 months of age, the following safe sleep standards must be met:

- NOT allow the infant to sleep in a restrictive device
- If the infant is not able to turn over without assistance, a caregiver must place the infant in a face-up sleeping position
- NOT lay the infant down on any surface at any time while the infant is swaddled
- NOT allow the infant's head, face, or crib to be covered by an item such as a blanket, linen, or clothing at any time

Additional Requirements for Temporary Emergency Child Care Operations

A temporary emergency child care operation must:

- Designate one person as the "director" to be in charge of the operation, decision making, and to ensure the health and safety of the children in care
- Ensure all personnel know who the director is
- Require parents to sign in a child upon arrival with the following:
 - Child's Name and Birthdate
 - Special care needs or instructions
 - Identify any known allergies
 - o How the parent can be reached while child is in care
 - Back-up emergency contact
- Record an ID number (driver's license, state identification card, passport, or military ID) from the parent to be used for verification upon pick-up
- Provide planned activities to create routine and structure for children in care
- Ensure the operation has an appropriate number of staff to meet the needs of children who are present, attempt to separate groups of children by age to ensure the operation can meet the needs of children in its care, and have additional staff when caring for infants and toddlers to ensure appropriate supervision (see the following section, Ratios and Group Size to assist in meeting these requirements)



Ratios and Group Size

Child care programs in areas with local control orders must follow those orders; child care programs in areas without local control orders are must follow the UPDATED CDC guidelines for Child Care Programs that Remain Open in conjunction with Emergency Rules, CCL Guidance at COVID 19 and local and state orders.

The CDC recommends the following social distancing strategies in their UPDATED CDC guidelines for Child Care Programs that Remain Open.

Arrival and Pick-Up Procedures

In response to COVID-19 the CDC has issued supplemental <u>guidance</u> for a range of child care programs including public schools providing emergency care. The following are provided to assist with arrival and pick-up procedures, and should be used in conjunction with the sign-in requirement above:

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. If possible, place sign-in stations outside. Keep hand sanitizer out of children's reach and supervise use. Consider staggering arrival and drop off times and/or plan to limit direct contact with parents as much as possible.
 - o Have child care providers greet children outside as they arrive.
 - Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - o Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If
 possible, older people such as grandparents should not pick up their children, because they are
 more at risk for <u>serious illness</u>.
- Persons who have a fever 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. Screen children upon arrival, if possible:
 - o Conduct temperature screening, using the protocol provided below.
 - Make a visual inspection of the child for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.
 - o Record any symptoms in children's logs or daily health logs

Supplemental Resources

The following resources provide full guidance for child care programs, beyond the minimum requirements of the Emergency Child Care Permit, and when possible, should be used in establishing practices. Health & Safety guidance issued by <u>CCL</u>, provide additional considerations to minimum standards outlined below.

Health and Safety

The Texas HHSC <u>Minimum Standards</u> governing the operation of a Child Care Center. Please make note of the following sub-sections:

- Personnel Requirements: Childcare Center Director (pg. 31), Employees & Caregivers (pg. 40), substitutes, contractors, and volunteers (pg. 56)
- Night-time care regulations: (pg. 109)

The Texas HHSC <u>Minimum Standards</u> address the requirements around nutrition, health, and safety in the following sub-sections:

- Nutrition and Food Services (pg. 111)
- Health Practices (pg. 119)
- Safe Practices (pg. 133)

In addition, the COVID-19 Guidance section of this document provides additional considerations for health and safety practices related to COVID-19.

<u>Centers for Disease Control and Prevention</u> (CDC) provides guidance for schools and child care programs operating during the COVID-19 crisis to help ensure children have a safe and healthy learning environment.

Additional information and state data of COVID-19 is provided by the <u>Texas Department State Health</u> Services (DSHS).

Snacks and Meals

It is recommended that programs provide breakfast, a morning snack, lunch, and an afternoon snack. Snacks and meals should be age-appropriate, i.e. formula and pre-packaged baby food for infants, and appropriate snacks and meals for toddlers.

Snacks should be pre-packaged or in individual portions to minimize handling and preparation. If possible, it is recommended that grab-and-go lunches be provided, in partnership with school district nutrition programs.

A list of school districts providing free meals for children while schools are closed can be found through Meal Finder: https://txschools.gov/

Daily Schedule

Encourage the program schedule to allow children to spend as much time outside as possible, and that indoor activities be limited to the extent possible (materials following the CDC <u>guidance</u> for cleaning). All schedules should allow for staggering of children in group setting (i.e. meal time, outdoor time), and follow the recommended ratio size outlined in the HHSC minimum standards.

Continued Support

In addition to the resources referenced and included in this document, the Texas Education Agency will be updating its COVID-19 webpage for schools on a continuous basis. Please continue to visit https://tea.texas.gov/texas-schools/health-safety-discipline/coronavirus-covid-19-support-and-guidance for updated information.

Health and Safety Checklist and Monitoring Procedures

The following is a snapshot of the HHSC <u>minimum standards</u>, although not required for an emergency child care permit, the standards can assist in the setup of the emergency operation within the public-school setting. When possible, schools should meet all HHSC <u>minimum standards</u> prior to opening. Schools should use their discretion when they may not be able to meet the <u>minimum standards</u> prior to opening. For example, schools should not employ staff without a background check, but may take time to establish needed outdoor play resources.

Schools should establish a process for ongoing monitoring of the health and safety standards.

Staffing Staff meet HHSC minimum standards.	
Description	Meets Yes No N/A
At minimum one staff member present at all times who has current certification in first aid and CPR	
Each staff member must meet the requirements in 40 TAC Chapter 745, Subchapter F relating to Background Checks, and/or have cleared the school district background check	
Each staff member must be at least 18 years of age and have a high school diploma or equivalent	o o o

Safe Practices

Staff meet HHSC minimum standards for safe facilities and physical environments.

Description	Meets Yes No N/A
Electrical outlets accessible to a child younger than five years must have childproof covers or safety outlets	
220-volt electrical connections within a child's reach must be covered with a screen or guard	o o o
Air conditioners, electric fans, and heaters must be mounted out of all children's reach or have safeguards that keep any child from being injured	<u> </u>
Glass in sliding doors must be clearly marked with decals or other materials placed at children's eye level	- - -
Play materials and equipment must be safe and free from sharp or rough edges and toxic paints	o o o
Poisonous or potentially harmful plants must be inaccessible to all children	o o o
All storage chests, boxes, trunks, or similar items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside	
All bodies of water such as pools, hot tubs, ponds, creeks, birdbaths, fountains, buckets, and rain barrels must be inaccessible to all children	- - -
All televisions must be anchored, so they cannot tip over. A television may be anchored to a rolling cart, as long as it is anchored in a way that the cart will not tip over	
Follow HHSC minimum standards for medication and medical assistance when needed (p. 136)	<u> </u>

Have at least 30 square feet of indoor activity space for each child that you are licensed to serve	o o o
Have 80 square feet of outdoor activity space for each child using the outdoor activity area at one time	- - -
 Outdoor play equipment is age appropriate and accessible to all children. If only school age equipment is available, preschool aged children may access provided staff position themselves so that a staff member is always within reach of a preschool child on the play equipment Infants and toddlers are not allowed on outdoor play equipment that is not age appropriate 	
Outdoor play equipment has adaptations available or special equipment provided for children with special needs	o o o
Outdoor play area is enclosed by a barrier of sufficient height to prevent children from leaving the area unsupervised	- - -
Outdoor play area barrier is easily unlocked or opened by an adult in the case of an emergency	o o o
Staff conduct daily visual review of outdoor play area for any potential safety hazards and address any hazards immediately, before children enter the area play area	<u> </u>
Provide or have the parent provide an individual cot, bed, or mat that is waterproof or washable for each walking child through four years to sleep or rest on Not applicable for school age groups For Infant care, refer to the HHSC minimum standards for additional standards	
Cots, beds, or mats must be labeled with the child's name. As an alternative, you may label	o o o

cots, beds, or mats with a number and have a number/child assignment map available	
Not applicable for school age groups	
For Infant care, refer to the HHSC minimum standards for additional standards	
Floor mats used for napping must be marked or colored so that the sleeping side can be distinguished from the floor side	- - -
Not applicable for school age groups	
For Infant care, refer to the HHSC minimum standards for additional standards	
You must have individual lockers, cubicles, separate hooks and shelves, or other adequate storage space for each child's personal belongings. You must clearly label the storage space with the child's name, a photograph of the child, or other symbol the child recognizes as his own	
Not applicable for school age groups	
For Infant care, refer to the HHSC minimum standards for additional standards	
 A specific place for isolating a child who becomes ill shall be provided. The isolation area shall be: Equipped with a cot, mat or bed for each sick child Shall allow for direct supervision of children by qualified staff Shall be sanitized after each use 	

Safety Procedures

Provider has documented routines to ensure health and safety practices related to universal precautions, food handling and preparation, medications, and securing items that may be a danger to children.

Description	Meets
	Yes No N/A
All staff are trained and practice Universal Precautions. Staff have needed supplies to implement these precautions	<u> </u>
 Supervision procedures shall include: All children in sight and sound of staff at all times (including nap and toileting) Children not left alone with unqualified staff at any time Communication between staff regarding supervision Daily sign in and out sheets Attendance checks are conducted regularly throughout daily schedule (head counts) 	
 Emergency contacts for children and staff are maintained and accessible to staff. Emergency contacts include name and number of people to whom the child can be released 	
When releasing a child to a non-custodial adult the program ensures the child's parent/legal guardian has provided permission for the child to be released to that person	- - -
Program has system of communication with families in the case of an emergency and/or evacuation	<u> </u>
Classrooms in use with children have at least one accessible working telephone	<u> </u>
Programs have an age appropriate plan for evacuating and removing children to a safe location in an emergency	- - -

Program has procedures that address how to manage injuries and address child illness, including communication with families	o o o
Child illness policy and procedure includes written requirements around exclusion and reintroduction, and is shared with families. Procedures should be inclusive of COVID-19 protocols	
Programs obtain information from families on the child's health, including any allergies or health conditions that will require additional attention	o o o
Child allergies (including food allergies) are posted where staff can easily refer to it, but also where confidentiality can be maintained	- - -
A well-stocked first aid kit is accessible only to adults in every classroom and is taken when children are outside of the classroom (ex. Outdoor time, visits to other classrooms or school gym) • Emergency medication (i.e. EpiPen, epilepsy medication, asthma inhalers) is taken when children are outside of the classroom, and kept with a staff member at all times	
Parents and/or guardians will be informed daily of any injuries to their child and first aid administered	o o o

Personal Hygiene

Providers have documented routines and practices for handwashing for all staff, and providers include best practices for hygiene practices and handwashing as part of daily routines for children.

Description	Meets Yes No N/A
Each handwashing sink has hot and cold running water, soap, and paper towels that are dispensed in a sanitary manner	
 Children and staff are regularly engaged in handwashing: Upon entering the classroom; Before and after eating; After blowing their nose; After using the toilet or diapering; Before and after water play; After any potential contact with bodily fluids and/or fecal matter; Before and after giving medication or applying ointment; After cleaning or handling the garbage 	
During toileting, program staff provide positive support and instruction using naturally occurring opportunities at the individual ability level of the child	- - -
During diapering, HHSC <u>minimum standards</u> are followed	o o o
If used, diaper-changing tables are age appropriate, in good condition, made with non-absorbent materials, feature steps for children to climb up while being assisted, and are cleaned and sanitized before and after diapering	- - -

Safe Sleep

Providers have documented routines and practices for safe sleep practices.

Description	Meets
Each infant shall sleep in a crib, portable crib or play yard with a firm, flat mattress. All cribs, portable cribs and play yards must comply with current Consumer Product Safety Commission (CPSC) standards	Yes No N/A
Refer to the HHSC minimum standards for additional standards	
Each mattress shall:Fit snuglyBe covered by a tightly fitting sheet	- - -
A clean sheet shall be provided for each child	o o o
Infants not yet able to turn over on their own must be placed in a face-up sleeping position in the infant's own crib	o o o
If an infant falls asleep in a restrictive device, the infant must be removed from the device and placed in a crib as soon as possible	<u> </u>
Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the school and placed in an appropriate sleep surface	o o o
Refer to Basic Care Requirements for Infants to ensure all safety procedures are followed for the unique care of this age group (HHSC minimum standards p.77)	
Refer to Basic Care Requirements for Toddlers to ensure all safety procedures are followed for the unique care of this age group (HHSC minimum standards p. 87)	