

Massachusetts Child and Youth Serving Programs Reopen Approach

Minimum Requirements for Health and Safety: Additional Guidance for Family Child Care

June 8, 2020

Family Child Care (FCC) providers offer a unique opportunity for families to choose a small, flexible setting for their child care needs. **These supplemental guidelines are intended to provide clarity on how to implement the Minimum Health and Safety Requirements in an FCC setting to minimize risk for children, youth, and educators, while also sustaining the unique qualities of child care provided in FCCs throughout the COVID-19 recovery.**

HEALTH AND WELLNESS

Daily health screening: FCCs are expected to comply with and adhere to all daily screening and monitoring protocols outlined in the Minimum Requirements for Health and Safety to the best of their ability. All children and adults that will be using the dedicated child care space need to be visually screened and signed in before entering. This can take place either outside the entrance to the home, or in a designated area that is generally separated from the rest of the child care space, like an entry hallway or front room.

Knowing that an FCC may be operating without a certified or regular assistant, the FCC educator may follow the following protocol:

- (1) Post instructions at the designated entrance asking parents/guardians to complete the visual symptom check. Following the check, each parent or guardian must attest to the health of the child by initialing a sign-in sheet.
 - Posted instructions should include a list of visual symptoms included in the screening (see below).
- (2) When the parent/guardian and child have completed the screening and signed in, the FCC educator should complete an additional visual inspection of the child for signs of illness as they enter the child care space.
- (3) If symptoms are observed, the child may not attend child care and must return home immediately.



For the posted instructions, FCCs may use the following language to describe how to conduct a visual screen:

- COVID-19 symptoms are currently understood to include fever/chills, cough, shortness of breath or difficulty breathing, fatigue when accompanied by other symptoms, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea
- A visual screen includes checking for symptoms such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Please note that an observation of fatigue without other symptoms is not an indicator of COVID-19.
- *If symptoms are observed*, the child may *not* attend child care and must return home.
- *If none of these symptoms are observed*, the parent/guardian or the FCC educator must sign in the child and indicate that none of the symptoms were observed.

Symptomatic children: If a child or adult has symptoms that appear to be related to COVID-19 or they are presumed to have COVID-19, the FCC should follow the Requirements related to Isolation and Discharge of Sick Children with the following allowable modifications, based on the number of adults in the child care setting and the physical makeup of the home:

- (1) Safely isolate the person in a designated sick area that is still visible by an educator; provide the sick person with a mask to wear (only for children age 2 and older).
- (2) The person must remain in the designated area until they are picked up, unless they need to use the bathroom or have another urgent need.
- (3) Notify the parent/guardian that the child is sick and must be picked up immediately.
- (4) Notify all parents and other educators that someone became ill and has symptoms that may be due to COVID-19; encourage daily monitoring of their own child and themselves for symptoms.
- (5) Consult with the local board of health for guidance on potential closure. If, for any reason, the FCC is unable to speak with the health board, the FCC should call their licensor for more information.
- (6) Clean and disinfect the child care space as outlined in Section 8 of the Minimum Requirements for Health and Safety.
- (7) Follow the requirements outlined in Section 4 of the Minimum Requirements for Health and Safety for discontinuation of isolation, to determine when the person may return to the child care program.



Confirmed illness: If someone who has been in the FCC space, whether actively employed in the child care or not, is *presumed or confirmed* to have COVID-19, the FCC should take the following steps:

- (1) Notify all parents and other educators that someone is presumed or confirmed to have COVID-19 and encourage daily monitoring of their own child and themselves for symptoms;
- (2) Consult with the local board of health for guidance on next steps and the recommended duration of closure, based on level of contact and potential exposure to others in the home. If for any reason the FCC is unable to speak with the health board, they should call their licensor for more information.
- (3) Clean and disinfect the child care space as outlined in Section 8 of the Minimum Requirements for Health and Safety.

MAXIMUM CAPACITY AND STABLE GROUPINGS

Maximum capacity and ratios: FCCs that were in good standing prior to the emergency closure are not required to change their maximum capacity and ratios, provided that the other Minimum Health and Safety Requirements can be met. EEC is also working to also add more flexibility to age groupings.

FCCs seeking a new license will be required to adhere to new maximum capacity guidelines and ratios.

Household members: An FCC educator's own children up to and including age 10 that are present in the home during child care hours, *even if being cared for by another adult in a separate space within the home*, must be counted in the maximum group size for children.

Household members over the age of 10 that do not assist with the child care program are allowed to remain in the home during child care hours and *do not count* towards group sizes.

Any friends of household members up to the age of 13 that are in the home during child care hours *must be counted in the group size*.

All household members not involved in the care of enrolled children should maintain physical distance from all enrolled children throughout the day and, to the extent possible, should not share the same spaces, even at different times.

Part-time enrollment and separate groupings: Ratios and group sizes correspond to the number of children who may be *present* in the program *at any given time*, not to the total number of children *enrolled overall*. Part-time enrollment is allowed. Separate groupings of children and educators are allowed to occupy the *same space at different times of day*, provided that no grouping exceeds the allowable maximum capacity.

In all cases, EEC encourages FCCs to:



- Minimize the number of contacts for children by maintaining stable groups as much as possible and minimizing the number of adults interacting with each group of children.
- Create schedules of care that allow for significant breaks between groups of children in order to follow cleaning and disinfecting/sanitizing protocols.
- Maintain separate groupings of toys for each group to the extent possible to minimize potential transmission between groups.

Hours of care within a 24-hour period: For the purposes of reopening child care and in an attempt to provide maximum flexibility for FCCs and families, FCC educators may care for children for more than 12 hours within a 24-hour period.

FCCs must state that they are using this flexible protocol in their reopening plan.

EEC highly recommends that FCC educators create schedules of care that allow for significant breaks between groups of children in order to follow cleaning and disinfecting/sanitizing protocols and to ensure the educator has enough time for their own personal needs to be met.

USE OF SPACE

Space to promote physical distancing: EEC recommends at least 42 square feet per child at all times. This equates to:

- At least 252 square feet of approved activity space for programs with 6 children in attendance.
- At least 336 square feet of approved activity space for programs with 8 children in attendance.

The square footage calculation may include licensed space that will be unused during this time due to the reduced ratios.

EEC understands that not every FCC program will be able to meet the new minimum space requirements. FCCs that were in good standing prior to the emergency closure may continue to operate with less than the recommended amount of space if they can implement the rest of the Minimum Health and Safety Requirements. In these cases, the FCC might try:

- Moving or removing furniture in the child care space to create open areas for children to spread out during learning and play time, provided that moving such furniture does not expose unsafe conditions or create a risk to children or educators.
- Limiting capacity to a smaller number of children *at any one time* during the phased reopening to promote physical distancing.

Defining and separating space used for child care: EEC recognizes that it is not always possible in an FCC setting to separate the space for child care from the space used by other household members during



the day. When it is possible, in the interest of the health and safety of everyone using the home, FCCs are encouraged to designate specific areas of the home as accessible only to enrolled children. Defining the child care space will make the required cleaning protocols more manageable and will minimize impact to the space used by household members in the case of an exposure in the child care program.

Gross motor and outdoor space: FCCs are encouraged to use private spaces that can be disinfected regularly. Use of a public playground is allowed with parent/guardian permission, provided that the number of children at the playground, including children not enrolled in the FCC, still allows for physical distancing. Additionally, FCCs that intend to use public playgrounds should have a plan for additional hand washing immediately upon return to the FCC. FCCs should avoid contact with shared public amenities like picnic tables and benches while at the playground.

Nap and rest: Physical distancing should be practiced whenever possible, including during nap and rest times. Nap mats, cots, and cribs should be arranged to the best of the educator's ability to allow for at least six feet of physical distance between each child and appropriate supervision by the educator.

If there is not enough space to meet the six feet of space requirement during nap time, EEC recommends:

- Setting up nap mats head-to-toe to reduce the potential for viral spread; or
- Arranging furniture so that nap mats can be placed in between each piece of furniture to create physical barriers.

Cleaning and Hygiene

Cleaning and sanitizing of toys: To assist FCC educators to maintain the required cleaning, sanitizing, and disinfecting schedule, it is recommended that programs limit the number of toys available at a given time so that cleaning and disinfecting of those toys is manageable. Consider organizing toy bins for each day of the week and rotate the bins in and out of circulation to allow for time to properly clean and disinfect/sanitize each grouping of toys. All toys used in the child care space must be cleaned and disinfected/sanitized at the end of each day of use.

Snacks and meals: Whenever possible, snacks and meals should be provided by the enrolled child's family. Every item and container should be labeled with the child's name.

- If the FCC must provide food, the food served can be pre-packaged or ready to serve in individual portions to minimize handling and preparation.
- If food preparation is causing undue burden, it can be done the night before, including packaging and labeling for individual children, so that supervision of children is not compromised during the child care day.

Additional Modifications: EEC understands that operating child care from a home environment, with one adult to supervise care unless an assistant is present, may require additional modifications to the



Requirements as they are operationalized. EEC is prepared to support providers as they navigate reopening to determine where flexibility may be required.