

# Ten Steps For Reopening Children's Ministry

[Shannon Rains](#) Apr 24, 2020



After months of social-distancing, some states are beginning to lift restrictions on church gatherings. Reopening churches creates an interesting dilemma for children's ministers. What does it look like to implement a social distancing plan within their children's ministry?

I recently spoke with retired pediatrician and [Hope Network Ministries](#) board member, Dr. Debbie Zancanaro, regarding some best practices that church leaders might consider before reopening their children's ministry programs. Dr. Zancanaro is also a children's ministry volunteer at her church, so she knows the typical church environment and speaks wisdom and experience regarding our current situation.

[Find the recently released Texas social distancing for churches guidelines here.](#)

Remember, ministers are tempted to do too much during a crisis. [What if you kept your children's ministry focused and simple?](#)

# ***PREPARING YOUR MINISTRY TO REOPEN DURING THE PANDEMIC***

The following information is detailed and might seem lengthy, but it is also great advice—things that I did not consider even after two decades in children's ministry.

## **1) THE VIRUS IS HERE TO STAY.**

The local, state, and federal governments are taking a calculated risk when lifting social distancing orders. Even though the curve has flattened, and buying critical time for our healthcare community, remember that the potential for the virus to spread still exists. Churches that reopen should do everything possible to keep their church members and community safe by following best practices when it comes to social distancing.

## ***2) VIRUSES NEED A PLACE TO LIVE.***

Viruses need a host, which is why social distancing precautions are essential if your church decides to reopen. Do not give the virus a place to live. Therefore, relax social distancing policies slowly, allowing everyone to adjust to each measure, watching carefully for anything that might create an unsafe situation. Of course, local leaders will release guidance that churches must follow. But, consider whether your church can do even more to lower the risk of infection? If so, do it.

## ***3) PREPARE ALL PARENTS AND***

# ***VOLUNTEERS BEFORE REOPENING.***

Church leaders need to communicate all new expectations and procedures in advance to parents and volunteers. Use multiple sources of communication those such as videos, mail-outs, and handouts, to explain those new procedures. Also, utilize signs, posters, and handouts inside your church building to remind everyone of your new procedures.

## **4) THE AGE OF THE CHILD MATTERS.**

- Infants/Toddlers: there are differences of opinions. So, the safest solution, diapered children need to stay with their parents. (I interviewed a second pediatrician. His suggestion, if children attend nursery, keep a 1:1 volunteer ratio.)
- Preschoolers: if a child is no longer in a diaper, these children may attend class. But, they need to sit in their spots, six feet apart, and follow directions. If not, they should stay with their parents.
- Elementary: as long as they follow directions, they should be fine in class. However, continue reading the article, there are other precautions to take for children that attend class.

## ***5) KEEP THE SAME AGE GROUPS TOGETHER EACH AND EVERY MEETING TIMES.***

For example, if 1<sup>st</sup>/2<sup>nd</sup> grade typically meets in the same classroom on Sunday morning, keep it consistent during other meetings times and from week to week. Also, use the same volunteers each week. This way, you know who has been together in case someone falls ill. Be extra diligent

about keeping your class attendance up to date.

## ***6) PUT GUIDELINES IN PLACE TO PREVENT THE SPREAD OF DISEASE WITHIN THE CLASSROOM.***

- Disinfect all classrooms with Lysol before and after class.
- Keep large bottles of hand sanitizer in every room and sanitize the children's hands as they arrive.
- Keep gloves in the room, just in case. There is no need to wear them unless there is a concern.
- Designate a seat or mat for each child and label that seat or mat. Children should sit in the same place each week.
- Also, the seats or mats need to be six feet apart from the other children.
- Create bags of supplies, label those with each child's name, and do not share the supplies (crayons, scissors, glue, Bibles, etc.).
- Also, do not even bring food into the classroom. Children's hands need to stay away from their faces.
- Along the same lines, classroom supplies and toys are off-limits.

## ***7) MAKE YOUR WELL-CHILD POLICY CLEARLY VISIBLE TO ALL FAMILIES AND ENFORCE IT.***

- Children need to be fever free, without a fever reducer, for 24-hours before attending class.
- Children may not attend class if they have had diarrhea or vomiting in the last 24-hours.

- Children may not attend class with pink-eye symptoms.
- On a case-by-case basis, parents and volunteers need to distinguish between allergy and upper respiratory illnesses. For some children, allergy symptoms are common and will last for long periods; we don't want to keep them out of class for months.

## ***8) DESIGNATE VOLUNTEERS AS HALLWAY MONITORS AND TRAIN THEM FOR THE FOLLOWING SITUATIONS:***

- If a child gets sick during class, the hallway monitor needs to take the child back to their parents while maintaining safe distancing and comforting the child. This is no small task!
- Also, hallway monitors need to be able to properly enter a restroom designated for children's ministry use and disinfect the sink and toilets after each use. A spray of Lysol or a quick Lysol wipe may be all that is needed with a thorough cleaning after each class.
- Hallway monitors may help teachers observe children as they arrive and speak with parents about any concerns.
- These monitors need gloves and need to be extra diligent about precautions. They are most likely to come into contact with sick children.

## ***9) CONSIDER REVAMPING YOUR DROP-OFF/PICK-UP PROCEDURES AND LOCATIONS FOR CHILDREN'S MINISTRY.***

In many congregations, children's classes meet throughout the building

without a central area reserved for children. If someone is sick, this movement throughout the building adds to the risk of exposure in each location the family visits. Because of this, churches need one drop-off/pick-up location for children. Then staggered pick-up times by age/grade will minimize traffic in that area and help lower the number of people gathering in one space.

## ***10) PROTECT YOUR VOLUNTEERS. GIVE THEM THE OPPORTUNITY TO OPT-OUT OF THEIR VOLUNTEER ROLES.***

Many volunteers are also members of a vulnerable population, either because of age or pre-existing health conditions. Designate a minister or leader to talk confidentially with each volunteer, verifying that they are willing to serve, and allowing them the opportunity to disclose concerns over health that may not be known by the congregation. Also, be very careful about pressuring a volunteer to serve because you think they are fit to serve. Many people deal privately with health issues and may even put themselves at risk to help children and the church.

To reduce the risk of spreading germs throughout their congregations, church leaders need to identify all the options to keep their ministry spaces sanitary. More importantly, though, churches probably need to wrestle with the question, "Is this the right time for our congregation to resume regular programming?" While congregations are chomping at the bit to worship together, the additional spread of illness might trigger another round of stay-at-home orders. And even though children are not likely to become extremely ill, they are just as likely to catch the virus and possibly transmit it to others. Or, what about considering the middle-ground approach—intergenerational worship that intentionally invites children and adults to

worship together? More on that soon.

About Dr. Debbie Zacanaro

Dr. Zacanaro practiced medicine for 35 years in private practice and at a teaching hospital with pediatric and family medicine residents. After working for 35 years, she retired, volunteering as a pediatrician for immigrant populations without access to Medicaid, and serves on the Board of Directors for Hope Ministries Network and The Well Coffeehouse, an NFP that uses its profits to dig wells in third world countries. She and her husband of 41 years attend North Central Church of Christ where she teaches 3rd and 4th-grade students.

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