



Giving every Galveston child the opportunity to soar

Moody Early Childhood Center Board of Directors
Regular Board Meeting
Friday May 29, 2020 @ 1:00 p.m.
At MECC at
1110 21st Street
Galveston, Texas 77550

AGENDA

1. Call to order
2. Introduction and welcome (Ms. Massey)
3. Review & Approval of Special Meetings Minutes
 - a) April 2, 2020 and April 22, 2020 (enclosed)
 - b) Public Comment
4. Review & Approval of Meeting Minutes
 - a) April 17, 2020 (enclosed)
 - b) Public Comment
5. Executive Director's report (enclosed)
6. Committee Reports (public comment is welcomed at the end of each report)
 - a. Resource Development (Ms. Massey & Ms. Miller)
 - b. Finance (Ms. Brown, Ms. Miller, and Ms. Parker, YPTC) (enclosure)
 - c. Government Affairs (Ms. Kinnear & Ms. Adams)
 - d. Governance and Board Development (Dr. Prochaska)(see attached resume')
 - e. Board of Advisors (Ms. Doherty)
 - f. Scholarship (Ms. Kinnear)
7. Adjourn to Executive Session – The Board may recess into Closed Executive Session as permitted by the Texas Open Meeting Act Government Code Sections 551.071-551.090 Subchapter D and E. Should any final action, final decision, or final vote be required in the opinion of the Bard with regard to any matter considered in such closed meeting then the final action, final decision or final vote shall be either;
 - a) In the open meeting covered by the Notice upon the reconvening of the public meeting; or
 - b) At a subsequent public meeting of the Board upon notice thereof as the Board shall determine.
8. Reconvene from Executive Session and take any action warranted
9. Confirm next meeting date (June 26, 2020 @ 1:00 p.m.
10. Adjourn

Recurrence: (none)
Organizer: karin@moodychildhoodcenter.org

You have been invited to the following event.

Board of Directors Meeting

When Fri May 29, 2020 1pm – 3pm Central Time - Chicago

Where <https://us02web.zoom.us/j/85627199262?pwd=Ulh5MDh2NUlvek5YWVY3V6UjA1dz09> ([map](#))

Joining info Join with Google Meet
meet.google.com/ixe-fhz-uax

Join by phone

[+1 513-843-1137](tel:+15138431137) (PIN: 798858893)

Calendar k.nelms@northernendowment.org

Who karin@moodychildhoodcenter.org - organizer

- weezd@comcast.net
- joprocha@utmb.edu
- holly.palmer@yptc.com
- b.massey@northernendowment.org
- angela0131@msn.com
- eladams322@gmail.com
- jerikinnear@att.net
- k.nelms@northernendowment.org

[more details »](#)

Karin Miller is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

<https://us02web.zoom.us/j/85627199262?pwd=Ulh5MDh2NUlvek5YWVY3V6UjA1dz09>

Meeting ID: 856 2719 9262

Password: 078286

One tap mobile

+13462487799,,85627199262#,,1#.078286# US (Houston)

+12532158782,,85627199262#,,1#.078286# US (Tacoma)

Dial by your location

+1 346 248 7799 US (Houston)

+1 253 215 8782 US (Tacoma)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

+1 929 436 2866 US (New York)

Meeting ID: 856 2719 9262

Password: 078286

Find your local number: <https://us02web.zoom.us/j/85627199262?pwd=Ulh5MDh2NUlvek5YWVY3V6UjA1dz09>

Going (k.nelms@northernendowment.org)? [Yes](#) - [Maybe](#) - [No](#) [more options »](#)

Invitation from [Google Calendar](#)

MOODY EARLY CHILDHOOD CENTER
Board of Directors Special Meeting – COVID Outbreak
Videoconference via Zoom
April 22, 2020

Present: Ms. Massey (Presiding), Ms. Kinnear, Ms. Brown, Dr. Prochaska, Ms. Adams, Ms. Doherty, Ms. Miller (Executive Director), Ms. Palmer (Your Part-Time Controller)

Absent: none

Ms. Massey called the meeting to order at 1:12 pm.

There were no members of the public present at the meeting for public comment.

Ms. Kinnear moved (seconded by Ms. Adams) to approve amendments to the UTMB/MECC MOU for providing childcare during the pandemic. Ms. Massey, Ms. Brown, and Ms. Doherty voted in favor of the motion; Dr. Prochaska abstained. The motion carried.

Ms. Palmer reviewed cash flow projections moving forward based on funds received through the PPP loan. The Board discussed the future financial outlook for MECC, as well as likely decreases in expected funding availability through private philanthropy in the near term.

Ms. Kinnear moved (seconded by Ms. Doherty) to transition from hazard pay to standard pay schedules beginning April 20th. The motion carried unanimously.

The Board adjourned at 1:49pm.

Respectfully submitted by Dr. John Prochaska, MECC Board Secretary

MOODY EARLY CHILDHOOD CENTER
Board of Directors Regular Meeting
Videoconference via Zoom
April 17, 2020

Present: Ms. Massey (Presiding), Ms. Kinnear, Ms. Brown, Dr. Prochaska, Ms. Adams, Ms. Doherty, Ms. Miller (Executive Director), Ms. Garcia (Your Part-Time Controller), Ms. Palmer (Your Part-Time Controller)

Absent: none

Ms. Massey called the meeting to order at 3:33 pm.

There were no members of the public present at the meeting for public comment.

Ms. Kinnear moved (seconded by Ms. Brown) to approve minutes presented. Motion passed unanimously.

Ms. Miller reviewed her Executive Directors Report. She provided an update on the current status of the Center considering the ongoing SARS-CoV-19 outbreak. She reviewed building access and cleaning practices. She also reviewed the current version of the pandemic response plan currently in place.

Ms. Miller reported that 47 children will be starting back to MECC on Monday. She noted that MECC is no longer designated as a pandemic care center, given changes in State and Local restrictions, and we can consider returning to normal payroll schedules.

Ms. Miller noted that enrollment for the next academic year continues to be transitioned to online systems. Infant and toddler enrollment is currently available online, and Pre-K will be opening soon. Our current 2-year-old enrollees would be given priority for Pre-K3 enrollment. She also reminded the Board about upcoming deadlines for annual State-required training.

Ms. Miller also reviewed the Family First COVID Response Act (FFCRA), wherein employees are provided 80 hours of paid sick leave due to COVID-19-related illness. She also provided an update on the latest orders issued by the Governor's office.

Ms. Massey reported on the resource development committee. She noted that there would be an amendment to the current operational agreement/MOU between MECC and UTMB for the board to discuss at our next meeting. Ms. Massey also provided an update on the Galveston Recovery Fund.

Ms. Massey moved (seconded by Dr. Prochaska), to approve MECC's PPP loan application and authorize Ms. Miller to execute the loan document. Motion passed unanimously.

Ms. Garcia reviewed her financial report. She provided information about projected cash flow regarding our current agreement with UTMB. She noted that an early draw from our Moody reserve account is likely not necessary at this time. The Board discussed utilization of the PPP loan funds once issued. Ms. Garcia and Ms. Palmer will provide projections for the Board to consider at our next meeting.

Ms. Adams reported on State-level policies relevant to child care currently coming into effect, as well as those under deliberation, in response to the SARS-CoV-2 outbreak.

There were no reports from the board governance, scholarship, or external advisory committees.

Ms. Miller provided updates on staff and student health status.

The Board will meet again on April 22nd at 1pm.

The Board adjourned their meeting at 4:57pm.

Respectfully submitted by Dr. John Prochaska, MECC Board Secretary

MOODY EARLY CHILDHOOD CENTER
Board of Directors Special Meeting COVID-19
Videoconference via Zoom
April 2, 2020

Present: Ms. Massey (Presiding), Ms. Kinnear, Ms. Brown, Dr. Prochaska, Ms. Adams, Ms. Doherty, Ms. Miller (Executive Director), Ms. Garcia (Your Part-Time Controller), Ms. Palmer (Your Part-Time Controller)

Absent: none

Ms. Massey called the meeting to order at 1:04 pm.

There were no members of the public present at the meeting for public comment.

Ms. Miller reviewed current policies and procedures in place regarding building access for staff, parents, visitors, and others. Per State regulations, only children of parents deemed as essential workers can be enrolled at this time. Ms. Massey noted that she would inquire with UTMB leadership about the possibility of opening to non-UTMB essential workers during their next call.

Ms. Miller also updated the Board on current sanitation practices and reviewed the screening protocols. She also noted that the Pandemic Plan is in place and is consistently being updated as new information and best practices are released.

Ms. Miller reported that there were 6 classrooms open, with 8 students (maximum) per room. Under the current pandemic plan and best practice guidelines, our current maximum capacity is 136 students. Ms. Miller will be surveying current MECC families about their childcare needs in the event we are able to open enrollment to additional sectors of essential workers.

Ms. Miller informed the Board that online annual training required by the State is now available. She is available to support anyone needing to get access to the online portal. She also noted that the deadline to complete training has been extended beyond June. More updates will be provided at the next meeting.

Ms. Miller announced that enrollment and recruitment for the next academic year (2020-2021) has begun. Staff are moving towards an online platform to streamline enrollment and also reduce the need for in-person contact. Pre-K3 students are being automatically enrolled in Pre-K4.

Ms. Garcia discussed the payroll protection loan MECC has applied for. The Board discussed the best strategy to use these funds if awarded. The Board also discussed the need to have

additional executive-level signatories on accounts in the event the Executive Director is unavailable during the pandemic.

Ms. Kinnear moved (with Ms. Doherty seconding) to authorize adding Mr. Ford (Deputy Director) as signatory for accounts. The motion passed unanimously.

Ms. Massey will be distributing updates as they become available later this week. The Board will meet again on April 13th at 1 PM.

The Board adjourned its meeting at 1:50pm.

Marcus B. Parker

2306 Emerald Stone Court, Pearland, TX, 77581 • 904.910.9400 • marcusbparker@gmail.com

Summary of Qualifications

- Experienced leader that understands the importance of rapport and relationship building
- Strong ability to create new business and maximize existing accounts by analyzing a company's needs
- Proven ability to produce results in fast paced environments by adapting and implementing new strategies
- Exceptional outside sales and marketing experience with proven success in a very competitive environment
- High sense of community and importance of giving back time to serve others

Work Experience

Senior Regional Manager

Lakeshore Learning Materials, Houston, TX

March 2017 – Present

- Put together daily marketing plan
- Provide exceptional customer service and maintain excellent rapport with customers
- Help maintain and oversee success of Lakeshore Retail Operations
- Drive a high level of sales and growth in regional territory
- Consistently grow and self-educate in Early Childhood Education

Regional Sales Manager

Enterprise Holdings Remarketing Department, Houston, TX

March 2014 – 2017

- Put together and manage an elite sales team
- Oversee daily operations of over 75 employees
- Create a competitive culture within a sales team and set high expectations
- Help maintain and oversee the selling of over 30,000 used cars a year
- Drive a high level of customer service to maintain account growth

Senior Account Manager

Enterprise Holdings Remarketing Department, Gainesville, FL

January 2007 – March 2014

- 100% Business to Business Sales
- Create and execute own marketing schedule
- Manage accounts receivables for all sales
- Daily preparation by researching market trends, market values, and customer needs
- Maximizing profits and growing current customer base

Education

Bachelor of Arts in Communication Studies

Florida Gulf Coast University, Ft. Myers FL

August 2002 - April 2006

- 3.4 Cumulative GPA; Deans list 4 semesters
- Sports Information Director Internship, Florida Gulf Coast University Athletic Dept.

Activities & Accolades

- Lambda Pi Eta, Communication Studies Honor Society, Officer
- Scholarship Athlete with the Men's Basketball Team at Florida Gulf Coast University for 4 years
- Florida Bright Futures Academic Scholarship recipient
- Serve on Finance Team at local Church in Pearland
- Volunteer/Mentor for Pearland ISD Fishing Teams



MECC: Executive Director
Board Report
May 29, 2020

1. Information

- a. Early Head Start
 - i. Should find out by next month
- b. GISD
 - i. Board Report (see attached)
 - ii. 2021 Contract
 - 1. Approved 4/15/2020
- c. COVID-19
 - i. Pandemic Plan
 - 1. New regulations
 - Minimum 7 days out or 3 days after symptoms resolve (whichever is longer) with medical release
 - 14 days if no doctor release
 - Not charging parents when sending students home with symptoms
 - ii. Childcare
 - 1. Governor Announcement (see attached)
 - 2. Childcare
 - Opened all childcare facilities
 - Opened to all families
 - Increased class sizes
 - 3. Enrollment (66)
 - UTMB
 - i. Enrollment
 - 1. 37 enrolled
 - 2. 5 pending
 - ii. Finance
 - 1. Vendor information completed
 - 2. \$110K received
 - Essential Worker
 - i. 26 enrolled
 - ii. 4 pending
 - Other
 - i. 3 enrolled
 - ii. 2 pending

2. Updates

- a. Staff
 - i. Dr. McKinney
- b. Summer Program
 - i. Partner with GISD - Virtual
 - ii. Governor opened for Summer Programs
- c. School Year Enrollment
 - i. Moved to online registration
 - 1. Online forms created

- a. Infant and Toddler enrollment
 - b. PK in process
 - c. Scholarship
 - d. Employment Application
2. PK enrollment
- a. PK3
 - i. MECC 22
 - ii. Other 20
 - b. PK4
 - i. Returning MECC 35
 - ii. PK3 4
3. 2020-2021 School Day
- a. GISD
 - i. Possible low-class size ratios
 - ii. Potential ½ day model
 - b. MECC
 - i. Full day
 - ii. Before and After School care for district PK3-K students

May 20, 2020

To: MECC Board of Directors

From: Karin Miller

Re: Conversion of IT rooms from carpet to tile flooring

Staff is strongly urging the board to invest about \$30,000 in converting the infant/toddler rooms from carpet to tile flooring and then purchasing area rugs.

The total cost for the conversion of 13 rooms to tile is about \$30,000. We would need to allow some funding to purchase area rugs. Funding sources would be the remaining balance in the Professional Development Account and the remaining balance in the Special Projects account.

Obviously, we cannot do all the rooms at one time, but would like to get started on this project while some of the IT rooms remain empty. I look forward to discussing this in more detail at the board meeting next week.

Moody Early Childhood Center
Balance Sheets
As of March 31, 2020 and March 31, 2019

	<u>March 31, 2020</u>	<u>March 31, 2019</u>
ASSETS		
Cash - Operating	\$ 6,920	\$ 423,654
Cash - Professional Development	29,126	348,952
Cash - Scholarship	50,636	91,536
Cash - Capital	6,699	32,146
Cash - Special Projects	222,411	5,999
Cash - Money Market	1,288,879	-
Prepaid Expenses	-	6,000
Accounts Receivable	40,990	(185,835)
Total Current Assets	<u>1,645,661</u>	<u>722,452</u>
Property and Equipment, Net		
Fixed Assets	680,455	772,758
Total Property and Equipment, Net	<u>680,455</u>	<u>772,758</u>
TOTAL ASSETS	<u>\$ 2,326,116</u>	<u>\$ 1,495,210</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Current Liabilities		
Accounts Payable	\$ 159,455	\$ 192,891
Line of Credit	298,950	-
Total Current Liabilities	<u>458,405</u>	<u>192,891</u>
Total Liabilities	<u>458,405</u>	<u>192,891</u>
Net Assets		
Net Assets Without Donor Restrictions	1,630,331	763,514
Net Assets With Donor Restrictions	237,380	538,805
Total Net Assets	<u>1,867,711</u>	<u>1,302,319</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,326,116</u>	<u>\$ 1,495,210</u>

Moody Early Childhood Center
Income Statements & Budget Analysis
For the Six Months Ended March 31, 2020 and March 31, 2019

	ACTUALS		BUDGET COMPARATIVE		PRIOR YEAR COMPARATIVE	
	Current Month	Year-To-Date	Year-to-Date	\$ Variance Favorable/ (Unfavorable)	Year-To-Date	\$ Variance Favorable/ (Unfavorable)
REVENUES						
Contributions	\$ -	\$ 192,618	\$ 250,000	\$ (57,382)	\$ 320,704	\$ (128,086)
Contributions - Moody	-	1,966,667	200,000	1,766,667	1,200,000	766,667
GISD Allotment	41,694	280,824	441,690	(160,866)	266,191	14,633
Title Funds	-	36,502	-	36,502	56,507	(20,005)
Federal Food Services	6,098	32,882	30,000	2,882	9,711	23,171
Federal Child Care Subsidy	21,711	94,272	15,210	79,062	1,690	92,582
Interest Income	-	-	-	-	-	-
Other Income	20,733	20,517	-	20,517	3,545	16,972
Tuition	15,947	299,666	400,000	(100,334)	391,206	(91,540)
TOTAL REVENUES	106,184	2,923,948	1,336,900	1,587,048	2,249,554	674,394
EXPENSES						
Payroll and Related Expenses	263,785	1,878,039	1,777,250	(100,789)	1,830,364	(47,675)
Food Services	2,470	54,311	64,000	9,689	59,260	4,949
Transportation	6,333	44,333	38,000	(6,333)	-	(44,333)
Family Engagement	285	2,301	11,750	9,449	-	(2,301)
Occupancy	-	16,644	51,000	34,356	-	(16,644)
Professional Development Charges	28,291	103,842	-	(103,842)	8,302	(95,540)
Board Expenses	-	1,087	-	(1,087)	730	(357)
Contract Services and Professional Fees	16,639	107,966	93,500	(14,466)	121,387	13,421
Supplies	10,119	53,521	43,000	(10,521)	42,319	(11,202)
Repairs and Maintenance	8,411	98,823	-	(98,823)	23,715	(75,108)
Depreciation	6,803	50,600	-	(50,600)	-	(50,600)
Insurance	3,584	24,148	53,850	29,702	19,841	(4,307)
Fundraising	-	(1,327)	-	1,327	-	1,327
Interest Expense	1,450	10,040	12,000	1,960	-	(10,040)
Printing and Postage	1,406	5,312	2,500	(2,812)	832	(4,480)
Dues and Subscriptions	557	11,789	-	(11,789)	8,557	(3,232)
Bank Fees	71	10,736	-	(10,736)	10,893	157
Utilities	4,000	19,115	-	(19,115)	-	(19,115)
Travel	-	5,791	-	(5,791)	1,429	(4,362)
Information Technology	312	5,264	9,625	4,361	2,724	(2,540)
Marketing	6,694	9,306	6,000	(3,306)	1,555	(7,751)
Other Expenses	770	10,259	1	(10,258)	18,824	8,565
TOTAL EXPENSES	361,980	2,521,900	2,162,476	(359,424)	2,150,732	(371,168)
TOTAL NET INCOME (LOSS)	\$ (255,796)	\$ 402,048	\$ (825,576)	\$ 1,227,624	\$ 98,822	\$ 303,226

Moody Early Childhood Center
 Statements of Cash Flows
 For the Six Months Ended March 31, 2020 and March 31, 2019

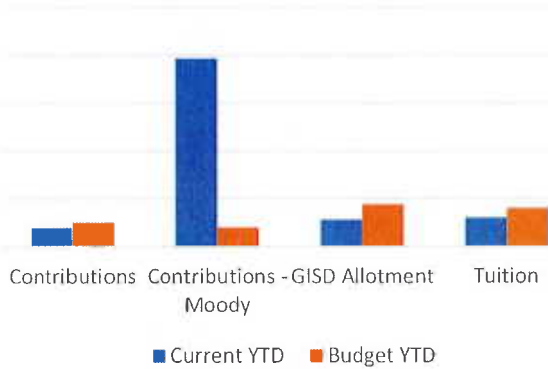
	Year-to-Date March 31, 2020	Year-to-Date March 31, 2019
CASH FLOWS FROM OPERATING ACTIVITIES:		
Total Net Income (Loss)	\$ 402,048	\$ 98,822
Adjustments to Reconcile Total Net Income (Loss) to Net Cash (Used)/Provided by Operating Activities:		
Depreciation	50,600	-
Changes in Operating Assets and Liabilities:		
Accounts Receivable	809,905	195,580
Prepaid	-	-
Accounts Payable and Accrued Expenses	(68,131)	131,474
Net Cash (Used)/Provided by Operating Activities	<u>1,194,422</u>	<u>425,876</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of Fixed Assets	(5,301)	(34,223)
Net Cash Provided/(Used) by Investing Activities	<u>(5,301)</u>	<u>(34,223)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Line of Credit Draw (Repayment)	98,950	(100,000)
Net Cash Provided/(Used) by Financing Activities	<u>98,950</u>	<u>(100,000)</u>
CHANGE IN CASH	<u>1,288,071</u>	<u>291,653</u>
Cash, Beginning of Period	<u>316,600</u>	<u>610,634</u>
Cash, End of Period	<u>\$ 1,604,671</u>	<u>\$ 902,287</u>

**Moody Early Childhood Center
Dashboard
As of March 31, 2020**

Months Cash on Hand (excluding Restricted)

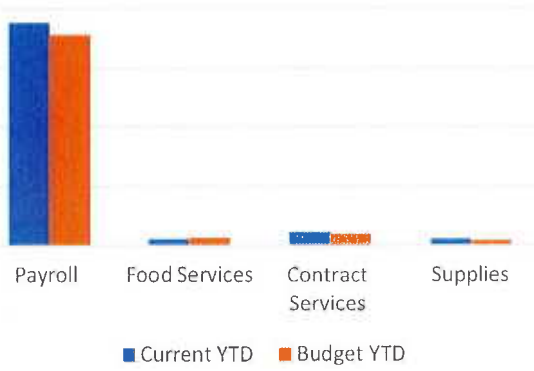
	<u>YTD</u>	<u>Prior YTD</u>
Total cash on hand	\$ 1,518,210	\$ 423,654
Average monthly operating expenditures	\$ 420,317	\$ 358,455
Number of months cash on hand	3.61	1.18
Total cash on hand (Less: Money Market)	\$ 229,331	
Average monthly operating expenditures	\$ 698,188	
Number of months cash on hand	0.33	
<i>Recommended benchmark is 3-6 months.</i>		

Budget to Actual - Revenue



The above shows revenue under budget for each major revenue category except for Contributions - Moody

Budget to Actual - Expenses



The above shows expense over budget for payroll, contract services, and supplies

Moody Early Childhood Center - Cash Flow Projection

Starting date	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
April 8, 2020										
Cash on hand (beginning of month)	180,218	529,887	421,104	201,521	157,893	27,645	124,897	2,149	136,901	
Cash Receipts										
GISD Allotment	41,695	41,695	41,695	41,695	41,695	41,695	41,695	41,695	41,695	375,255
UTMB	-	110,000	-	-	-	-	-	-	-	110,000
Tuition	18,356	18,500	18,500	18,500	80,000	80,000	80,000	80,000	80,000	473,856
Worksource Subsidy	21,454	21,500	21,500	21,500	58,000	58,000	58,000	58,000	58,000	375,954
CACFP Food Subsidy	2,474	2,500	2,500	2,500	6,100	6,100	6,100	6,100	6,100	40,474
Coast Guard Childcare Subsidy	1,765	1,765	1,765	1,765	8,000	8,000	8,000	8,000	8,000	47,060
United Way Grant	-	-	-	-	7,500	-	-	7,500	-	15,000
Scholarship Draw	-	5,600	-	-	-	45,000	-	-	-	50,600
Moody Foundation Draw	-	-	-	302,500	-	175,000	-	250,000	-	727,500
PPPL Funding	633,100	-	-	-	-	-	-	-	-	633,100
Total Cash Receipts	718,844	201,560	85,960	388,460	201,295	413,795	193,795	451,295	193,795	2,848,799
Total Cash Available	899,061	731,447	507,064	589,981	359,188	441,440	318,692	453,444	330,696	
Cash Paid Out										
PPPL Repayment				5,000	5,000	5,000	5,000	5,000	5,000	30,000
Line of Credit Repayment	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	22,500
Payroll	272,465	219,000	219,000	328,500	219,000	219,000	219,000	219,000	219,000	2,133,965
Taxes	9,327	7,665	7,665	11,498	7,665	7,665	7,665	7,665	7,665	74,479
TRS	16,227	16,425	16,425	24,638	16,425	16,425	16,425	16,425	16,425	155,840
Telephone	250	250	250	250	250	250	250	250	250	2,250
Transportation	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	56,997
Supplies	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	13,500
Other Software/Payment Expenses	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	13,500
Dues, License and Subscriptions	870	870	870	870	870	870	870	870	870	7,830
Utilities	14,850	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	94,850
Food	2,000	2,000	2,000	2,000	8,000	8,000	8,000	8,000	8,000	48,000
K&K	13,400	14,000	9,200	9,200	9,200	9,200	9,200	9,200	9,200	91,800
Insurance - Other	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	25,200
Insurance - Health	17,496	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	161,496
Insurance Downpayment	-	-	-	-	15,000	-	-	-	-	15,000
Accounting Services	7,655	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	67,655
Total Cash Paid Out	369,174	310,343	305,543	432,088	331,543	316,543	316,543	316,543	316,543	3,014,863
CASH ON HAND (END OF MONTH)	529,887	421,104	201,521	157,893	27,645	124,897	2,149	136,901	14,153	
Other Operating Data										
Enrollment Headcount Estimate	30	100	100	100	200	200	200	200	200	
PPPL Balance	\$ 299,934	\$ 26,044	\$ (247,846)	\$ -						
Money Market Balance	\$ 1,285,732	\$ 1,285,732	\$ 1,285,732	\$ 983,232	\$ 983,232	\$ 808,232	\$ 808,232	\$ 558,232	\$ 558,232	
Interest Earned on Money Market	\$ 3,942	\$ 4,734	\$ 5,527	\$ 6,133	\$ 6,740	\$ 7,238	\$ 7,736	\$ 8,080	\$ 8,424	
Employee Headcount Estimate	76	76	76	80	85	85	85	85	85	
Estimated Employee Hours	12,035	12,050	12,050	12,050	15,700	15,700	15,700	15,700	15,700	



Moody
Early Childhood
Center



Moody Early Childhood Center



Third Quarterly Board Report
May 13, 2020



ENROLLMENT



Enrollment: Infant/Toddler (March)

Class	Ages	Ratios MECC/State	Enrollment
Caterpillar	6 weeks - 5 months	1:4/1:4	7
Ladybugs	6 months - 11 months	1:4/1:4	8
Bees	6 months - 11 months	1:4/1:4	7
Turtles	12 months - 17 months	1:4/1:5	7
Frogs	12 months - 17 months	1:4/1:5	8
Seahorses	18 months - 23 months	1:5/1:9	10
Starfish	18 months - 23 months	1:5/1:9	9
Dolphins	24 months - 30 months	1:6/1:11	11
Bears	30 months - 36 months	1:7/1:11	11
Owls	30 months - 36 months	1:7/1:11	10
Eagles	30 months - 36 months	1:7/1:11	11
Total			99



Enrollment: PreKindergarten (March)

Class	Age	Ratio MECC/State	Enrollment
Hippos	PK3	1:8/1:15	11
Cheetahs	PK3	1:8/1:15	9
Gorillas	PK3	1:8/1:15	13
Tigers	PK3	1:8/1:15	15
Lions	PK3	1:8/1:15	14
Koalas	PK3	1:8/1:15	13
Elephants	PK3	1:8/1:15	10
Pandas	PK3	1:8/1:15	10
Zebras	PK3	1:8/1:15	13
Monkeys	PK4	1:9/1:18	10
Toucans	PK4	1:9/1:18	5
Total			123



Enrollment: After School Program (March)

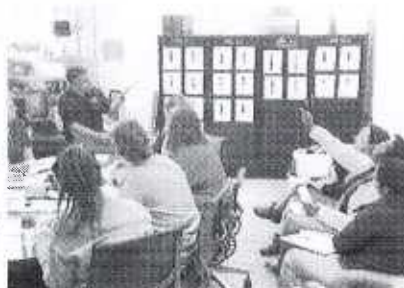
Campus	Enrollment
MECC	27
Other Schools	4
Total	31



Dedicated and Engaged Staff

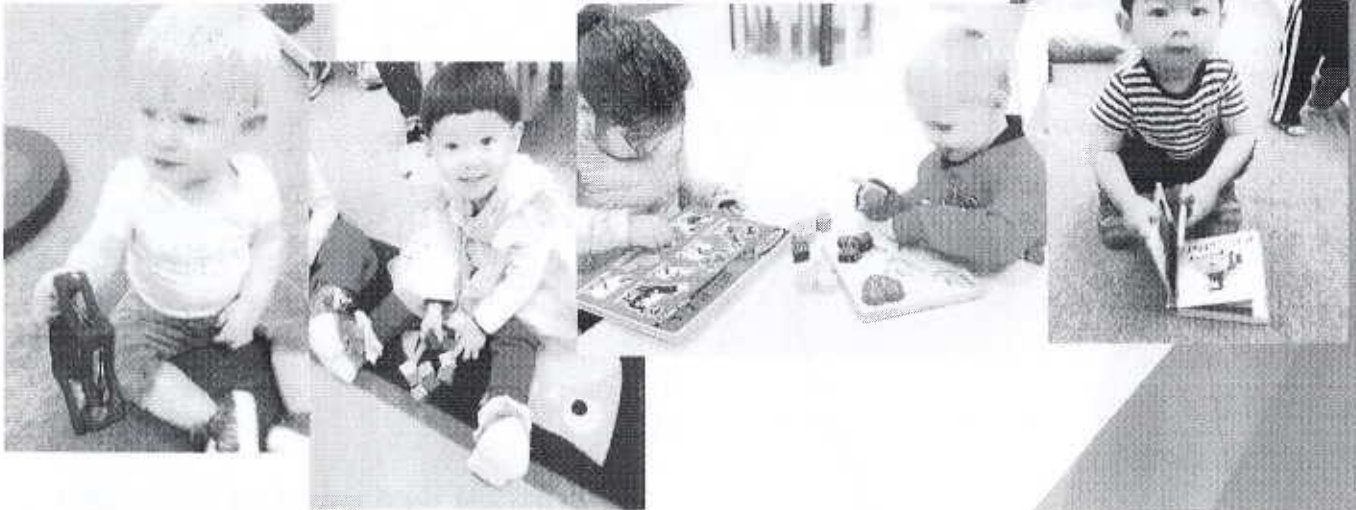


Program	HS/GED	CDA/Cert	Associates	Bachelors	Advanced
Infant/Toddler	15	2	5	5	1
PK	4	1	3	15	2
Admin/Office	2	0	2	3	5
Total	21	3	10	23	8



Performance Objective #1

Student Academic Performance



Curriculum / Assessment

Infant, Toddler, Three Year
Old Early Learning Guidelines
(Frog Street)

PK Guidelines
(Frog Street)



INFANT & TODDLER
Developmental
Guidance

PK3
CIRCLE

PK4
CIRCLE

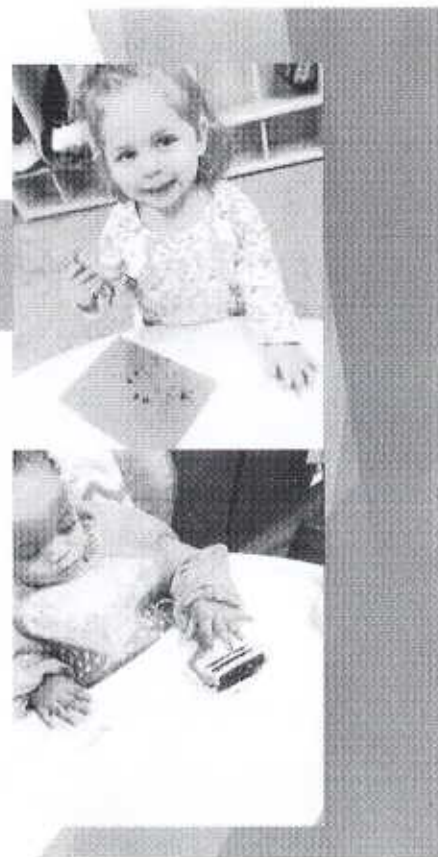
KINDERGARTEN
Kindergarten
Readiness

IT Developmental Checklist

Age	6 wks-5 months			6-11 months			12-17 months			18-23 months			24-36 months			24-36 months (30m +)		
	Oct	Jan	Apr	Oct	Jan	Apr	Oct	Jan	Apr	Oct	Jan	Apr	Oct	Jan	Apr	Oct	Jan	Apr
Health & Motor	60	100	75	67	50	94	58	42	88	100	100	94	71	64	100	75	86	100
Lang & Literacy	20	100	88	100	0	75	16	21	81	80	75	94	71	64	92	38	64	96
Social Emotional	20	100	88	100	38	88	63	37	94	80	75	88	100	82	92	63	86	92
Cognitive	60	100	75	100	25	81	58	47	88	100	88	84	100	82	92	100	86	92
Overall	60	100	81	100	0	85	47	26	88	90	75	90	86	73	94	25	79	95

Opened new room

Opened new room



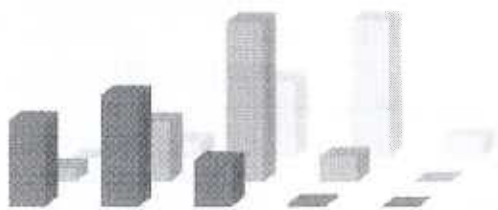
PK3 Report Card

Skill Assessed	1st Assessment (10/2019)	2 nd Assessment (1/2020)	3rd Assessment (5/2020)	New Students	Returning Students
Capital Letter Identification (10)	25%	54%	81%	78%	90%
Lower Case Letter Identification (10)	12%	41%	75%	73%	85%
Number Identification (1-5)	20%	41%	86%	86%	90%
Rote Counting (1-15)	14%	34%	77%	76%	85%
Colors (11)	11%	63%	76%	74%	85%
Shapes (6)	46%	67%	95%	93%	100%

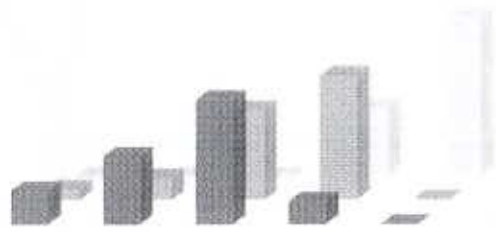


PK3 Report Card

PK3 New



PK3 Returning

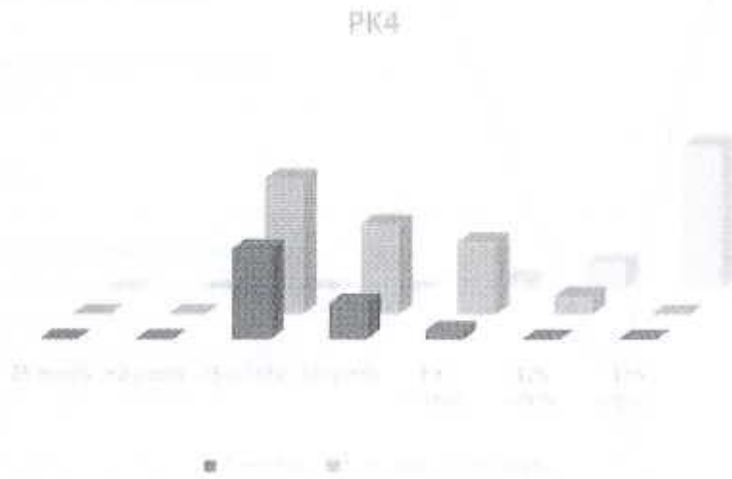


PK4 Report Card

Skill Assessed	1st Assessment (10/2019)	2nd Assessment (1/2020)	3rd Assessment (5/2020)
Capital Letter Identification (20)	28%	73%	95%
Lower Case Letter Identification (20)	14%	60%	95%
Number Identification (10)	28%	47%	100%
Rote Counting (1-30)	42%	66%	85%
Colors (11)	57%	80%	100%
Shapes (6)	78%	88%	100%



PK4 Report Card



PK3 Student Outcome Goals (75%)

Increase Vocabulary - By the end of the 2019-2020 school year, 75% of our students will be able to identify vocabulary introduced in the Frog Street curriculum (90 vocabulary cards)

22% Oct 29% Jan 85% May

Alphabet Knowledge - By the end of the 2019-2020 school year, 75% of our students will recognize at least 10 letters especially those in their own name.

25% Oct 54% Jan 81% May

Number Recognition - By the end of the 2019-2020 school year, 75% of our students will recognize the numerals 1-5.

20% Oct 41% Jan 86% May

PK4 Student Outcome Goals (75%)

Increase Vocabulary - By the end of the 2019-2020 school year, 75% of our students will be able to identify vocabulary introduced in the Frog Street curriculum (138 vocabulary cards)

43% Oct 47% Jan 85% May

Alphabet Knowledge - By the end of the 2019-2020 school year, 75% of our students will recognize at least 20 letters especially those in their own name.

28% Oct 73% Jan 95% May

Number Recognition - By the end of the 2019-2020 school year, 75% of our students will recognize the numerals 0-9.

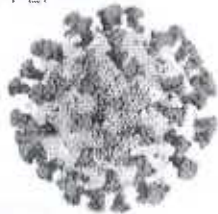
28% Oct 47% Jan 100% May

COVID-19

PK Continuing Education

- ▶ Education
 - ▶ Teachers have areas of responsibility
 - ▶ Online lessons and activities
 - ▶ Skype/YouTube class chats and story times
 - ▶ Facebook Storytime
 - ▶ ZOOM Meetings
 - ▶ ZOOM Coaching
- ▶ GRADUATION
 - ▶ Planning a "Drive Through" Graduation Ceremony
 - ▶ Yard signs and balloons are being delivered to graduates addresses
 - ▶ Parents are encouraged to decorate cars, bikes, golf carts, or the student
 - ▶ Staff and neighbors will line Ave L, 19th Street and Ave K
 - ▶ Diplomas and graduation gift when they complete the circle.

PRE-K ENROLLMENT NOW OPEN
We are now accepting Pre-K
Preliminary Acceptance Applications.
Click here to APPLY



Moody
Early Childhood
Center

ALL MECC PRE-K PARENTS CAN
PICK UP A LEARNING BAG
THURSDAY, APRIL 9TH
BETWEEN THE HOURS OF
12:00PM - 2:00PM O.R.A.

This process will be a "Drive-Thru" process with
minimal contact with school personnel.
Parents/Students are asked to remain in their
cars and follow the procedures provided at
the time of pick up.
(Ave L. 2020)



What's New?

CLOTH FACE MASKS
FOR ALL LEVELS OF PROTECTION

WHERE TO BUY: [icon] HOW TO CARE FOR: [icon]

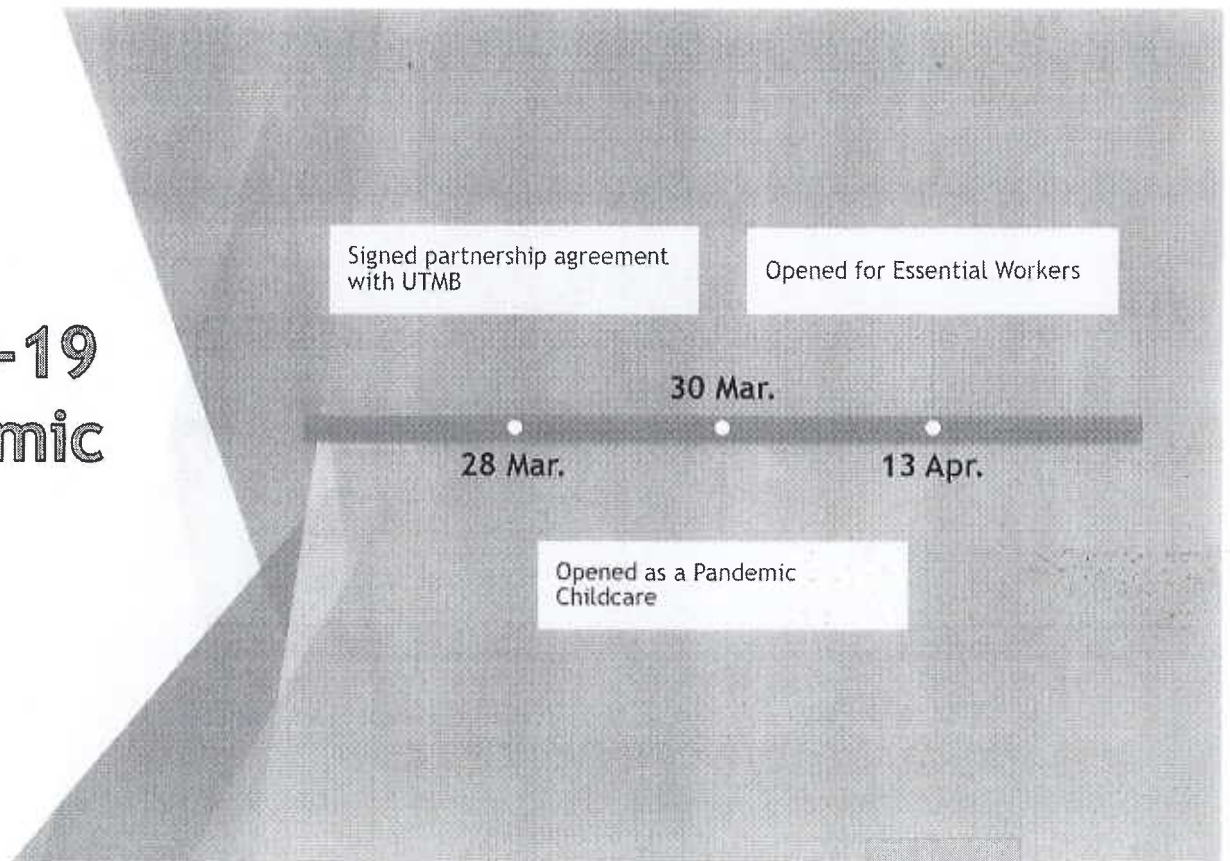
1. Wash your hands before and after handling the mask.
2. Avoid touching the mask.
3. Do not touch the front of the mask.
4. Do not use the mask if it is wet or soiled.
5. Do not use the mask if it is damaged or has been used by someone else.

6. Do not use the mask if it is made of non-woven fabric or has a filter.
7. Do not use the mask if it is made of fabric that is not tightly woven.
8. Do not use the mask if it is made of fabric that is not at least 100% cotton.

9. Do not use the mask if it is made of fabric that is not at least 2 layers thick.
10. Do not use the mask if it is made of fabric that is not at least 6 inches long and 4 inches wide.



COVID-19 Pandemic Care



COVID-19 Pandemic Care Preparation

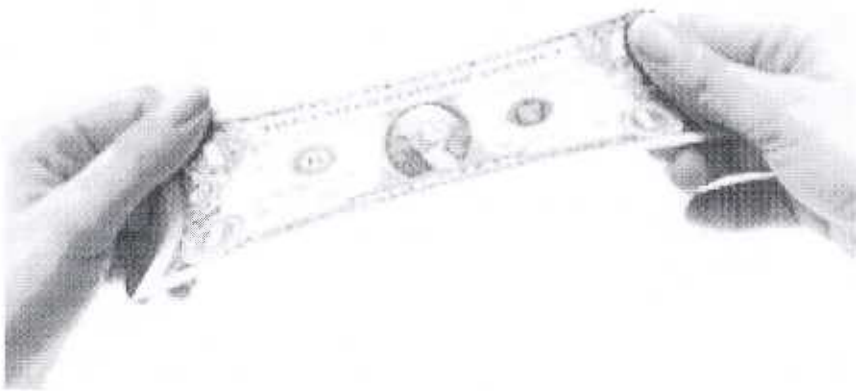
- Pandemic Plan
- Screening prior to entering building (Staff and Students)
- No access from visitors
- Cross Contamination
 - Runners assigned to each room
 - No extra activities (PE, Music, STEAM, Library)
 - Playground 1 class at a time, and disinfected after each class
- Extra classroom staff to take students to and from room
- Enrollment - 10 people in a classroom (2:8 or 3:7)
- No outside food
 - Students eat in class
 - Birthdays in room
- Enrollment
 - Infant/Toddler - created online fillable forms
 - PK - partnering for registration



COVID-19

Care Enrollment (63)

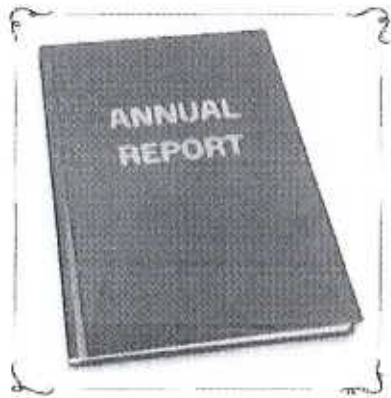
Class	Age	Enrollment
Caterpillars	6 weeks - 5 months	4
Ladybugs	6 months - 11 months	4
Bees	12 months - 17 months	4
Frogs	18 months - 23 months	4
Turtles	18 months - 23 months	3
Seahorse	2 years - 3 years	5
Dolphins	2 years - 3 years	4
Owls	2 years - 3 years	4
Bears	2 years - 3 years	4
Zebras	3 years - 4 years	6
Elephants	4 years - 5 years	6
Flamingos	5 years - 6 years	4
Kangaroos	5 years - 6 years	5
Pandas	6 years - 7 years	3
STEAM	7 years - 10 years	3



Performance Measure #2

Financial Performance

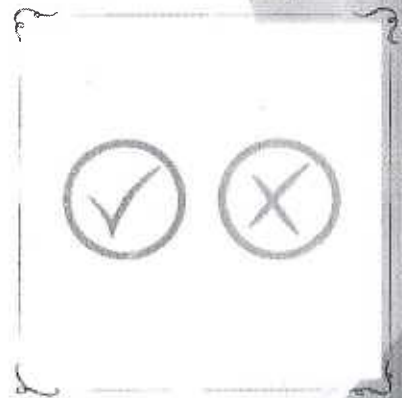
Financial Reporting



Financial Report Submitted within 180 days - See Audit performed by Ham, Langston & Brezina, L.L.P.



Unqualified opinion



Free of Instances of Material Weaknesses in Internal Controls

PPP Loan

Applied for and Received

- ▶ 8 weeks of payroll
- ▶ Loan Forgiveness = 75% is spent on payroll and no more than 25% is spent on utilities

Performance Measure #3 Parent and Community Engagement

Goal Progress Measure #1 Goal Progress Measure #2

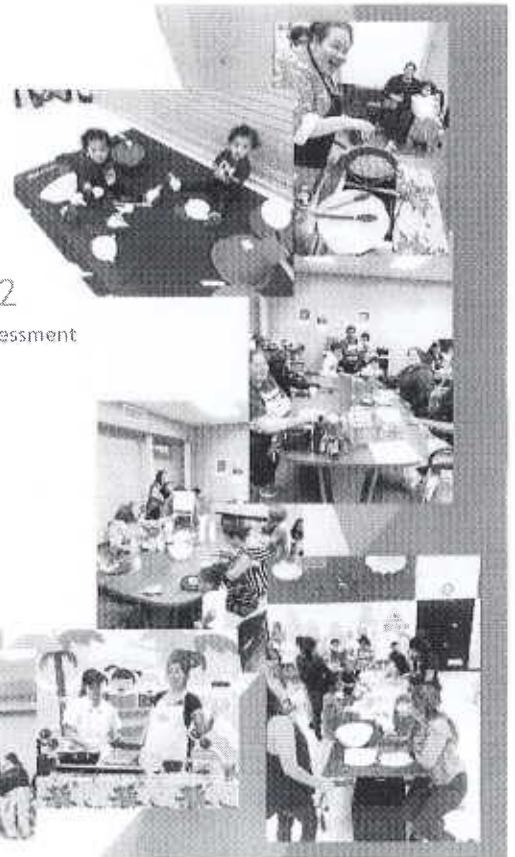
▶ Parent and Community Meetings

- ▶ Professional Advisory Mtg (Sept & Dec)
- ▶ Community Advisory (Nov & Apr)
- ▶ Parent Advisory Mtg (Oct & Mar)
- ▶ Area Childcare Providers (Sept, Nov, Jan & Feb)
 - ▶ Assisted with Pandemic Plan and waiver
- ▶ Program & Early Childhood Research (Dec)
- ▶ Family Engagement Nights (Weekly events)

- ▶ Academic Areas - Literacy, Math, Science Fair (Coming)
- ▶ Parenting-Triple P, Parent Cafe, Incredible Years
- ▶ Social Emotional
- ▶ Resources

▶ Parent Communication of Student Assessment Performance

- ▶ Daily Folders
- ▶ Parent Conferences
 - ▶ Phone Calls
 - ▶ Pre-scheduled dates
 - ▶ Texts, Emails, and Calls as needed
- ▶ Developmental Checklists - Monthly
- ▶ Report Card 9 wks





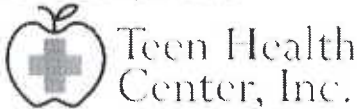
Community Partners

United Way of Galveston

- ▶ Galveston ISD
- ▶ United Way
- ▶ Teen Health
 - ▶ Pediatric Clinic OPEN!
- ▶ Ball High School
 - ▶ BESST
- ▶ UTMB
 - ▶ OT, PT, Pediatric Psychiatry
 - ▶ Motor/Sensory Lab OPEN!
- ▶ SMART Family Literacy
- ▶ Area Childcare Directors
- ▶ Galveston Diaper Bank



- ▶ Urban Strategies
- ▶ Boys and Girls Club
- ▶ WorkSource Solutions
- ▶ Galveston Urban Ministries
- ▶ Family Service Center
- ▶ BBVA
- ▶ Gulf Breeze
- ▶ Galveston Food Bank
- ▶ St. Vincent's House
- ▶ Ironman
- ▶ 3919 Enterprises
- ▶ Galveston Children's Museum



WorkSource Solutions





Karin Miller, Executive Director
Antonio Ford, Deputy Executive Director



Guidance for Reopening Child Day Care Operations

May 19, 2020

Governor Abbott announced in his press conference on Monday, May 18, that effective immediately, your operation may begin serving children of all families, not just children of essential workers.

Child Care Regulation is carefully reviewing the [Open Texas Checklist for Child Care Operations \(PDF\)](#)

(<https://gov.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Child-Care-Centers.pdf>) and will issue further guidance as soon as possible. In the meantime, review the checklist carefully and email questions to MSC.

Additionally, you may refer parents to the [Open Texas Checklist for Child Care Families \(PDF\)](#). (<https://gov.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Child-Care-Families.pdf>)

MINIMUM STANDARD HEALTH PROTOCOLS



CHECKLIST FOR CHILD CARE CENTERS

Page 1 of 13

For purposes of this checklist, “child care center” refers to both regulated child care centers, temporary licensed child care centers, home providers, and youth development organizations.

The virus that causes COVID-19 can infect people of all ages. While the risk of serious illness or loss of life is greatest in those 65 years of age and older, persons in every age group can get COVID-19 and some will have a severe illness.

We should all be thankful that, with rare exceptions, COVID-19 is not claiming the lives of our children. However, we can never forget that a child with a mild or even asymptomatic case of COVID-19 can spread that infection to others who may be far more vulnerable.

COVID-19 is spread from person to person through contact that is close enough to share droplets generated by coughing, sneezing, speaking and even just breathing. COVID-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of transmission, an infant, child or young person who is infected with COVID-19 can spread the infection to others they come in close contact with, such as members of their household, teachers, or other caregivers. We have learned that infected persons with mild or even no symptoms can spread COVID-19.

These facts are vitally important when considering the reopening of schools, daycares, youth camps and other places that provide care and education for our children.

One thing is for certain: education and childcare are essential and we must find reasonably safe ways to restore these services so that our children can be cared for, educated and their parents and guardians can return to work. We must find ways to protect our children from COVID-19 and ensure that they do not bring the infection to others, such as other household members, who may be at high risk for severe infection or even loss of life.

For adults in the workplace or other public spaces, we are confident that if certain measures such as cloth face coverings or non-medical grade masks, respiratory etiquette, frequent hand washing / hand sanitation and environmental cleaning and sanitizing are widely observed, we can then proceed with reopening Texas in a safe and measured way.

However, some of the protective measures that we can expect from adults, such as wearing cloth face coverings and maintaining distance from one another, are, for a variety of reasons, simply not possible for infants, children and youth to practice in schools, daycares and youth camps. In some cases, the child will be too young to understand and practice these precautions. We cannot, for example, expect a group of toddlers or schoolchildren not to engage in interactive play or share toys, for example.

All of these factors mean that while certain precautions against the spread of COVID-19 can and will be applied to schools, daycares and youth camps, the infection control measures that can be put in place in these settings will differ somewhat from those that are suitable for other social, business and commercial settings.

Therefore, every child care provider who is responsible for providing care or education for infants, children and youth in these settings must be aware of these facts and be willing to comply with the infection control measures that will be in place in these settings. Parents or guardians should monitor the health of their child and not send them to the program if they are displaying any symptom of COVID. Parents or guardians should seek COVID testing promptly and report results to the program given the implications for other children, families, and staff. Individuals aged 65 or older are at a higher risk of COVID-19. Parents or guardians should protect any vulnerable persons who are members of the same household or come into frequent, close contact with infants, children and youth who attend daycare.

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 2 of 13

About minimum health protocols:

The following are the minimum recommended health protocols for all child care centers choosing to operate in Texas. Child care centers may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all employees and children.

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 with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Please note, public health guidance cannot anticipate every unique situation. Child care centers should stay informed and take additional actions based on common sense and wise judgment that will protect health and support economic revitalization. Child care centers should also be mindful of federal and state employment and disability laws, workplace safety standards, and accessibility standards to address the needs of both workers and customers. Federal and state regulations regarding child care centers should be followed.

Federal and state health protocols for serving children in child care:

- Operate the child care in accordance with the *Guidance for Child Care Programs that Remain Open* released by the 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, create plans for each child care facility around the following prevention measures:
 - Implement [social distancing strategies](#)
 - Intensify [cleaning and disinfection efforts](#)
 - Modify [drop-off and pick-up procedures](#)
 - Implement [screening procedures upon arrival](#)
- Operate the child care in accordance with applicable state rules, including Health and Human Services Commission (HHSC) emergency rules applicable to the type of license the child care center holds.
 - Temporarily licensed child care centers can find their rules [here](#).
 - Regulated child care centers can find their rules [here](#).
- 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

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 3 of 13

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 you have staff members or teachers age 65 or older, 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. Please consult with your health care provider on what is appropriate for your child.

Preventative health measures for child care centers:

Child care providers must 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. Providers who need help understanding applicable rules and procedures should reach out to their contact at Child Care Licensing for further assistance.

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies, please contact your Child Care Licensing representative.

- Consistent with the actions taken by many businesses across the state, consider having all employees wear cloth face coverings (over the nose and mouth). 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.
 - Establish procedures 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.
 - Consider ways to provide this guidance to your child care center families.
- Have a plan if someone is or becomes sick.**
 - Plan to have an isolation room that can be used to isolate a sick child.
 - Be ready to follow CDC guidance on how to disinfect your building or center if someone is sick.
 - If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.

MINIMUM STANDARD HEALTH PROTOCOLS**CHILD CARE CENTERS: Page 4 of 13**

- If COVID-19 is confirmed in a child or staff member:**
 - Contact your local health authority to report the presence of COVID-19 in your facility. Your local health authority will advise you on re-opening procedures.
 - Contact Child Care Licensing to report the presence of COVID-19 in your facility.
 - 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.
- Monitor and plan for absenteeism among your staff.**
 - Develop plans to cover classes in the event of increased staff absences. 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.
 - Recommend that individuals at higher risk for severe illness from COVID-19 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.
- Review plans for implementing social distancing strategies.**
 - Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. Detailed guidance for implementing social distancing strategies in child care centers and schools is found [here](#).
- Assess group gatherings and events.**
 - Events and group activities are strongly discouraged in child care centers. If for some reason an event must occur, child care centers should follow current [CDC guidance](#) about gatherings and events.
 - Avoid scheduling events that require your children to bring items from home (e.g. show and tells).
- Limit access to your center.**
 - Prohibit any but the following individuals from accessing your 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. Parents should only enter the child care center when necessary.
 - Limit the use of parent or other volunteers in your facilities to an absolute minimum.

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 5 of 13

Social distancing strategies:

Use preparedness strategies and consider the following social distancing strategies:

- Have employees 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.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
- Keep each group of children in a separate room to the extent possible.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning, but do not require disinfection.**
 - 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 should 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, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread. Be sure and disinfect mats before and after each use.
- If possible, arrange for administrative staff to telework from their homes.
- Minimize time standing in lines, keeping children at safe distances apart from each other. Six feet of separation between children is preferred.
- Limit the use of water tables and sensory tables, and have children wash or sanitize their hands immediately after using these play stations.
- Increase the distance between children during table work.
- Incorporate more outside activities, where feasible.

Class size and ratio requirements:

The following pages lay out the new child care ratios that opened child care providers should follow. These ratios are intended to support the state's policy of social distancing, while also supporting providers and ensuring they are able to continue their business.

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 6 of 13

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)

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 7 of 13

* 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.

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, efforts should be made to allow them to check in via the state's card swipe system. Consider moving the card swipe station outdoors in the morning or swiping the parent's card for them. Sanitize card swipe stations after use.
- Consider staggering arrival and drop off times and have child care providers go outside the facility to pick up the children as caretakers arrive. A plan for curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- 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. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- 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. These volunteers should wear a mask. To the extent possible, they should also keep 6 feet of distance between themselves and the caregiver, and other volunteers.
- Infants can be transported in their car seats. Store car seats 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.

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 8 of 13

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. Parents should only enter the child care center when necessary.
- There are several methods that facilities can use to protect their workers while conducting temperature screenings. 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-for-childcare.html#ScreenChildren>
- Screen those entering the facility prior to entering the child care center:
 - Send home any employee or child who has any of the following new or worsening signs or symptoms of possible COVID-19:

<ul style="list-style-type: none"> - Cough - Shortness of breath or difficulty breathing - Chills - Repeated shaking with chills - Muscle pain - Headache 	<ul style="list-style-type: none"> - 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
---	--
 - Do not allow employees or children with the new or worsening signs or symptoms listed above to return to work 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

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 9 of 13

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.
- Do 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 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).
- Child care programs are encouraged to implement 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 the 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/2019-ncov/community/disinfecting-building-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.
- Facilities should develop a schedule for regular cleaning and disinfecting.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games.
- 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. Use the cleaners typically used at your facility.
- Adjust the HVAC system to allow for more fresh air to enter the program space, if possible.
- All bathrooms should be cleaned and disinfected regularly throughout the day, at a minimum bathrooms should be cleaned and disinfected three times per day.

MINIMUM STANDARD HEALTH PROTOCOLS**CHILD CARE CENTERS: Page 10 of 13**

- Cleaning products:**
 - 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 cleaning products specific to COVID can be found here: <https://www.epa.gov/pesticide-registration/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.
 - Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
 - If possible, 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 on [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:**
 - Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
 - 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.
 - Bedding that touches a child's skin should be cleaned weekly or before use by another child.

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 11 of 13

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:

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

- If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

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. Consider limiting the amount and type of jewelry that you 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.
- 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 or home-based child care. Children should not be allowed to wear other children's clothing.
- Child care providers should 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 in a dishwasher or by washing with a bottlebrush, soap, and water.

MINIMUM STANDARD HEALTH PROTOCOLS



CHILD CARE CENTERS: Page 12 of 13

Healthy hand hygiene:

- 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.
- 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. 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 to child care centers should practice social distancing while on the bus.

- Child care centers should maximize space between riders (for example, one rider per seat in every other row).
- Keeping windows open might reduce virus transmission.
- Cleaning and disinfecting buses: Open the windows after runs and let the buses thoroughly air out. Buses should 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 be followed by any third-party transportation services child care centers utilize.



CHILD CARE CENTERS: Page 13 of 13

Food preparation and meal service:

- An operation should not serve family style meals. Each child should be provided individual meals and snacks.
- If the child brings their own food from home, the provider should discourage the sharing of food between children.
- Providers should 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.
- Consider storing children's food and drinks for the day in their cubbies or another dedicated area if meals are brought from home
- Meals should be served in the classroom and teachers should directly serve children in their classrooms.
- 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.
- Facilities should follow all other applicable federal, state, and local regulations and guidance related to safe preparation of food.
- If an employer provides a meal for employees, employers are recommended to have the meal individually packed for each employee.