

Minimum Health and Safety Requirements for Exempt Emergency Child Care Programs (EECCP)

Drafted by MA Department of Public Health and Department of Early Education and Care
Updated May 18, 2020

The following requirements apply to all Emergency Exempt Child Care Program (EECCP) providers and are intended to ensure adherence to appropriate health and safety procedures for preventing and responding to the spread of the 2019 novel coronavirus (COVID-19) in child care settings. For additional guidance, please visit www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html.

1) **Staffing**: Require all sick individuals to stay home.

- Communicate to all families and staff the importance of staying home when sick.¹
- Ensure that employee sick leave policies are consistent with public health guidance and flexible enough to support staff to uphold the “stay home if sick” policy. If the EECCP is a home-based program, the policies should include protocols for notification to parents and dismissal of children in the event that the provider or a household member become ill.
- Have an emergency backup plan for staff coverage to ensure that EECCPs are able to maintain safe and careful supervision of children if a staff member becomes sick.

2) **Screening**: Screen all individuals prior to admittance into the child care space.

- EECCPs must screen all staff and children before they are permitted to enter the program space. The attached Daily Screening Protocol for EECCPs should be used for daily screening of children and staff and to guide the ongoing monitoring of children throughout the day. It includes guidance for EECCPs detailed below.
- Non-essential staff, parents, and visitors must be restricted from entering the space. All staff, parents, children, and volunteers must be directed to self-screen at home, prior to coming to the program for the day. If your EECCP is a home-based facility, all household members should self-screen before coming into the child care space.
 - Self-screening includes checking temperature (temperature of 100.0°F or above is considered a fever), and checking for symptoms included feeling like you have a fever, cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, chills/shaking, or any other symptoms that feel like a cold. Anyone with a fever of 100.0°F or above or any other signs of illness should not be permitted to enter the program.
 - If a child is feeling unwell, they must not be brought to the EECCP.
 - Programs must establish a process for families and staff to notify the program in the event of illness or presence of new symptoms.
 - If a child or family member tests positive for COVID-19, the family should alert the child care center immediately.
- Verbal screening protocol for EECCPs:
 - Today or in the past 24 hours, have you or any household members had any of the

¹ In case of a home-based provider, the term staff member refers to any adult in the household who may have contact with children.

following symptoms?

- Fever (temperature of 100.0°F or above), or felt feverish?
 - Cough?
 - Sore throat?
 - Difficulty breathing?
 - Gastrointestinal symptoms (e.g., diarrhea, nausea, vomiting)?
 - Abdominal pain?
 - Unexplained rash?
 - Fatigue
 - Headache
 - New loss of smell/taste?
 - New muscle aches?
 - Chill/shaking?
 - Any other signs of illness?
- In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19) or with COVID-19-like symptoms, or who have been in quarantine for COVID-19?²

Note: In addition to asking the screening questions, staff must also make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.

- EECCPs must include temperature checks using a non-contact thermometer as part of their screening protocols, whenever possible. To ensure that staff conducting temperature checks are able to do so safely, the following protocol should be followed:
 - Perform hand hygiene.
 - Put on personal protective equipment (PPE), if available and as appropriate to the screening activity, including gloves and mask or cloth face covering.
 - Check individual's temperature.
 - Remove and discard gloves and other PPE, in accordance with [CDC guidance](#).
 - Perform hand hygiene.
- If social distancing or barrier/partition controls cannot be implemented during screening, PPE including eye protection (goggles or disposable face shield that fully covers the front and sides of the face), in addition to mask and gloves, should be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control than maintaining social distancing during screening.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each child and that the thermometer has been thoroughly cleaned in

² Close contact is defined as being within 6 feet of an individual who has tested positive for COVID-19 for more than 10 minutes while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends.

between each check.

- To reduce the risks of contamination when using PPE, staff must be adequately trained on appropriate donning and doffing of required PPE. Programs must have adequate space for staff to safely don/doff PPE, designate space for a supply of clean PPE that is separate from dirty/contaminated/disposed PPE and take into consideration the ongoing shortages and unreliable supply of PPE nationally.
- Any individual who believes they have had close contact with someone diagnosed with COVID-19 will not be permitted to enter the child care space, regardless of whether they are symptomatic or not. Exposed individuals should stay home and away from other people, and monitor for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person with COVID-19. Exposed individuals should NOT go to work or child care and should avoid public places for at least 14 days. If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they should remain in quarantine and continue to monitor for the full 14 days.

3) Social Distancing: Children should be kept 6 feet apart and frequently reminded not to touch their faces, hug, high-five, or have any other physical contact. Refrain from activities that encourage physical contact or close physical proximity, like tag or circle time. When 6 feet is not possible, individuals must wear masks or cloth face covering

- Programs are encouraged to operate with a maximum of 10 children and adults per group size, as feasible. Group sizes must remain stable and be maintained as low as possible within the program's design. If multiple groups are cared for in one program, each group must be in a separate room or designated space and groups must not mix with each other at any time. Programs should structure their program to abide by social distancing protocols.
- If the same groups of children are in attendance for longer than a day, maintain the same groupings of children for the duration of their attendance in the program. Staff must stay with the same group of children each day and must not float between groups. Avoid combining groups (e.g., at the beginning and end of the day) as this will make it difficult to identify who was in contact with who, in the event that someone becomes sick. When suitable to children's ages and developmental level, siblings in attendance at the same time must be kept in the same group.
- Designate a safe spot outside of the program for children to be dropped off and picked up to minimize the need for parents to come into the program space. Ask families to wait in their vehicles to discourage congregation of groups. Designate times for families to come to a designated location for drop off and screening and consider staggering drop off and pick up times if possible.
- Alternate groups of children using the outdoor space so that only a small number of children are using the equipment at one time.
- Limit the number of children permitted to use any one space or activity center at the same time to one or two children. If children are rotating around to various activities, monitor closely and remove any materials that were placed in their mouth. Whenever materials and spaces are shared, remind children not to touch their faces and to wash their hands after using these items.
- Programs must limit travel outside of the program, including canceling all field trips and inter-agency, program or camp groups and activities.
- In order to maintain 6 feet between individuals, programs must have a minimum of 42 square feet per child, with 144 square feet per child being the ideal. Spaces for children must be organized in a way that allows staff to enforce and maintain consistent physical

distancing guidelines. Physically rearrange the room to promote individual play, including setting up individual play activity stations like puzzles and art. Place activity areas/learning centers as far apart as possible.

- Staff who care for children requiring hands-on assistance for routine care activities, including toileting, diapering, feeding, washing, or dressing, and other direct contact activities must wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back during all activities requiring direct contact with a child. Staff must change outer clothing if body fluids from the child get on it. Staff must change the child's clothing if body fluids get on it. Soiled clothing must be placed in a plastic bag until it can be sent home with the child to be washed.
- For more information, refer to the CDC's guidance on [social distancing strategies](#) for child care programs.

4) Meals: Ensure that children have their own individual meals and snacks. If you intend to provide food to children, do not serve family style meals.

- Children must be seated for meals in a manner that allows for the physical distancing requirements of at least 6 feet.
- Arrange snack and meal schedules so only a small group of children are eating at one time.
- Practice careful and active supervision during meal time to prevent children from sharing and/or touching each other's food. Increase staff supervision of infants and toddlers during meal times. Use meal time to check in with children to see how they are feeling and pay attention to their eating habits, as children who are not feeling well may not want to eat as they normally do.

5) Hand Hygiene: EECPPs must have adequate supplies to promote frequent and effective hand hygiene behaviors. Soap and water must be ready accessible to all children (as appropriate to their ages) and staff.

- Post handwashing instructions (example included below) near every handwashing sink
- Staff must follow the steps needed for effective handwashing (use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly and dry with individual disposable towel).
- Build in monitored handwashing for children at all necessary times throughout the day (upon arrival, before and after meals, after toileting and diapering, after coughing and sneezing, after contact with bodily fluids).
- Children and staff must wash their hands frequently throughout the day, making sure to wash all surfaces of their hands (front and back, wrists, between fingers, etc.).
- Children and staff should be instructed to cover their mouth when sneezing or coughing with a tissue or their elbow. They must wash their hands with soap and water immediately afterwards.
- When outside or during activities where soap and water are not readily available for use, hand sanitizer may be used provided that use by children is appropriate to the age of the child and is carefully monitored. Alcohol-based hand sanitizer must be stored where it is inaccessible to children.

6) Wear Cloth Face Coverings: Staff and children over the age of 3 years should wear masks or cloth face coverings at all times when social distancing (staying at least 6 feet apart) is

not possible.

- Cloth face coverings should NOT be put on babies and children under age three because of the danger of suffocation. For additional guidance on usage of cloth face coverings, see our policy.
- Programs must enforce the wearing of face masks by parents if/when permitted on the premises and at all times during drop off and pick up when social distancing is not possible. Programs must regularly remind families and staff that all individuals are encouraged to adhere to the [CDC's recommendations](#) for wearing a mask or cloth face covering whenever going out in public and/or around other people.

7) Monitoring for Symptoms of Illness: Staff must actively monitor children throughout the day for symptoms of any kind, including fever, cough, shortness of breath, diarrhea, nausea, and vomiting and children exhibiting signs of illness should be separated from the larger group.

- Each child care center must have a non-contact thermometer on site to check temperatures if a child is suspected of having a fever (temperature above 100°F). Special care should be taken to disinfect the thermometer after each use.
- Strictly enforce the following guidelines and post them where they can be easily seen by all staff and parents:
 - Any individual with a fever (100.0°F or above), cough, shortness of breath fever, gastrointestinal upset, new loss of taste/smell, muscle aches, chills/shaking, or any of the other signs of illness will not be permitted to enter our child care space. Stay home and away from other people, and contact your healthcare provider to see if you should be tested for COVID-19.
 - If you or your child have a positive test for COVID-19 or are symptomatic and presumed to have COVID-19, you should stay home and away from others for a minimum of 10 days from the first day symptoms appeared AND until you or your child have been fever-free for 72 hours (with no fever-reducing medications) and had significant improvement in your other symptoms.
- Designate a safe space where it is easy to supervise isolated children who may become sick while in care. The space should offer the child some comfort and allow staff to keep the child away from other children until the child can be picked up.
- Programs must have masks or other cloth face coverings available for use by symptomatic children (age 3 and older) and staff, until they are able to leave the premises.
- Programs must designate a separate exit for those being discharged due to suspected infection. An ideal exit would be one that allows for minimal travel through the child care space.
- Remind families to regularly monitor themselves and their children for COVID-19 symptoms and to keep their children home if they have a fever or any other symptoms. Remind staff to regularly monitor themselves as well.
- If a child becomes symptomatic while at child care, immediately separate the child from other children and minimize exposure to staff. Whenever possible, the child's (age 3 and older) nose and mouth must be safely covered to protect others from potential infection. Contact the child's parents. The child should be sent home as soon as possible. The family should consult their healthcare provider to determine if any testing or other medical care is indicated.
- If a staff member becomes symptomatic while at work, the staff member should cease

child care duties immediately and be isolated from others until she/he is able to leave the program. The staff member's nose and mouth should be safely covered with a mask or cloth face covering until they have left the program to protect others from potential infection. Staff should return home to self-isolate in accordance with CDC guidelines and should contact their healthcare provider to determine if any testing or other medical care is indicated.

- Know the contact information for the local board of health in the city or town in which the child care program is located. Not only are the local boards of health a great resource for preventative guidance, but if someone is confirmed to have COVID-19 or if there was a secondary exposure, the local board of health will be the first phone call. Have the phone number readily available so you don't waste time in an emergency.
- In the event of a symptomatic individual, close off areas visited by the individual. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection. Programs must plan for availability of alternative space while areas are out of use. Home-based programs are encouraged to restrict child care services to one area of the house, where feasible while still abiding by social distancing guidelines, to prevent disruption to the household in the event of illness. Programs must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the ill persons, focusing especially on frequently touched surfaces.
- If a child or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff must not be permitted to enter the program space and must be sent home. Exposed individuals must be directed to stay home for at least 14 days after the last day of contact with the person who is sick. The program must consult the local board of health for guidance on quarantine for other children and staff and what additional precautions will be needed to ensure the program space is safe for continued child care services.
- If an exposed child or staff subsequently tests positive or their doctor says they have confirmed or probable COVID-19, they must be directed to stay home for a minimum of 10 days from the 1st day of symptoms appearing AND be fever-free for 72 hours without fever reducing medications AND experience significant improvements in symptoms. Release from isolation is under the jurisdiction of the local board of health where the individual resides.
- If a child's or staff's household member tests positive for COVID-19, the child or staff must self-quarantine for 14 days after the last time they could have been exposed.

8) Cleaning, Sanitizing, and Disinfecting: Increase regular cleaning, sanitizing, and disinfection efforts and follow the protocols outlined below.

- Develop a regular cleaning schedule for staff to ensure that all areas, materials, furniture, and equipment used for child care are properly cleaned, sanitized, or disinfected.
- Staff clothing should not be re-worn until after being laundered at the warmest temperature possible.
- To ensure effective cleaning and disinfecting, always clean surfaces with soap and water first, then disinfect using a diluted bleach solution, alcohol solution with at least 70% alcohol, or an EPA-approved disinfectant for use against the virus that causes COVID-19. Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.
- Follow directions on the label, including ensuring that the disinfectant or sanitizer is

approved for that type of surface (such as food-contact surfaces).

- When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of household bleach added to 1 gallon of water OR 4 teaspoons bleach per quart of water, or 70% alcohol solutions).
- Many of these cleaning agents can be irritants and trigger acute symptoms in children with asthma or other respiratory conditions. Programs must not prepare cleaning solutions in close proximity to children.
- Use all cleaning products according to the directions on the label. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- While cleaning and disinfecting, staff must wear gloves as much as possible. After cleaning and disinfecting, immediately wash hands for at least 20 seconds, whether gloves were worn or not.
- Programs must use child safe cleaning, sanitizing, and disinfecting solutions and children should never be present when mixing solutions. All chemicals must be stored inaccessible to children.
- Intensify the program's routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including doorknobs, bathrooms and sinks, keyboards, and bannisters. Clean and disinfect toys more frequently than usual and take extra care to ensure that all objects that children put in their mouths are cleaned and disinfected before another child is allowed to use it.
- All sanitizing and disinfecting solutions must be used in areas with adequate ventilation and never in close proximity to children. Do not spray chemicals around children. If possible, move children to another area or have someone distract them away from the area where a chemical is being 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 by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered sanitizer, and air-dry or clean in a mechanical dishwasher.
- Cloth toys cannot be used at all.
- Remove any items that cannot be easily washed (i.e. stuffed animals, pillows) or that encourage children to put the toy in their mouths (i.e. play food, pretend utensils). Shared items that cannot be cleaned or disinfected at all (i.e. playdough) must be removed from activity rotation for the duration of emergency care. Water or sensory tables must not be used at all during the COVID-19 State of Emergency.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Communal parks and playgrounds must not be utilized. When cleaning private playgrounds, high touch surfaces made of plastic or metal, such as grab bars and railings must be cleaned and disinfected routinely, ideally before each use.
- All programs with pools must follow proper operation, maintenance, and disinfection protocols. Disinfection (with chlorine or bromine) is sufficient to kill the virus that causes COVID-19, provided proper disinfectant levels (1–10 parts per million free chlorine or 3–8 ppm bromine) and pH (7.2–8) are maintained. Test pH and disinfectant levels at least twice per day (hourly when in heavy use). Handrails and pool ladders must be disinfected

frequently throughout the program day.

Frequently Asked Questions

1) Most of the families using our EECCPs include health care workers who are in close contact with COVID-19 patients every day. Are those families allowed to use emergency child care?

Yes. In accordance with CDC guidance, “close contact to someone with COVID-19” shall mean:

- a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (more than 10-15 minutes); close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; **OR**
- b) having unprotected direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, handling eating utensils).

If such contact occurs in a setting without using the recommended infection control precautions and/or while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for close contact consideration are met. Proper adherence to currently recommended infection control practices, including use of all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. **Therefore, because health care workers are using all recommended infection control precaution, including wearing recommended PPE, they are not considered in the definition and should not be excluded from EECCP services.** For additional information, please visit <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

2) Will emergency child care workers get priority testing for COVID-19?

Yes. DPH testing guidance indicates that symptomatic individuals that work or live in congregate settings (such as child care settings) should be prioritized for testing.

3) Can EECCPs obtain additional health and safety supplies from EEC or DPH (e.g., hand sanitizer, cleaning supplies, gloves)?

Some personal protective equipment (PPE) may be available to child care programs through EEC. Please be in touch with your regional office, as you have identified specific needs for these materials. **Based on CDC guidelines, child care staff and children over the age of 3 must wear masks or cloth face covering when in communal spaces, whenever feasible.**

4) What do we do if a staff member or child tests positive for COVID-19?

If COVID-19 is confirmed in a child or staff member, follow the below steps:

- a. Notify the local board of health. The local board of health will work with the child care center to identify anyone with potential exposure to COVID-19 based on the timing of the individual's illness and the types of interactions they had with other staff and children while they were infectious. Be prepared to provide the local board of health with a complete list of everyone identified as exposed and their address and phone number. If any exposed person is a resident of another city or town, that information will be shared with their local board of health. Note that exposure can occur while the person is sick and for 2 days

before they start showing symptoms.

- i. Anyone identified as possibly exposed based on the local board of health's assessment, should be informed and will need to self-quarantine (stay home and away from other people) for 14 days following the last day that they had contact with the positive staff member. Inform the families of exposed children and exposed staff that they should monitor for symptoms and contact their healthcare providers if any symptoms develop.
- b. Alert your EEC Regional Director that a child or staff member has tested positive for COVID-19. Your Regional Director will inform DPH and may provide you with further guidance.
- c. Close off all areas used by the person who is sick. Open outside doors and windows to increase air circulation in the areas.
- d. Wait at least 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.
- e. Follow and enforce the guidelines above regarding the discontinuation of isolation and the safe return to child care/work. For additional information, please refer to [CDC guidance](#).

5) What can families do to keep their children safe?

Families must be prepared to pick up their child at any time in the case that their child gets sick or that the center needs to close for any reason. Additionally, families must keep children home if possible exposure. Child care centers must confirm family contact information each day upon a child's arrival, in case the child needs to be sent home.

Families should practice illness prevention habits with their children, such as covering coughs/sneezes with a tissue or elbow, washing hands often for at least 20 seconds, and practicing social distancing by staying six feet apart from other people and avoiding touching their faces, hugs, high-fives, and other physical contact. Families must also wear face masks whenever they are on the program premises or picking up or dropping off their children.

Daily Screening Protocol for Exempt Emergency Child Care Programs (EECCP)

Date: _____

Name: _____

Instructions: EECCPs must use this tool to screen children and staff daily upon arrival and prior to entry into the child care space. The questions below should also be used to guide the ongoing monitoring of children throughout the day.

Does the child or any household members have any of the following symptoms?	Yes	No
A temperature of 100.0°F or above?		
Cough?		
Sore throat?		
Difficulty breathing?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
Abdominal pain?		
Unexplained rash?		
Fatigue?		
Headache?		
New loss of smell/taste?		
New muscle aches?		
Any other sign of illness?		
Has the child had contact with someone in the previous 14 days with a confirmed or presumptive diagnosis of COVID-19 or someone who is ill with a respiratory illness?		

If ALL of the above are NO, the child may attend EECCP care. If the child shows signs of any of the above during the day, follow exclusion protocols and call the child's parent/guardian to come pick them up.

If ANY of the above are YES, the child SHOULD NOT BE ALLOWED to enter the child care building. The child should return home with parent or caregiver. Families should be encouraged to consult with their child's health care provider for further guidance.

Temperature: _____

Staff signature: _____

(If applicable) Parent/guardian signature: _____

Cleared to enter facility?

Yes

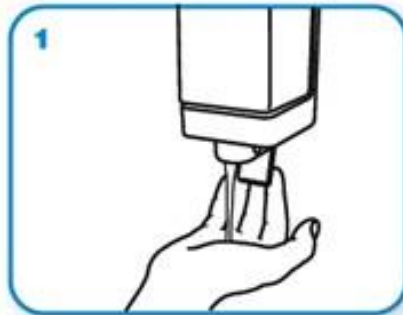
No

EECCPs should be strictly enforcing the guidelines below with regard to child and/or staff re-entry following illness or exposure:

- If a child or staff member have a **positive test** for COVID-19 or their doctor tells them that they probably have COVID-19, they should stay home and away from others for a minimum of 10 days from the first day symptoms appeared AND been fever-free for 72 hours (with no fever-reducing medications) and had significant improvement in your other symptoms.
- If a child or staff member has had **close contact** with someone with COVID-19, but are not currently sick, the child or staff member should stay home and monitor for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19. They should NOT go to work or child care and should avoid public places for at least 14 days.



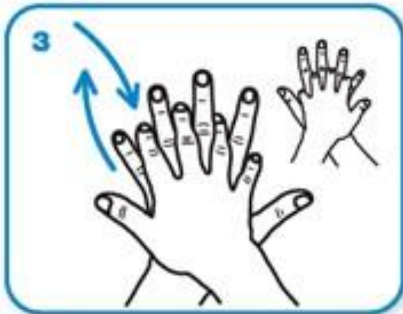
Wet hands with water



apply enough soap to cover all hand surfaces.



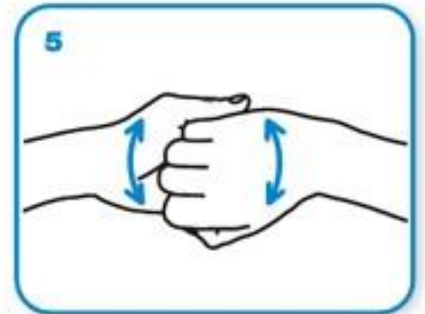
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



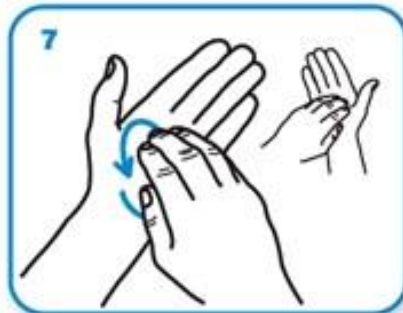
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



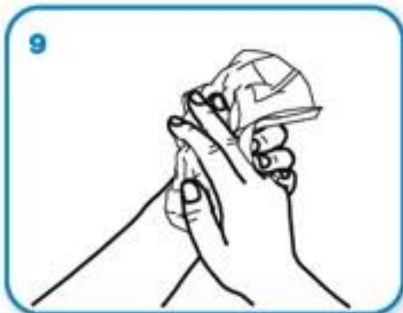
rotational rubbing of left thumb clasped in right palm and vice versa



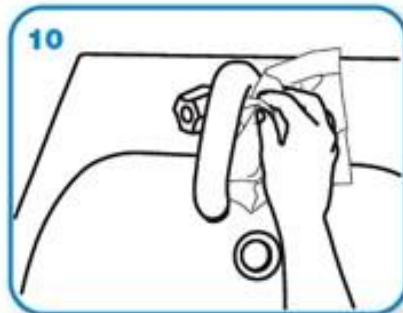
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



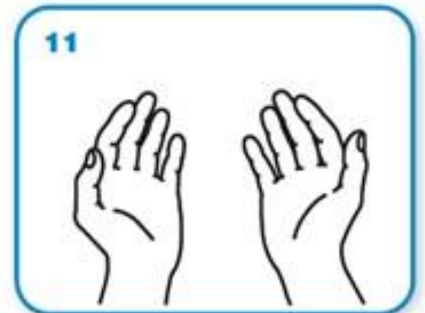
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.