

# Massachusetts Department of Early Education and Care Reopen Approach

## Frequently Asked Questions on the Minimum Requirements for Health and Safety and Reopening of Child Care

August 5, 2020

On June 1, 2020, EEC first published its Minimum Requirements for Health and Safety. These frequently asked questions (FAQs) have been developed in response to questions submitted through the EEC website. The list of FAQs will be updated on an ongoing basis to support the child care reopening process.

Thank you for contributing your time, talent, and expertise to the children and families of the Commonwealth.

Stay well,

~SAT

Reopening Process .....	3
What is the process for reopening? .....	3
Did the Attestation Form change?.....	4
After I submit my plan, how long before I can reopen? .....	4
How long will these Minimum Requirements for Health and Safety remain in effect? .....	4
Do child care programs have to reopen on or by a certain date? .....	4
How should a program notify EEC that it intends NOT to reopen? .....	5
Are there consequences for choosing to remain closed?.....	5
The Department of Elementary and Secondary Education (DESE) just released their own guidance. What does that mean for Child Care Programs?.....	5
On Training.....	5
What training will be required?.....	5
Will CPR training be available and/or required? .....	5
On Subsidies.....	6
On Financing .....	6
How will the start-up grants work? .....	6
How can programs be protected from liability if a child or staff member becomes ill in their program? .....	6
On Exempt Emergency Child Care Programs (EECCPs).....	6
Do EECCPs have to remain open through Phase 2? .....	6
Are EECCPs required to submit a reopening plan? .....	6
Are EECCPs required to adapt their ratios?.....	7



Minimum Requirements for Health and Safety .....7

    How can I make the Minimum Requirements for Health and Safety work for my program? .....7

    What changes have been made to the Requirements since they were first published on June 1? .....7

    Why were temperature checks removed? .....8

    Do the Minimum Requirements for Health and Safety replace the existing licensing regulations? .....8

    Will the Requirements be translated into Spanish? .....8

On Section 2: Staffing and Operations .....8

    Can you clarify how programs should interpret the guidance regarding stable groups? .....8

    How should we think about staffing models under the new Requirements? .....9

    What are the criteria for staff with “serious underlying health conditions”? .....10

    How do we prioritize children and families due to capacity restrictions? .....10

    Can the length of the day be shorter? .....10

    Are walks for field trips permissible? .....10

    How will reconfiguration of physical space work? .....10

    Who does EEC consider to be “Non-Essential Visitors”? .....11

On Section 4: Screening and Monitoring of Children and Staff .....12

    What are COVID-19 symptoms in children? .....12

    Will providers need to be tested for COVID-19 in order to reopen? .....12

    How will daily health screening be conducted? .....12

On Section 5: Isolation and Discharge of Sick Children and Staff .....13

    Who do I call if I have questions about a possible COVID-19 exposure in my program? .....13

    What process should I follow if a child shows symptoms of COVID-19? .....13

    What are my reporting obligations if a child has only shown symptoms? .....14

    Do sick children always have to stay out of child care for 14 days? .....14

On Section 7: Personal Protective Equipment (PPE) and Face Masks and Coverings .....15

    Do children and staff have to wear masks all the time? .....15

    What are the different kinds of face coverings? .....16

    When can I use a face shield instead of a face mask? .....16

    When do staff need to wear gloves? .....17

    What should providers do if they can’t find PPE for reopening? .....17

On Section 8: Cleaning, Sanitizing, and Disinfecting .....17

    Can children bring toys into programs? .....17

    Is there any way to integrate sensory play? .....17

    Will there be a reduction in the number of program hours to allow educators extra time to clean and sanitize? .....17

On Section 9: Strategies to Reduce the Risk of Transmission .....18

    How can we expect children to maintain physical distancing? .....18

    How will diapering be done safely? .....18

    Are wading pools allowed? Sprinkler play? Sandboxes? .....19

    Can we use public parks and playgrounds? .....19

    Do you need to have a separate room for drop offs/pickups? .....19

    Are air purifiers allowed? Air conditioners? .....19

On Section 10: Transportation .....19

    Can siblings be seated next to each other on transportation? .....19

    Are drivers required to wear face masks at all times? .....19

    What if a child becomes symptomatic while on transportation? .....19

On Section 11: Food safety .....20

On Section 12: Children with Special Needs, Vulnerable Children, and Infants and Toddlers .....20



Who is allowed in the building for services? ..... 20

Miscellaneous Health and Safety ..... 20

Do programs still need to conduct toothbrushing? ..... 20

Can I still run my food program? ..... 20

Are medical and religious exemptions for immunizations still honored? ..... 21

Is it safe for children with pre-existing conditions to attend a child care program? ..... 21

Do children need to quarantine for 14 days after out of state travel? ..... 21

Do staff need to quarantine for 14 days after out of state travel? ..... 21

Are Nebulizers allowed for children with asthma? ..... 21

## REOPENING PROCESS

### What is the process for reopening?

The Commonwealth’s Reopening Plan allows for child care to begin the process of opening in Phase 2, which began on June 8. After engaging in health and safety planning, programs have been reopening across the Commonwealth since June 22<sup>nd</sup>.

EEC has designed the following expedited process to balance the urgency of reopening with the need to have appropriate health and safety protocols in place:

- **INTENT TO REOPEN:** On *Monday, June 8*, EEC distributed an “Intent to Reopen” form to ask each provider about their intent to reopen under the Minimum Requirements for Health and Safety.
- **APPLYING TO REOPEN:**
  - *Week of June 8:* EEC provided Reopening Plan templates, updated Minimum Requirements for Health and Safety, and sample self-attestation forms for providers to review and prepare.
  - *Week of June 15:* EEC invited providers to submit Reopen Application Transactions in LEAD, including submission of their reopening plans for review and approval by EEC and an Attestation document.

Please note: All EEC licensed programs must complete an Attestation form. Programs that are licensed by another oversight body, or that are unlicensed, informal programs (i.e. family, friend, neighbor, or nanny care) are not required to complete the Attestation.

- **APPROVAL TO REOPEN:**
  - *Provisional Approval:* EEC will review submitted transactions, plans, and attestations within 5 business days for programs in good standing prior to closure, to ensure they are complete. Once granted provisional approval, providers will be allowed to reopen to serve children.
  - *Final Approval:* EEC will perform thorough review of plans within 60 days and address any support needs for on-going operations. When approved, providers will receive a legal letter of approval.



## **Did the Attestation Form change?**

Yes. EEC received feedback from providers on the language in the sample Attestation Form, originally posted on Friday, June 12. EEC has addressed the language in an updated form, posted on Thursday, June 18. Changes include:

- Shifting compliance language to include only the applicable requirements, by program type
- Eliminating reference to specific sanctions
- Removing reference to recording virtual site visits
- Clarifying the commitment timeframe for the attestation

A self-attestation form is being used for reopening to facilitate a faster pathway to reopening than a traditional verification process would allow. The form stands in place of a licenser visit. The self-attestation affirms the provider's readiness to meet reopening standards and asks for a signature to this effect.

## **After I submit my plan, how long before I can reopen?**

For providers in good standing prior to closure, provisional approval will be based on completion of a compliant reopening plan and completed self-attestation form. Reopening may occur as soon as provisional approval is communicated to the provider (within 5 business days). After provisional approval is granted, licensers will be reviewing plans further and final approval will occur within 60 days of submission. If a licenser visit is necessary in order to gain clarity on the specifics of a reopening plan, the visit will take place virtually.

Note: 'In good standing' refers to programs that did not have any open investigations, legal orders, or pending legal referrals at the time of closure due to COVID-19. Please check with your licenser if there are any questions about your standing.

## **How long will these Minimum Requirements for Health and Safety remain in effect?**

We anticipate the Requirements will be in effect for at least July and August. Revisions may be considered based upon feedback and experience in preparation for the fall school year.

## **Do child care programs have to reopen on or by a certain date?**

No. The choice of if and when to reopen is entirely up to each individual program.

Some conditions for subsidy payments do apply to ensure continued access for subsidized families through the summer. Programs that receive funding for subsidized children will be required to reopen in July in order to continue receiving payment.

If a program chooses to remain closed and their license will expire during the time they are closed, the program will be required to start the license renewal process when they reopen.

Programs intending to open later during Phase 2 do not need to submit their reopening plans by any specific date. The LEAD Portal will be accepting Reopening Plan Submissions until further notice. However, we ask that you allow a reasonable amount of time (no less than 5 days) between the submission of your reopening plans and your intended reopening date.



### **How should a program notify EEC that it intends NOT to reopen?**

Programs should respond to the Intent to Reopen form in LEAD with their plans.

### **Are there consequences for choosing to remain closed?**

There are no punitive measures for programs that choose to remain closed.

### **The Department of Elementary and Secondary Education (DESE) just released their own guidance. What does that mean for Child Care Programs?**

On June 25, DESE released their guidance for schools to *begin planning for September*. EEC and DESE guidance remain aligned for the summer. EEC will look to evaluate guidance for licensed providers in time for fall to ensure EEC programs can align with their local communities planning.

#### ***What about early education programs that are embedded within public school districts?***

Districts have been encouraged to coordinate with local early childhood and out-of-school time providers to ensure that all families have options both this summer and as schools plan for different alternatives for the fall. Please consult with your local school and municipal officials to identify what space accommodations may be able to be arranged at the local level. Please let your EEC Regional Office know if there are challenges specific to your program or municipality.

## **ON TRAINING**

### **What training will be required?**

EEC has created an online training to support providers in applying the Minimum Requirements for Health and Safety to their settings. The 60 minute training can be found in the online StrongStart catalogue with the title *Guidance for Reopening Child Care* (Course Number eWEL01\_EN). The training is short, accessible, and focuses on practices to support health and safety, such as how to properly put on and take off gloves and masks and other preventive protocols.

We expect to provide additional training in the coming months to support the field in adjusting to operations in the COVID-19 environment. More information will be available as we progress with reopening. We highly encourage providers to work with their staff and household members to ensure that all adults are comfortable implementing the required health and safety measures prior to reopening.

### **Will CPR training be available and/or required?**

CPR training will continue to be available and required. EEC will continue to honor the published expiration date of the CPR training, instead of requiring recertification on an annual basis. EEC will continue to honor the 120 day extensions to certification issued by the American Red Cross and AHA through the end of September.



## ON SUBSIDIES

On Friday, July 3<sup>rd</sup>, EEC issued a Subsidy Policy Guide and Subsidy Procedures Manual to all providers who hold a subsidy agreement with EEC. Please consult these documents, [hosted on the EEC subsidy management web page](#), for detailed explanations of changes to subsidy policy, how to enter information in CCFA, and how to work with families on their subsidies.

## ON FINANCING

### How will the start-up grants work?

Restart grants for providers to defray fixed operating costs through July and August 2020 are anticipated through the Child Care Development Block Grant (CCDBG) funding, allocated to Massachusetts through the CARES Act. Funding will be available for those providers who work with subsidized children and for those who served as Exempt Emergency Child Care Providers through the closure period. Grants will be offered on a per-provider basis for Family Child Care providers and per-classroom basis for Group and School Age programs.

EEC will be distributing information through the LEAD database to begin preparations for disbursement of these funds once the supplemental budget is final.

### How can programs be protected from liability if a child or staff member becomes ill in their program?

It is recommended that providers speak with their insurance companies to understand necessary liability protection for operating their business.

## ON EXEMPT EMERGENCY CHILD CARE PROGRAMS (EECCPS)

### Do EECCPs have to remain open through Phase 2?

EECCPs are intended to conclude by June 30 to encourage families that need child care to transition to licensed care, but may operate until July 10, to minimize gaps in child care coverage for families. All EECCPs must stop operating Emergency Care by July 10, 2020. Each EECCP may choose when it would like to close emergency services and reopen for traditional enrollment, so long as the closure date is before July 10. Programs may not operate as both an emergency program and licensed program simultaneously.

EECCP providers who stay open through the transition to help provide services to families will be awarded an additional week of financial support. EECCPs that remain open through July 3<sup>rd</sup> will receive payment through July 10<sup>th</sup>. Those that remain open through July 10<sup>th</sup> will receive payment through July 17<sup>th</sup>. EECCP providers that remain open through June 30<sup>th</sup> will be paid through July 3<sup>rd</sup>.

### Are EECCPs required to submit a reopening plan?

Yes, EECCPs will need to submit a reopening plan in order to be approved to reopen as a licensed child care provider.



## Are EECs required to adapt their ratios?

Emergency programs will need to follow the ratios and group sizes outlined in the Minimum Requirements for Health and Safety or corresponding FCC guidance when they transition from emergency care to approved reopening.

## MINIMUM REQUIREMENTS FOR HEALTH AND SAFETY

### How can I make the Minimum Requirements for Health and Safety work for my program?

The Minimum Requirements for Health and Safety are designed for all child and youth serving programs across the Commonwealth.

EEC recognizes that operating in the COVID-19 environment represents challenges across every industry – and that this can create uncertainty for families, providers, program administrators, and staff alike.

EEC will work with providers on the implementation of these standards. Programs should strive to follow the health principles behind stemming the spread of the virus:

1. Minimize the number of individuals with whom any potentially exposed individual is in close contact by limiting contact between groups (e.g., no adults moving in between classrooms or comingling of groups); and
2. Minimize prolonged close contacts between individuals within a group to the degree possible.

### What changes have been made to the Requirements since they were first published on June 1?

Based on the questions and feedback shared since the requirements were first published, EEC identified areas that either needed amendment or clarity. Amendments have been offered in the document or through the FCC Supplemental Guidance. Clarity is offered through these FAQs.

We would like to highlight the following important changes in the Requirements:

- Removal of temperature checks, due to reliability and at the recommendation of the COVID-19 Command Center Medical Advisory Committee (see below)
- Removal of the requirement that families supply their own car seats – this was determined not to be feasible in all cases, and unnecessary if proper cleaning occurs
- Removal of a maximum group size for children and adults, so programs can establish the staffing plan that makes the most sense for their program
- Change in preschool ratio from 2:10 to 1:10, so that programs can establish the staffing plan that makes the most sense for their program
- A clarification of the definitions of Kindergarten Child and School Age Child

We would also like to highlight the following amendments offered through the FCC Supplemental Guidance:



- Allow pre-existing licensed group sizes and ratios for FCCs, so long as the rest of the Requirements related to physical distancing can be met
- Allow pre-existing licensed spaces for FCCs in good standing prior to the closure, even if they do not meet the new minimum space requirements, so long as they can meet the other Requirements
- Removal of maximum hours of operation to allow flexibility for FCCs to serve families in a way that supports changes in current work norms, business sustainability, and adequate time for cleaning
- Allowances for public playgrounds for those FCCs that need them for gross motor play – with permission of the parents and proper hand washing procedures in place
- Accommodation for FCCs that operate with a single adult, with instructions and options to consider for implementation of the Requirements in these circumstances, including for isolation of sick children and screening of children upon entry to the care setting

### **Why were temperature checks removed?**

After discussions with the COVID-19 Command Center’s Medical Advisory Committee, including infectious disease specialists, it is not recommended to temperature check children at entry due to the significant number of both false positive and false negative results. The Requirements published on June 1 have been updated to remove the temperature check screening for children and staff entering programs.

### **Do the Minimum Requirements for Health and Safety replace the existing licensing regulations?**

EEC is prioritizing the implementation of the Minimum Requirements for Health and Safety to safely reopen child care in Phase 2. We are currently reviewing the regulations in order to alleviate burdens to programs while maintaining the health and safety of children, youth, and staff members.

### **Will the Requirements be translated into Spanish?**

Yes, the Requirements and the FCC Supplemental Guidance have been translated into multiple languages and are available on the EEC web site.

## **ON SECTION 2: STAFFING AND OPERATIONS**

### **Can you clarify how programs should interpret the guidance regarding stable groups?**

*The guidance says we must maintain stable groups. What if educators need to take a break or eat lunch? Can we have floaters cover breaks?*

Programs should submit staffing plans that adhere to the principle of minimizing or eliminating contact between groups of children in care to the greatest extent possible. Therefore, adults caring for children should be assigned to a single group to the greatest extent possible.





Adults who supervise children across different classrooms increase the potential risk of cross-contamination across multiple groupings of children and youth, meaning that if an adult ‘floater’ were to be COVID-19 positive or exposed, any group that interacted with the adult could be affected.

We recognize the impact that this has on program staffing flexibility, and so have provided the following considerations for programs to use in creating their staff plans. When all other staffing configurations have been exhausted, an alternative adult may be used to cover breaks and meal-time for a primary educator, provided that:

1. The coverage occurs when children are engaged in activities that require a low degree of educator involvement, like when children are playing outdoors, during independent play or work time, during nap time, or lunch;
2. The adult takes all health and safety precautions when providing coverage, including washing hands before entering the group space, wearing a mask at all times, and wearing a clean smock or covering shirt; and,
3. The adult limits prolonged close interactions with children (interactions that are face to face and within 6 feet).

***How can we maintain stable groups if the children in attendance change day by day?***

For programs that serve families for part time or less than 5 day a week attendance, EEC encourages communication with families to arrange schedules that maintain stable groups to every degree possible.

**How should we think about staffing models under the new Requirements?**

***Can one educator work with preschool children?***

Yes. The ratios and group sizes in the Requirements have been adjusted to reflect this allowable scenario. Programs are strongly encouraged to arrange for more than one educator, to the maximum extent possible, to ensure adequate supervision of children.

***Should I change my supervision plans before reopening?***

Children must still be sufficiently supervised during reopening. Safe sleep and active supervision regulations must be followed. Additional information on implementation of existing regulations will be released in the coming weeks.

***Can a staff member be employed exclusively to clean and sanitize classroom spaces during the day and not be counted as part of the child care ratio?***

Yes, a staff member may be employed to exclusively clean and sanitize spaces, and not be counted as part of the child care ratio. However, that staff member must not come in close contact with multiple groups of children to ensure minimizing contacts across groups.

***How do we handle staff absences and vacations if we are supposed to maintain stable groups?***

When necessary, substitutes and back up coverage are allowed.



***Can early learning assistants act as teachers (similar to how they did in Emergency Care) in order to meet ratios?***

EEC has made modifications to its teacher qualifications and roles, with the understanding that more flexibility is required. Please see the [Reopening Information Package](#) for detail on teacher qualifications changes.

***What is the guidance around the center director? Can they be in the classrooms as needed?***

Center directors and other administrators should limit their movements between groups to the greatest extent possible due to the risk of virus transmission in the event of a COVID-19 positive individual. If a center director or other administrator needs to be in multiple classrooms during the day for supervision or for any other reason, they should follow the guidance above for adults providing primary educator coverage in multiple groups.

**What are the criteria for staff with “serious underlying health conditions”?**

These criteria are not universal, but are instead unique to each individual’s circumstances, background, and health history. Staff members who are 65 or older, and have serious underlying health conditions, are encouraged to assess their risk in returning to care settings and to collaborate with their health care provider to make a decision about when, and under what circumstances, to return to work. Staff members living in households with people 65 or older and/or who have serious underlying health conditions should also ask those members of their household to consult with their health care providers as staff members return to work.

**How do we prioritize children and families due to capacity restrictions?**

The decision about which families to enroll is up to the discretion of the childcare operator. EEC encourages providers to speak with families about their intention/desire to return to care and timeline. EEC has published considerations for communicating with families in the [Reopening Information Package](#).

**Can the length of the day be shorter?**

Yes. Each provider may choose to operate with the hours that are feasible for their business operations under these Requirements.

**Are walks for field trips permissible?**

Field trips to locations such as farms, zoos, libraries, fire stations, etc. are not permissible under the Minimum Requirements for Health and Safety, but walks in the neighborhood of the program are allowed as long as physical distancing continues to be encouraged.

**How will reconfiguration of physical space work?**

***How can we safely create barriers and divide our classrooms to support two groups?***

Programs may use different means to divide classrooms as needed to support group sizes and promote distancing in the new Requirements. These may include movable walls, partitions, or other barriers that clearly



define and separate areas for discrete groups of children. Barriers should be robust enough to keep children physically separated and prevent materials and toys from being shared.

***If I have a larger classroom that is well over the square foot minimum, can I have more preschool children?***

As long as barriers are in place to separate groups in a way that abides by ratio and group sizes, as stated in the Requirements, then yes, changes to the space configuration to create two classrooms is allowable.

***Do you need to have two bathrooms to operate under the new Requirements?***

EEC recognizes that physical modifications to spaces such as increased numbers of bathrooms will not be possible through reopening. We recommend all providers do their best to adapt spaces and protocols in the planning process to meet the intent of the new Requirements, and to increase cleaning when space adaptation is not possible.

***How can providers get currently unlicensed space approved to meet new Requirements or serve more children under new group sizes?***

All programs may work with their licenser through the reopening process to approve additional space for use during the phases of recovery. New space may not be used for child care until it has been approved by EEC.

**Who does EEC consider to be “Non-Essential Visitors”?**

Non-Essential visitors are people who are not required to be on site in order to enable daily operations. This includes outside visitors, interns, or volunteers during the COVID-19 emergency. There are some exceptions to this, including:

- employees that are specifically assigned to the site on a daily basis
- contracted service providers who are necessary to be on the site (i.e. for the purpose of special education or required support services) *and* who cannot deliver the necessary services remotely or virtually
- a program staff member not specifically assigned to the site on a daily basis, who is needed to be in the program (i.e. for supervision or coverage) due to an emergency - for example, if a site administrator is quarantined and a regional administrator must fill in for a day

***What about facilities workers who need to address emergency situations like a leak or other situation that cannot wait? Are programs expected to deny entry to these individuals?***

No. When there is an emergency situation requires immediate attention in order to safely continue to operate the facility, individuals working to address the situation may enter the premises. Children and staff must not be directly present in the area during the time the individual is working. All individuals entering the premises must adhere to all infection control practices, including screening prior to entry, hand washing, wearing of masks, and physical distancing.



## ON SECTION 4: SCREENING AND MONITORING OF CHILDREN AND STAFF

### What are COVID-19 symptoms in children?

The symptoms of COVID-19 in children are currently known to be the same as symptoms for adults, including any of the following:

Fever or chills	Fatigue (must be accompanied by other symptoms)	New loss of taste or smell
Cough	Muscle or body aches	Sore throat
Shortness of breath or difficulty breathing	Headache	Congestion or runny nose
		Nausea or vomiting
		Diarrhea

### Will providers need to be tested for COVID-19 in order to reopen?

No. Only health screenings, as outlined in the Requirements, will be necessary.

### How will daily health screening be conducted?

#### *Who needs to be screened on a daily basis?*

Children and the parents or guardians who drop them off, as well as all staff members and adults in the child care space, must be screened on a daily basis.

#### *What documentation is needed for the daily health screenings?*

Each child care program will keep a daily written record of the visual symptom check for each enrolled child. They will also keep a parent/guardian attestation that neither the child nor any member of the child's household has come in contact with anyone known to have the virus within the last 14 days. A sample form, titled 'Daily Screening Checklist,' is available in multiple languages on the [EEC Reopening Web Site](#).

#### *Can the child of a health care worker or other health care professional who is in close contact with individuals who are COVID-19 positive on a regular basis still attend child care?*

Yes. In accordance with CDC guidance, as long as the exposure is in a health care setting, and health care workers are using all recommended infection control precautions, including wearing recommended PPE, their children should NOT be excluded from child care.

However, if a health care worker or other health care professional comes into close contact with an individual who is COVID-19 positive outside the health care setting, when they are not using appropriate PPE, then the protocols in the health screening must be followed.



***Can daily screening questionnaires be filled out by parents online or be asked verbally and recorded by staff to reduce contamination?***

Programs may conduct the screening questions using the methodology that is most convenient and safe for their daily operations.

***Does keeping written documents on daily health checks violate HIPAA regulations? Are special procedures needed to follow HIPAA regulations?***

No.

## **ON SECTION 5: ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF**

### **Who do I call if I have questions about a possible COVID-19 exposure in my program?**

The Local Board of Health is the primary source for reporting and tracing COVID-19 positive cases and exposures. Questions about closure, quarantine, isolation of sick children, and reports of positive cases or exposures should always be directed to the Local Board of Health first.

Simultaneous notification to the Bureau of Infectious Disease and Laboratory Sciences (BIDLS) infectious disease reporting line is strongly recommended. This number is 617-983-6800.

EEC Licensors are available to help, as is the state's designated child care epidemiologist, Dr. Katherine Hsu. While neither licensors nor Dr. Hsu are the primary source for quarantine decisions and COVID-19 tracking, they can help elevate issues and ensure urgent questions receive response.

Dr. Hsu is also a resource for questions related to operating child care programs that require medical or scientific expertise. For example:

- My staff member does not want to wear a mask for a specific medical reason – does an exception make sense, and how should I account for that in my health and safety planning?
- A child in my care is immunocompromised – are there additional precautions I should take in caring for him/her?

Dr. Hsu may be reached at [Katherine.Hsu@massmail.state.ma.us](mailto:Katherine.Hsu@massmail.state.ma.us) or 617-983-6948.

### **What process should I follow if a child shows symptoms of COVID-19?**

If a child presents at childcare with COVID-19 symptoms, the child should be sent home immediately.

If a child begins showing symptoms while already at child care, they should be isolated as quickly as possible into a previously-designated area, away from close contact other children and adults, until they can be picked up.



## What are my reporting obligations if a child has only shown symptoms?

Symptoms and COVID-19 exposure = report to Local Board of Health: If the child care provider is told that the child has been exposed to an individual who is COVID-19 positive or presumed to be COVID-19 positive, the child care provider must report the case to the Local Board of Health.

Symptoms but no COVID-19 exposure = no report required yet: If the child care provider is told that the child has *not* been exposed to an individual who is COVID-19 positive or presumed to be COVID-19 positive, the child care provider does *not* have to report to the Local Board of Health *unless or until* the family reports that the information has changed.

## Do sick children always have to stay out of child care for 14 days?

No. A child who has COVID-19-like symptoms should see a clinician who may order a test.

A positive COVID-19 test will require coordination with the Local Board of Health to determine necessary isolation period before the child may return to care.

If the clinician determines that the child does not have an illness compatible with COVID-19 or other infectious disease that would require isolation, the child may return to care. Protocols for children returning to care should be in line with provider policies, in consultation with families.

## *Do I have to send every child home who has mild symptoms potentially related to COVID-19?*

Many young children have symptoms, such as chronic runny noses, that can be explained by other factors. It is recommended that providers follow isolation protocols, in consultation with parents, for children when symptoms are present and **not related to any other known cause, such as allergies.**

*Please note:* A runny nose alone is not a screening criterion for isolation of sick children or limiting access to child care. Please consult the [Daily Screening Checklist](#) for those symptoms that are criteria for isolation and dismissal. If a program perceives concerning symptoms and is unsure of what to do, please consult Dr. Katherine Hsu at [Katherine.Hsu@massmail.state.ma.us](mailto:Katherine.Hsu@massmail.state.ma.us) or 617-983-6948.

## *How should I inform families if there is a confirmed case while still protecting the confidentiality of individuals?*

Each child care program should have a plan in place to alert parents of a positive COVID-19 diagnosis without breaching confidentiality of the individual. To assist with this, child care programs can encourage families to be aware of the Commonwealth's [Community Tracing Collaborative](https://www.mass.gov/info-details/learn-about-the-community-tracing-collaborative) (<https://www.mass.gov/info-details/learn-about-the-community-tracing-collaborative>) which will inform others who may have been a close contact and exposed (including any families that share the child care space) while maintaining confidentiality of the infected individual.



## ON SECTION 7: PERSONAL PROTECTIVE EQUIPMENT (PPE) AND FACE MASKS AND COVERINGS

### Do children and staff have to wear masks all the time?

EEC has said that masks are encouraged but not required. This recommendation reflects a number of considerations.

The scientific and medical advice currently supports wearing masks to minimize risk of spreading COVID-19:

- Masks are currently the best preventive tool for limiting the spread of COVID-19 when physical distancing is not possible
- Research on children's transmission of the virus is still emerging

At the same time, there are concerns about universal application of mask-wearing as a strict requirement:

- A non-transparent facial covering can make it difficult to read facial expressions, which is an important part of child development
- Children may have different comfort levels wearing a mask, given their developmental age, stage, or sensory issues

*Mask Usage for Children:* EEC encourages providers and families to engage in a conversation regarding an approach to face mask usage that all parties agree to. EEC will not take a punitive approach to enforcing use of masks or face coverings in child care settings.

No children under the age of 2 may wear a mask. Children aged 2 to 5 may wear a mask at the discretion of their parents, to be determined in partnership with the provider.

To facilitate mask wearing, programs may select to establish the following norms with families:

- Request 2 masks be sent with children to child care daily, stored in a clearly labeled paper bag
- Ask that families wash used masks after every use either by hand (using 4 teaspoons of bleach per quart of water) or in a washing machine on the warmest setting appropriate

*Mask Usage for Staff:* EEC does support the need for staff members and providers to feel safe from the risk of COVID-19 while caring for children and youth. Whenever 6 feet of physical distancing is not possible, EEC requires staff to wear a face mask or transparent face mask – for example, when diapering, comforting children before nap time, or conducting first aid with a child.

In situations where a provider uses a face mask, EEC encourages using transparent face masks or identifying other strategies (i.e., pinning a photo of the provider to their clothing) to ease children's fear and anxiety and enable visual cues to be communicated.



## What are the different kinds of face coverings?

Face masks and face shields serve different purposes and are not interchangeable.



A face mask is a cloth or paper covering that fits tightly over the nose and mouth. Face masks prevent droplets and sprays emanating from the wearer from landing on others when talking, coughing, and otherwise interacting. Some types of face masks may also provide personal protection for the wearer.



A face shield is a clear plastic guard that is usually secured at the forehead, but open around the face. The purpose of a face shield is to block splashes, sprays, and spatter of bodily fluid or germs from landing directly on the face of the wearer.



A transparent face mask or covering is a face mask that has an integrated transparent panel so the wearer's mouth can be seen. A transparent face mask still fits tightly over the nose and mouth of the wearer and offers the same benefits as a face mask when used properly.

For more information on the purpose and importance of wearing a face mask, please visit this CDC webpage: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

For more information on the possible adaptations for face masks in certain circumstances, please visit this CDC webpage: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#feasibility-adaptations>

## When can I use a face shield instead of a face mask?

EEC requires early educators to wear a face mask or transparent face mask when physical distancing cannot be sustained. This includes when comforting a child, diapering, administering first aid, or engaging in any other prolonged close activity.

Transparent face masks may be the best option for teachers and younger students who rely on visual cues, or for both teachers and students who are deaf and hard of hearing.

Face shields may **not** be used in place of masks to fulfill this purpose.

Educators may opt to use face shields as an additional layer of protection (in addition to a face mask or transparent face mask) for adults who are working closely with young children who remain unmasked. In this instance, face shields would protect the eyes and prevent transmission of particles (goggles may also be an alternative).





## When do staff need to wear gloves?

Staff are not required to wear gloves at all times. The Requirements are specific about when gloves should be worn, namely during food preparation, diapering, and screening activities requiring physical contact.

## What should providers do if they can't find PPE for reopening?

Regional Offices have been distributing gloves, masks, and sanitizer to all providers who are opening in July and August. Please contact your regional offices for more information or to sign up for a pick up time.

### *Do child care providers have to provide PPE for their staff?*

Yes. Child care providers must make sure that an adequate number of PPE supplies are available for adult use at all times. Child care providers should also have an adequate number of child sized masks available to serve as back up in case a child's mask becomes soiled during the day and the child still needs to wear a mask.

## ON SECTION 8: CLEANING, SANITIZING, AND DISINFECTING

### Can children bring toys into programs?

Plush, soft, or cloth toys provided by the program *are not allowed in child care settings* during the reopening phase unless the item is used as a comfort item by a child. Comfort items such as lovies, blankets, and other soft items brought to child care from a child's home are allowed, provided they are not shared between children and can be kept secure at all times when not in use by the child.

### Is there any way to integrate sensory play?

*For example, if individual containers of sensory materials are created for each child (like bags of slime) and not shared among children, could these be used?*

EEC recommends against using sensory bins unless educators create individual sensory bins for each child's use. Individual sensory bins and all contents should be cleaned and disinfected/sanitized at the end of each day of use if the contents are to be used by a different child the following day. If an individual sensory bin can be 'assigned' to a child and used ONLY by that child, daily cleaning of all contents is not necessary.

If cleaning and disinfecting/sanitizing is not possible, like with play-dough or slime, then EEC recommends the item be removed from use by children for the duration of the phased reopening.

### Will there be a reduction in the number of program hours to allow educators extra time to clean and sanitize?

The provider may establish their own schedule for cleaning, sanitizing, and disinfecting.

EEC is reviewing the requirement in the Priority Populations contract that programs must be open for 10 hours, in light of the increased cleaning, sanitizing, and disinfecting procedures.



## ON SECTION 9: STRATEGIES TO REDUCE THE RISK OF TRANSMISSION

### How can we expect children to maintain physical distancing?

EEC is asking child care settings to *encourage* children to maintain physical distance through modifications to the physical space and daily activities. Programs should reconfigure space to discourage prolonged close contact and encourage activities that allow for children to spread out.

Programs may design their own strategies to implement this Requirement – like spacing chairs at tables, designing games and group activities where children may engage in play that can be spaced apart (for example, by using visual cues, like hula hoops or tape on the floor), and increasing outdoor time.

Minimizing close contact between children and adults is also key, while ensuring that children can be comforted and appropriately cared for when needed.

The balancing of health and safety requirements with child development needs is something that will continue to evolve during this time of significant transition. EEC will rely on the expertise of educators to ensure daily schedules and activities are designed to foster physical distancing in the most effective ways they can imagine to mitigate virus spread – while continuing to help children enjoy their day and foster learning!

### ***Will educators attest that their indoor space meets the new requirement of 42 square feet per child or will there be a measurement of the space before the program is allowed to reopen?***

The educator will attest that their space meets the requirement of 42 square feet per child. There will not be measurement of space before programs are allowed to reopen.

### ***Can children eat on a mat on the floor to achieve physical distancing during lunch?***

Yes.

### How will diapering be done safely?

Procedures must be posted in all diaper changing areas, and must include:

- (1) Prepare (includes gathering all supplies, washing hands, and putting on gloves).
- (2) Clean the child.
- (3) Remove trash (soiled diaper, wipes, and gloves).
- (4) Wash hands and put on clean gloves, if wearing.
- (5) Replace diaper.
- (6) Wash child's hands.
- (7) Clean up diapering station.
- (8) Remove and dispose of gloves.
- (9) Wash hands.

There have been many questions about using a second pair of gloves in the diapering process. We encourage providers to use their best judgement in deciding whether a second pair of gloves is necessary to maintain safety during the diapering process.



### **Are wading pools allowed? Sprinkler play? Sandboxes?**

Wading pools are permitted so long as physical distancing may be maintained. All pools must meet the regulatory requirements of 105 CMR 435.00: Minimum Standards for Swimming Pools, State Sanitary Code: (Chapter V). Sprinkler play and sandbox play is allowed as long as physical distance can be maintained.

### **Can we use public parks and playgrounds?**

Yes. The use of a public park or playground is allowed with parent/guardian permission as long as the number of children at the playground still allows for physical distance to be maintained generally. Programs using a public playground should have a plan in place to ensure that handwashing occurs for all children and adults as soon as they return to the child care space, before touching toys and materials. Contact with picnic tables and other public amenities should be avoided.

### **Do you need to have a separate room for drop offs/pickups?**

The intent of the Requirements related to drop off and pick up is to minimize contacts between individuals and to identify sick and symptomatic individuals *before* they enter the child care space.

While each program may propose a plan to abide by these principles in their own program configuration, the Requirements suggest staggered drop off and pick up times, distancing between vehicles during drop off and pick up, and asking the same family member to drop-off and pick-up when possible.

Large group and school age programs may select to use separate entry points for drop off and pick up to minimize contact between groups even further.

### **Are air purifiers allowed? Air conditioners?**

Yes. Air purifiers and air conditioners may be used.

## **ON SECTION 10: TRANSPORTATION**

### **Can siblings be seated next to each other on transportation?**

Yes.

### **Are drivers required to wear face masks at all times?**

Yes.

### **What if a child becomes symptomatic while on transportation?**

If a child becomes symptomatic while on transportation, the driver should isolate the child as much as possible as soon as it is safe to pull the vehicle over. Parents/guardians should be called immediately and instructed to pick up the child at the child care location unless the driver and parents/guardian agrees that it is best to return the child directly to the home.



Once the child reaches the child care location, they should remain outside with an adult from the child care program if possible. If the child cannot stay outside due to inclement weather or no adult supervision, the program should then follow the isolation and discharge protocol in Section 5 of the Minimum Requirements for Health and Safety.

Once all children have been safely dropped off, vehicles must be cleaned and sanitized/disinfected as prescribed in Section 8(F) of the Minimum Requirements for Health and Safety.

## **ON SECTION 11: FOOD SAFETY**

*Can food be prepared in large quantities and served by an adult individually as long as all other health and safety requirements are met?*

Yes.

## **ON SECTION 12: CHILDREN WITH SPECIAL NEEDS, VULNERABLE CHILDREN, AND INFANTS AND TODDLERS**

**Who is allowed in the building for services?**

*Are early intervention therapists allowed in the building or allowed to work with children one-on-one? What about children with IEPs who require one-on-one support throughout the day?*

For the first two months of reopening, non-essential adults are not allowed in the child care space, including early intervention therapists. All early intervention therapy should move to tele-health or remote delivery of services, in accordance with the model each practitioner has developed to support operations during COVID-19.

The Requirements refer to “coordinating space and facilitating support services for children, including when identified on an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).” Programs should interpret this to mean setting aside appropriate space for the remote services or tele-health services to take place, rather than attempting to receive visits from outside adults into the program.

## **MISCELLANEOUS HEALTH AND SAFETY**

**Do programs still need to conduct toothbrushing?**

No. Programs should not conduct toothbrushing at the current time.

For the purposes of reopening, some existing regulations are superseded by the Minimum Requirements for Health and Safety. Additional information will be provided in the coming weeks.

**Can I still run my food program?**

The food program may operate so long as it follows the guidelines in the Food Safety section of the Requirements.



## Are medical and religious exemptions for immunizations still honored?

EEC strongly encourages immunizations for all children in care. In Massachusetts, a parent may choose not to vaccinate their children due to medical or religious reasons.

Child care programs may require vaccination of all enrolled children, provided that they have a policy that explains the criteria for refusal and that this policy is enforced consistently, regardless of the reason for exemption.

## Is it safe for children with pre-existing conditions to attend a child care program?

The decision to return to child care programs is a personal one, made between programs and families. The Minimum Requirements for Health and Safety are designed to minimize risk to children, families, and staff members, but they are not a guarantee that COVID-19 will be completely eliminated from child care settings.

## Do children need to quarantine for 14 days after out of state travel?

All travelers will need to follow the Governor's [instructions regarding travel to Massachusetts from out of state](#).

## Do staff need to quarantine for 14 days after out of state travel?

All travelers will need to follow the Governor's [instructions regarding travel to Massachusetts from out of state](#). Please note that at this time all persons returning to MA from travel to anywhere other than a lower risk state **MUST** quarantine for 14 days or produce a negative COVID-19 test. Check the [MA COVID-19 Travel Order website](#) for a current list of lower-risk states. If there are any questions about your specific situation, please contact your local Board of Health or contact the designated child care epidemiologist, Dr. Katherine Hsu at [Katherine.hsu@massmail.state.ma.us](mailto:Katherine.hsu@massmail.state.ma.us) or 617-983-6948.

## Are Nebulizers allowed for children with asthma?

Nebulizers are allowed when absolutely necessary. The program should have a plan in place to administer the nebulizer treatment in a manner that is safe for the child and staff. This including a separate space, ideally with a door that can be closed, and PPE, including mask, eye protection, gloves, and gown or additional outer garment.