



MASSACHUSETTS  
**Department of  
Early Education and Care**



# COVID-19 Child Care Playbook

Implementing the Minimum Requirements for Health and Safety

DECEMBER 14, 2020

# A Note to Child Care Providers

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Dear early education and care colleagues,

The evolving health landscape that we are currently navigating requires flexibility, adaptability, and perseverance. We see the strength and dedication of the early education and care field every day. The work you do is essential to our communities, our recovery, and EEC is committed to supporting you every way we can.

On June 1st, EEC released the Minimum Requirements for Health and Safety, which programs have been implementing since reopening began. On August 21, and now again on December 14, with several months of experience with child care during COVID-19 and emerging scientific research as our guides, we are revising the Minimum Requirements to continue to keep children and educators safe and healthy.

Beginning December 14, the updated Minimum Requirements for Health and Safety will replace all previous versions. This document combines the updated Minimum Requirements for Health and Safety with operational guidance and best practices to help you welcome families into high-quality, safe care that is joyful and engaging.

If you have any questions, please do not hesitate to contact your EEC licensor or get in touch with us by emailing [office.commissioners@mass.gov](mailto:office.commissioners@mass.gov).

Thank you again for your work to care for the children and support the families of the Commonwealth.

**The MA Department of Early Education and Care**

The requirements in this document are specific to COVID-19 and the declared state of emergency. Regulations have been temporarily modified to align with the Minimum Requirements and can be found here: [https://eeclead.force.com/apex/EEC\\_ChildCareEmergencyHealthGuidance](https://eeclead.force.com/apex/EEC_ChildCareEmergencyHealthGuidance)

This guidance document is being issued on August 28, 2020 and is subject to updates as necessary.

Updates have been issued on:  
December 14, 2020

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This playbook will be updated as necessary. All updates will be indicated by this icon. An archive of past update pages can be found at the end of the Playbook on page 70.

## How to use this Playbook

On the left hand side of pages 5–28 you will find the Minimum Requirements for Health and Safety. On the right hand side you will find suggestions, best practices, and clarifications for how to implement the Minimum Requirements in your program.



# Updates

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The following updates have been made since the August 21st version of the **Massachusetts Child and Youth Serving Programs Reopen Approach: Minimum Requirements for Health and Safety**.

1. Specific return to care/work protocols have been added based on updated guidance from the Department of Public Health (pg 16–17). Protocols cover scenarios in which a child or staff member tests positive for COVID-19, is identified as a close contact of a COVID-19 positive individual, or is symptomatic.
2. Symptomatic household members are no longer cause for exclusion from care based on updated guidance from the Department of Public Health (pg 12).
3. Specific and prescriptive cleaning protocols have been removed throughout. Routine cleaning practices should be in line with licensing regulations.

The following **new** resources have been added to this COVID-19 Child Care Playbook since the August 28th version:

1. Family Child Care Systems (pg 34) featuring information on the FCC System role in placing families, Substitute Care, COVID-19 operations and reporting, and transportation.
2. A resource to clarify using incident/injury reports for reporting COVID-19 incidents (pg 38).
3. Licensing and licensing policy (pg 48) featuring information on new or temporary licensing policies, waivers, and extensions due to COVID-19 operations.
4. An Additional Information section (pg 61) categorized by topic area including cleaning and disinfecting, QRIS, and the MA Travel Order among others.

5. A sample Child Care Community Compact that can be adapted by programs (pg 68)

The following sections have been **updated** since the August 28th version:

1. The Family Child Care supplement (pg 33)
  - ➔ Clarification on completing and keeping Health Attestations and Health Screens for FCC educators and household members
2. The Group and School Age supplement (pg 36)
  - ➔ Mobile Rapid Response Unit eligibility criteria and request protocol.
3. The scenario planning resource (pg 40)
  - ➔ Streamlined scenarios now with specific guidance regarding Substitute Care arrangements
  - ➔ Several new scenarios
4. The Subsidy Policy supplement (pg 52)
  - ➔ Reimbursement policies for school age children attending care during hybrid or remote instruction
  - ➔ FCC educators who are foster parents
5. The Educator Qualifications supplement (pg 55)
  - ➔ Guidance for those completing Practicum
  - ➔ Group Leader qualifications modifications
6. The sample Health Attestation to reflect the change with respect to household members (pg 69)

# 1. Preparedness and Planning

## A. PLANNING

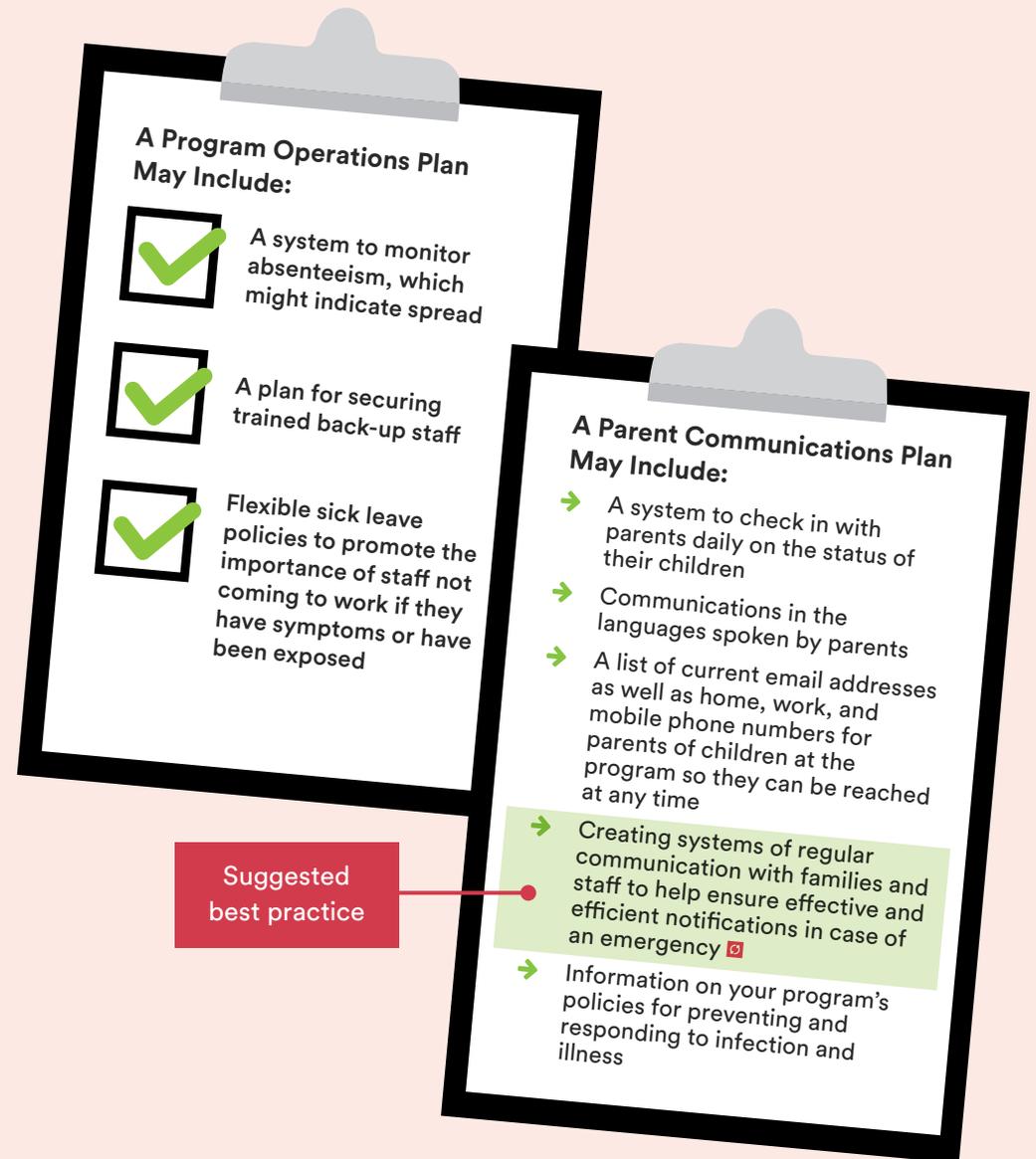
Programs must develop and submit plans prior to reopening (and maintain them once reopened) that address how the program will meet the COVID-19 specific health and safety requirements. Elements of this planning address how the program will safely reopen during the COVID-19 pandemic and must include the following:

### 1. Program Operations Plan

- a. **Program Administration:** A plan to ensure that strategies are in place to minimize contact and promote physical distancing.
- b. **Parent Communications:** A plan to ensure that reasonable measures are in place to communicate with families and ensure family support of infection control practices.
- c. **Support Services:** A plan for how the program will coordinate space and facilitate virtual or limited in-person support services for children, including when identified on an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

### 2. Cleaning Plan

A plan that identifies any targeted cleaning approaches the program deems necessary to mitigate the spread of COVID-19. 📄

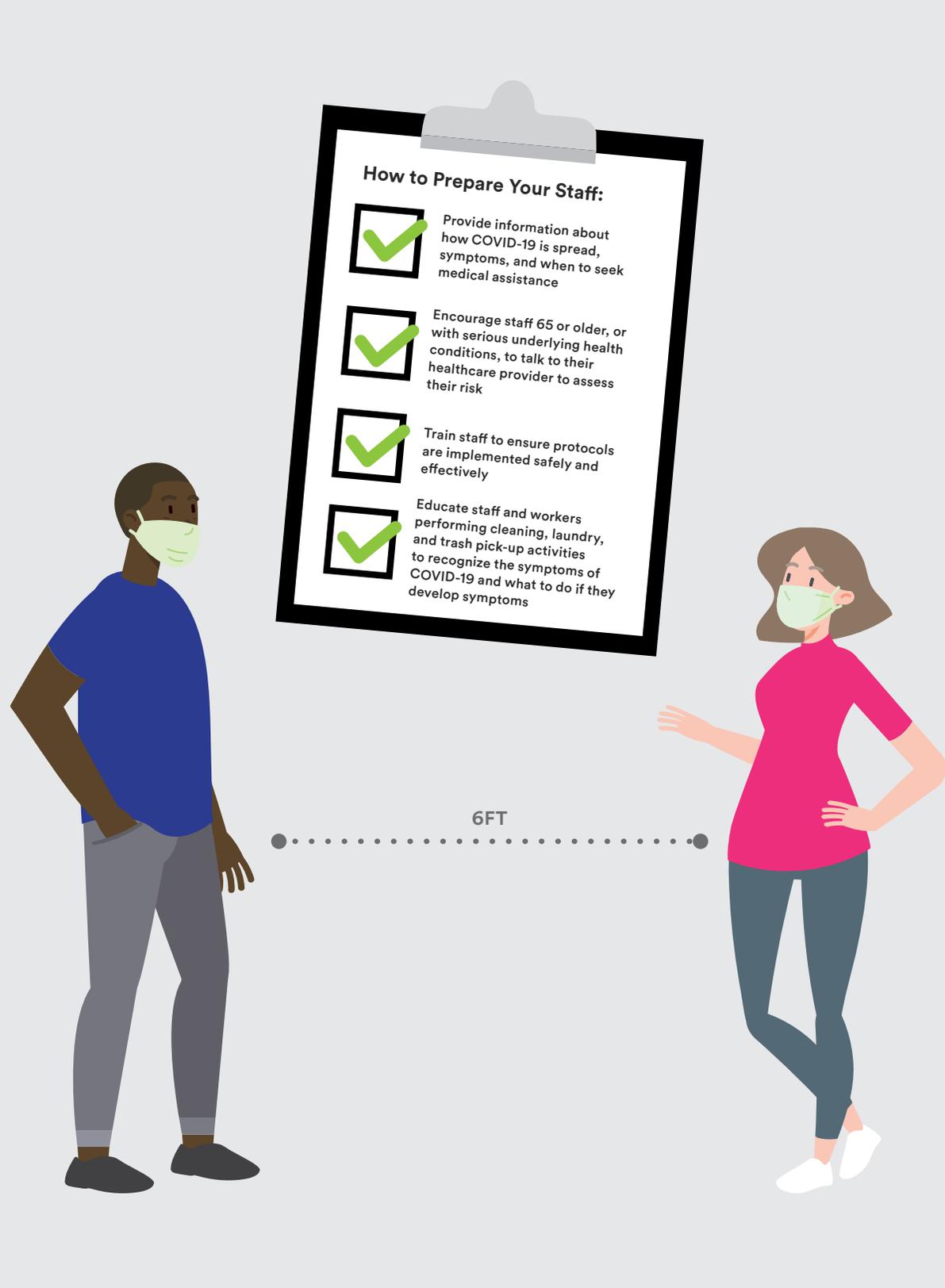


For plan templates, visit <https://sforce.co/2Xy7HSw>

Providers who have already completed a Reopening Plan or a Health and Safety Plan should review their plan and update on a regular basis. Updated plans do not need to be submitted to EEC.

### 3. Monitoring and Response Plan

- a. Screening:** A plan to identify sick, symptomatic, and exposed children and staff that includes but is not limited to daily screening checks, location of screening activities, staff responsible for screening, and barriers for screening.
- b. Isolation and Discharge:** A plan for the isolation and discharge of sick, symptomatic, and exposed children or staff, including: procedures for contacting parents immediately; criteria for seeking medical assistance; transportation of children or staff who have developed symptoms related to COVID-19 mid-day and who rely on program transportation; mitigation of transmission until a sick individual can safely leave the program.
- c. Board of Health Engagement:** A plan to communicate with your local and state health departments to ensure appropriate local protocols and guidelines are followed, such as updated/ additional guidance for cleaning and disinfection and instructions and availability of COVID-19 testing.
- d. Program Closing and Absences:** A plan for handling program closings, staff absences, and gaps in child attendance. The plan must include procedures to alert local health officials about large increases in child and staff absences or substantial increases in respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to symptoms of COVID-19). Programs must determine how the facility will communicate with staff and parents and identify who will be responsible for informing the funding agency, local board of health, and other appropriate audiences.

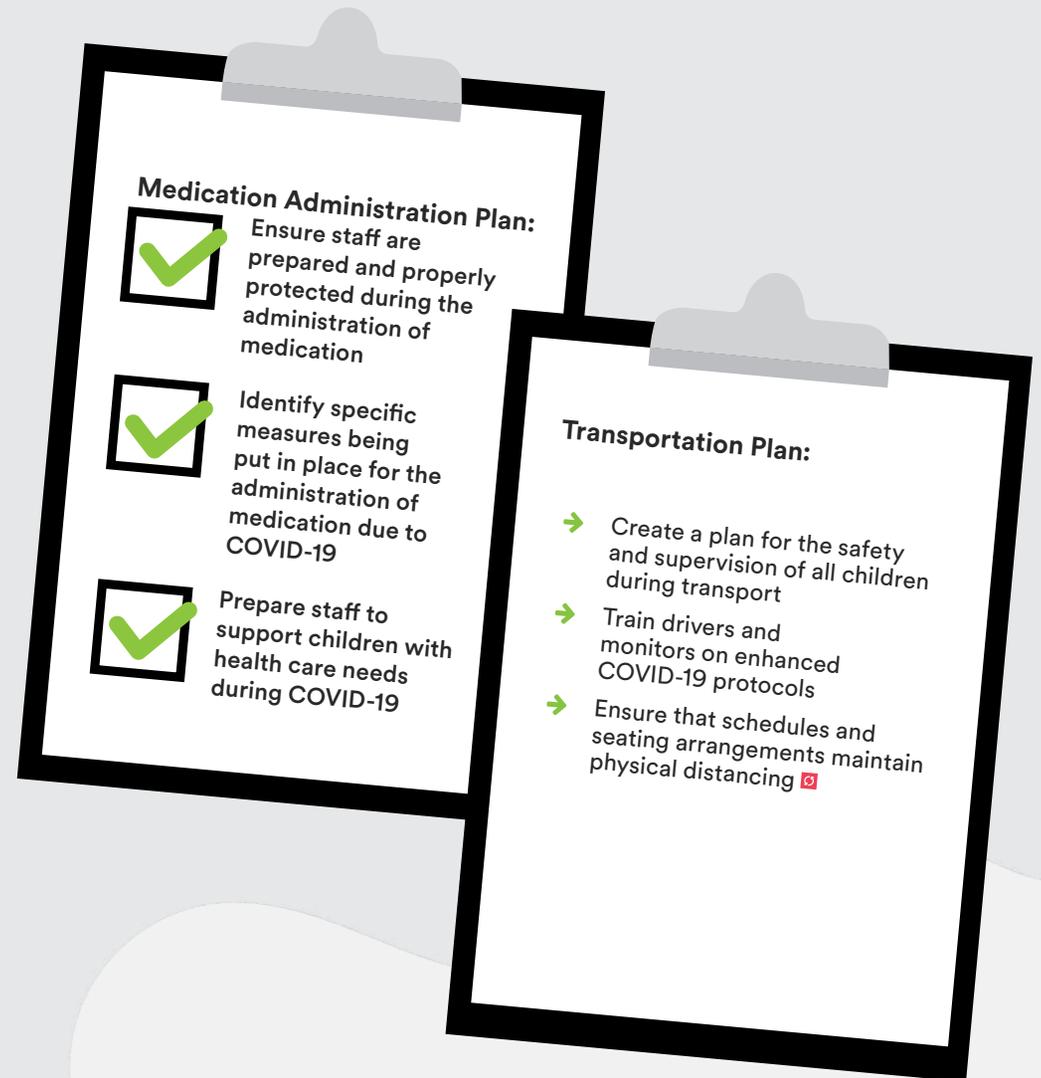


#### 4. Medication Administration Plan

A plan for the administration of medication including a plan for the treatment of children with asthma and other chronic illness.

#### 5. Transportation Plan

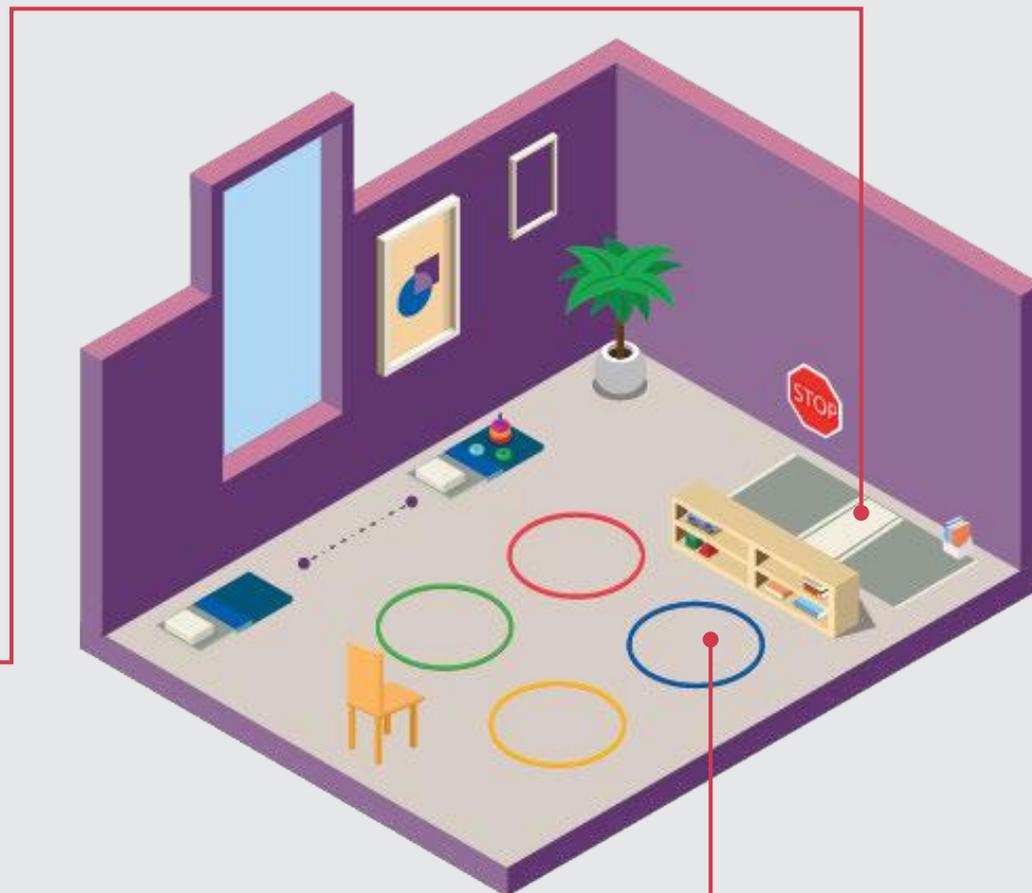
If applicable, a plan that includes how to implement infection control strategies during transportation, including during boarding and disembarking, and a plan to maintain physical distancing and hand hygiene practices before, during, and after transport.



## PREPARING THE PHYSICAL SPACE

All spaces used for child care must be large enough to accommodate the number of children present and arranged in a way that promotes the Minimum Requirements in this document.

1. Arrange the physical space to promote physical distancing
  - a. For Group and School-Age Programs: A minimum of 42 square feet per child in attendance is required in the program space.\*
  - b. Programs with large, open spaces used by more than one discrete group at the same time must create a barrier that defines the separate spaces and ensures a minimum of 6 feet between the groups.
2. Designate a space for isolation of sick or symptomatic individuals
  - a. A separate space must be pre-identified for the child or adult to remain in until he or she can be picked up.
  - b. Designated isolation space must allow for both physical separation from other children and continued supervision until the child can be picked up.



If possible, designate a separate exit for those being discharged due to suspected COVID-19 infection.

Decisions about how to organize your space should be guided by your **ability to implement consistent physical distancing.**

*\*If a program does not meet this minimum but has health and safety adaptations in place, a Regional Office may approve it for reopening. ☑*

### Best Practice

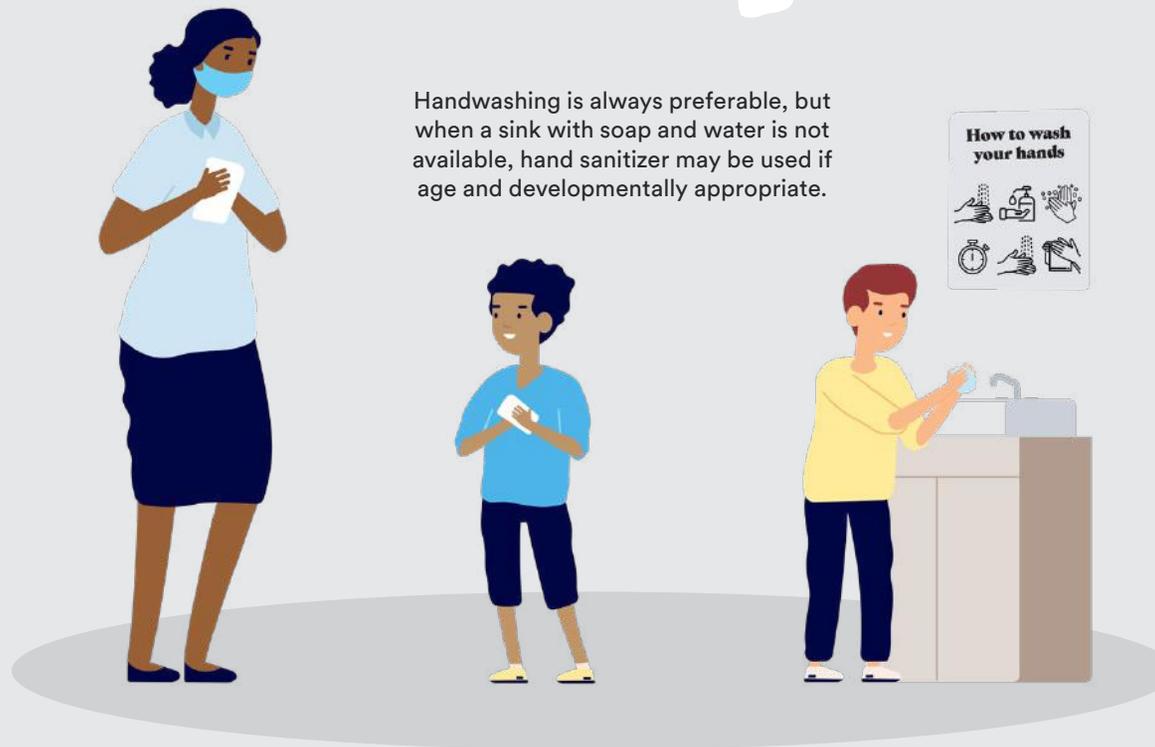
Ensure adequate supplies to minimize sharing of high touch materials like art supplies, or limit use of supplies and equipment to one group of children at a time. When supplies are mouthed by children, sneezed upon, or otherwise receive respiratory droplets — then clean and disinfect before continued use. ☑

3. Eliminate materials that increase the likelihood of transmission
  - a. Remove soft, porous toys and items that cannot be easily cleaned between uses (e.g., stuffed animals, pillows).
  - b. Remove any shared items that cannot be cleaned or disinfected at all (e.g., playdough).
  - c. Remove all communal water, sand, and sensory tables.
  - d. Close drinking fountains that require contact for use. ❌

4. Promote frequent hand hygiene

- a. Provide adequately supplied handwashing facilities with soap, water, and disposable paper towels that are readily accessible to all children and staff.
- b. Set up hand hygiene stations at the designated entrance of the premises, so that children and staff can clean their hands before they enter.
- c. Handwashing instructions must be posted near every handwashing station where they can easily be seen by children and staff.

If you allow children to bring in items from home, have a plan in place to ensure the cleanliness of these items and carefully monitor use to ensure that these objects are not shared between children.



Handwashing is always preferable, but when a sink with soap and water is not available, hand sanitizer may be used if age and developmentally appropriate.

*\*Please note that the Minimum Requirement regarding storing personal items so they do not touch was removed in the December 14th update. ❌*

**Best Practice**

If possible, assign an individual sensory bin to each child daily to reduce shared materials and limit the need for targeted enhanced cleaning. ❌

5. Confirm safe operations, including the safety of water and ventilation systems 

- a. Test and confirm that ventilation systems operate properly prior to reopening for child care services and ensure that regular maintenance is carried out, including changing filters, where applicable.
- b. Test and confirm that all water systems and features (e.g., cooling systems) are safe to use to minimize the risk of Legionnaires' disease and other diseases associated with water, excess moisture, or mold.



**Increase ventilation and circulation of outdoor air as much as possible** by opening windows and doors when safe to do so.

**Cleaning products must remain out of reach of children at all times.** 

*\*Please note that facilitating cleaning, sanitizing, and disinfecting routines should be in line with Licensing Regulations (606 CMR 7.11(10)(m)) and was removed from the Minimum Requirements in the December 14th update.* 

## 2. Screening and Monitoring of Children and Staff

### A. DAILY SCREENING

Programs must screen all individuals, including staff, children, service providers, and maintenance professionals, for symptoms of COVID-19 before they are permitted to enter the child care space.

1. Establish a single point of entry to the program to ensure that no individual is allowed to enter the immediate child care space until they are screened and are confirmed to have none of the symptoms in 2C (pg 13).
2. Establish a designated screening area that is close to the point of entry and allows for physical distancing during screening activities.
3. Designate specific program staff to conduct all screening activities. The designated staff must obtain information necessary to complete the daily screening either by direct observation of the child, by asking the parent/guardian, or through conversation with the child, as appropriate and reliable.
4. Record and maintain on file all health check responses (i.e. signed daily health attestation forms) collected through daily screening.
5. Prohibit entry to any individuals who decline to complete the required daily screening or attestation.

Establish a single point of entry, to ensure that no one is allowed to enter until they are visually screened.

Drop off and pick up protocols and space should promote physical distancing for parents/guardians.

For additional information on Health Attestations and Visual Screens, see pg 61.



Post signs at the designated entrance reminding children, families, and staff of the symptoms of COVID-19 and not to enter child care if they have noticed any of those symptoms.

If possible, place sign-in stations outside the child care space to encourage physical distance. If pens are used, they must be disinfected between uses.

Web-based health attestation, or having parents complete the health attestation prior to arrival are also acceptable procedures.



**All staff, parents, children, and anyone seeking entry into the program space must self-screen at home prior to coming in.**

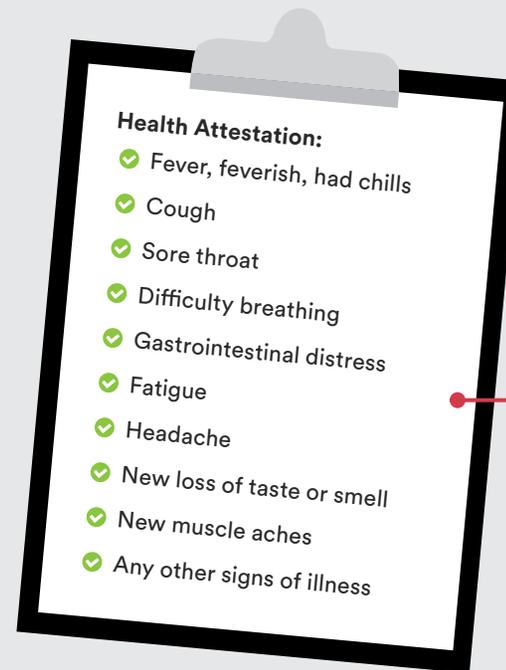
➔ **Self-screening:** checking for symptoms such as fever, cough, shortness of breath, gastrointestinal symptoms, new loss of taste/smell, muscle aches, or any other symptoms that feel like a cold. Anyone with a fever of 100.0F or above or any other signs of illness must not be permitted to enter the program.

## HEALTH ATTESTATION

All parents or guardians must complete a health attestation for each child every day prior to arriving at childcare. Health attestations must include:

1. A check for new symptoms listed in section 2C observed in the child or staff within the past 24 hours;\* 
2. A check for close contact with a known COVID-19 positive individual within the last 14 days; and
3. A statement that individuals with a fever or other new or unexpected symptoms consistent with COVID-19 and those who have had close contact with a COVID-19 positive individual must not be permitted into the child care space.

*\*Please note that household members were removed from this requirement in the December 14th update. *



The **Health Attestation** form asks the parent/guardian to confirm that the child has not exhibited symptoms of COVID-19 nor been exposed to a COVID-19 positive individual. 

The **Visual Screening** asks the provider/staff to verify that there are no visible symptoms of COVID-19. 

Both a health attestation by the parent or guardian AND a visual symptom screen by a staff member or educator must be completed before a child may attend child care.

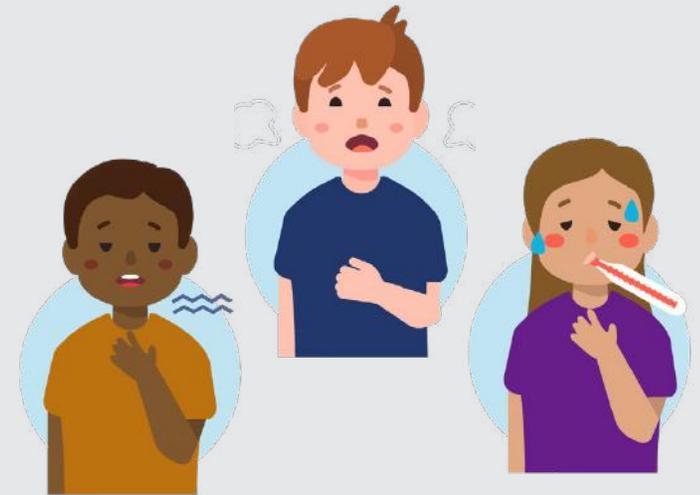


Remind parents through regular communications that if a child is exhibiting any of the symptoms at home, they should not be brought to care



## SYMPTOM LIST

1. The following new symptoms, if observed in a child or staff member are cause for immediate isolation and exclusion from child care:
  - a. Fever (100.0° and higher), feverish, had chills
  - b. Cough
  - c. Sore throat
  - d. Difficulty breathing
  - e. Gastrointestinal distress (Nausea, vomiting, or diarrhea)
  - f. New loss of taste or smell
  - g. New muscle aches
2. The following symptoms, if observed in combination with symptoms from 2C(1), are cause for immediate isolation and exclusion from child care:
  - a. Fatigue
  - b. Headache
  - c. Runny nose or congestion (not due to other known causes, such as allergies) 
  - d. Any other signs of illness



## REGULAR MONITORING

Staff must actively visually monitor children throughout the day for symptoms included in section 2C. Programs must have a non-contact or temporal thermometer on site to check temperatures if a child is suspected of having a fever. Special care must be taken to disinfect the thermometer after each use, in accordance with [CDC guidance](#).

# 3. Responding to Illness

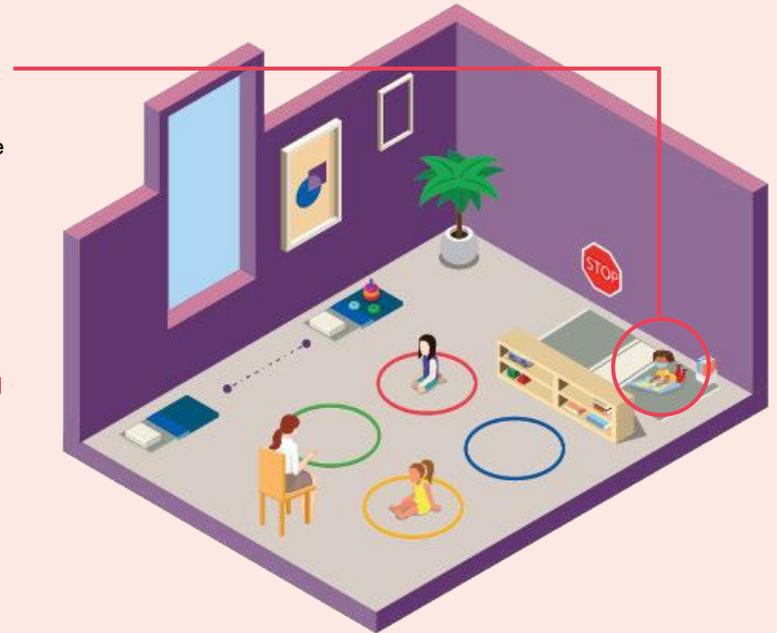
## A. ISOLATE AND DISCHARGE

1. In the event that a child becomes symptomatic while in care:
  - a. Immediately isolate the child to the previously identified isolation area to minimize further exposure to other children and staff;
  - b. Have the child wear a face mask if appropriate based on the criteria in 4D(4) (pg 22); and
  - c. Contact the child's parents or emergency contact on file to arrange for immediate pick-up.
2. In the event that an adult becomes symptomatic while at a child care program:
  - a. Immediately cease all child care duties; and
  - b. Isolate from the child care space to minimize further exposure to other staff and children until he or she can leave the premises.

If a child begins showing symptoms while already at care, **they should be isolated as quickly as possible** until they can be picked up.

Have an emergency back-up plan for staff coverage or adult supervision in case a child, staff member, or provider becomes sick. 🚫

**Have masks and other cloth face coverings available for use by children and staff who become symptomatic.**



**If a child or staff member appears to have severe symptoms, call 911 immediately.** Notify them if the individual is suspected to have COVID-19.

Severe symptoms include:

- Extreme difficulty breathing (i.e. not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion or inability to rouse someone
- New seizure or seizures that won't stop

## REPORT CONFIRMED CASES

In the event that you are informed of a COVID-19-positive individual in your program, or a COVID-19-positive individual that shares a home with a child in your program, you must:

1. **REPORT** the positive case to the Department of Public Health using the COVID-19 Positive Reporting Form ([a link to this form can be found in LEAD](#)).
2. **CONNECT** with an epidemiologist from the Department of Public Health to discuss next steps. The epidemiologist will reach out to the program contact as listed in the reporting form after the COVID-19 Positive Reporting Form is submitted.
3. **IMPLEMENT** a communication plan that maintains the privacy of the infected individual and addresses next steps with impacted families as discussed with the epidemiologist.
4. **SUBMIT** an incident report in LEAD in the same manner as any other infectious disease.

Local Boards of Health and the MA Community Tracing Collaborative (CTC) are responsible for contacting individuals that test positive for COVID-19 and their close contacts. 

When a program is informed by the Local Board of Health, the CTC, or the individual that a child, a staff member, or a child's household member has tested positive for COVID-19, it is responsible for reporting it to DPH and EEC. **While waiting to connect with the epidemiologist from DPH, programs should:**



### CONTINUE TO FOLLOW ISOLATION PROTOCOLS

Even if the individual is in the program when the test result is returned, other children and staff in the same group do not need to be immediately isolated or picked up. In group and school age settings, pay extra attention to maintaining stable groups.



### PREPARE TO SPEAK TO DPH

The representative will want to know if the individual was in your program while they were considered infectious. Consider the following questions to prepare for your conversation:

- *What date did the symptoms develop?*
- *What date did the individual get tested?*
- *When was the individual last in your program?*
- *Was anyone in the program in close contact (within 6 ft for 15 minutes or more)?*



For questions in advance of a positive test result, programs may also send an email to DPH epidemiologists at [childcare.covid19@mass.gov](mailto:childcare.covid19@mass.gov) or call [617-983-6800](tel:617-983-6800) and follow the prompts.

## RETURNING TO CARE OR WORK

1. If an individual is **identified as a close contact** of a COVID-19 positive individual, they must quarantine until they are released by a public health authority (either the Local Board of Health or the Community Tracing Collaborative). In general, a close contact will need to quarantine for:
  - a. 7 days if the individual gets a negative test result on or after day 5, experiences NO symptoms, and continues to monitor for symptoms through day 14.
  - b. 10 days if the individual experiences NO symptoms and continues to monitor for symptoms through day 14.
  - c. 14 days if the individual experiences ANY symptoms during the 14 days.

Anyone identified as a close contact must immediately quarantine.

If contact is ongoing (e.g. a household member is positive), then all household members should stay home in self-quarantine until the infected individual is no longer considered infectious per Department of Public Health guidance. **Secondary contacts (contacts of contacts, e.g. household members of close contacts) do not have to quarantine unless/until the primary contact tests positive.**



If close contact gets a  
**negative test result**

on or after day 5

+

experiences

**NO symptoms**

and continues to  
monitor for symptoms  
through day 14.

If close  
contact experiences  
**NO symptoms**

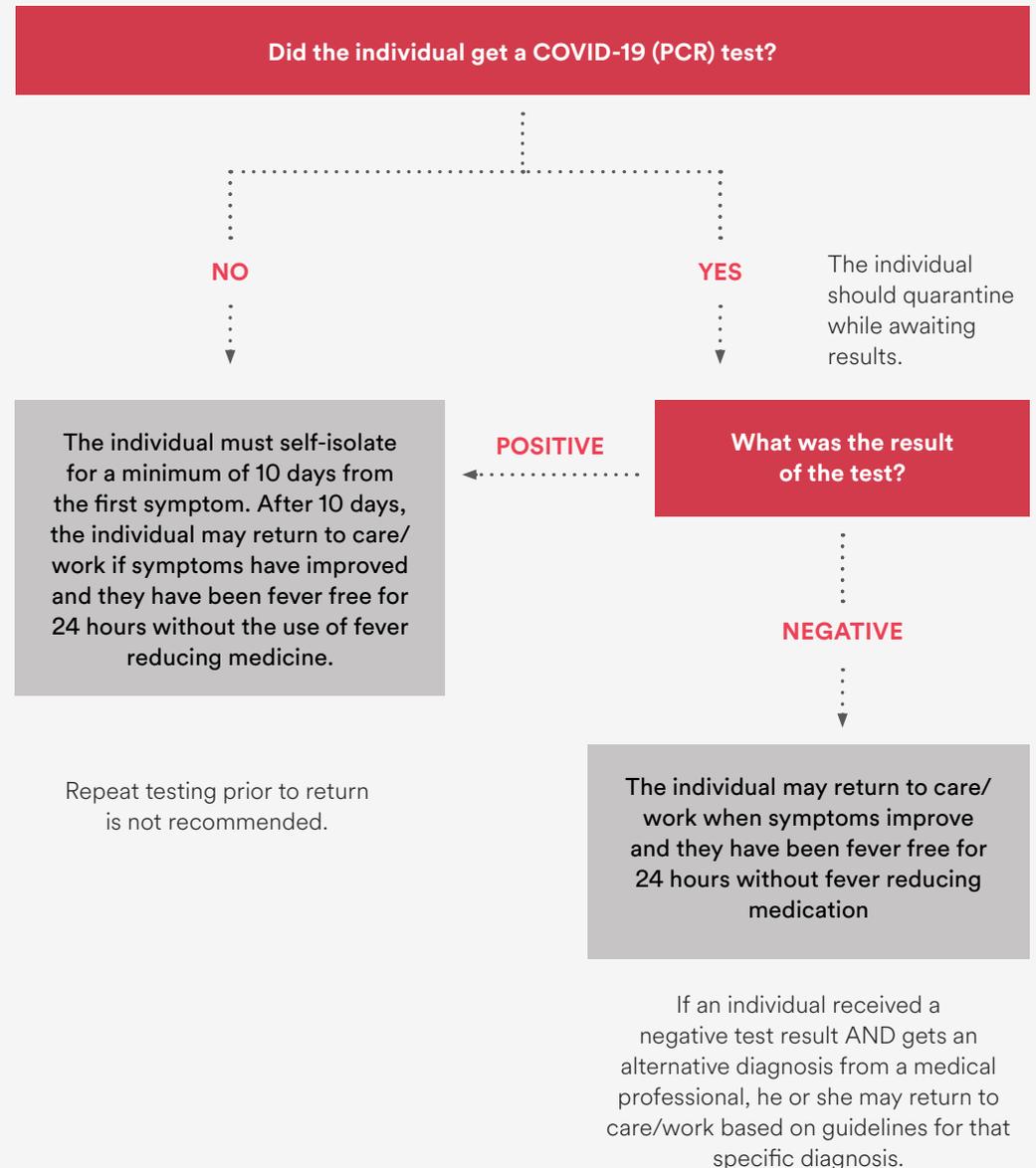
and continues to  
monitor for symptoms  
through day 14.

If close  
contact experiences  
**ANY symptoms**  
during the 14 days.

**Disclaimer:** These flowcharts are for explanatory purposes only. Final decisions regarding the end of mandatory isolation following a positive COVID-19 test or quarantine following identification as a close contact are made by the Local Board of Health presiding over the case.

2. If an individual **tests positive** for COVID-19, they may return to care or work when they have been released from isolation by a public health authority (either the Local Board of Health or the Community Tracing Collaborative). Return will typically be 10 days after symptom onset if the symptoms are improving AND the individual has been fever-free without fever reducing medication for at least 24 hours, or 10 days from test date if the individual is asymptomatic.
3. If an individual is **symptomatic**, they should be tested for COVID-19 using a PCR test.
  - a. If a symptomatic individual **does not get tested**, they may return after 10 days in self-isolation AND their symptoms are improving AND they have been fever-free without fever reducing medication for at least 24 hours.
  - b. If a symptomatic individual **tests negative for COVID-19**, they may return to care or work when symptoms begin to improve AND they have been fever-free without fever reducing medication for at least 24 hours.

When can an individual return to care/work after becoming symptomatic and/or testing positive for COVID-19? 



**DISCLAIMER:** These flowcharts are for explanatory purposes only. Final decisions regarding the end of mandatory isolation following a positive COVID-19 test or quarantine following identification as a close contact are made by the Local Board of Health presiding over the case.

# 4. Strategies to Reduce the Risk of Transmission

## A. PHYSICAL DISTANCING

Programs must implement routines and create spaces that promote 6 feet of physical distancing at all times.

1. Children and staff must physically distance at all times, including but not limited to:
  - ➔ During transitions (e.g., moving from inside to outside spaces);
  - ➔ During meal times;
  - ➔ During all indoor and outdoor activities;
  - ➔ During sleep, rest, or quiet play time; and
  - ➔ While on transportation.

If group-style dining is typically used, serve meals in classrooms instead. All food should be ready to serve in individual portions or pre-packaged to minimize handling. Every child must have their own drinking cup and eating utensils. Sinks used for food preparation must not be used for any other purposes.



Refrain from games and activities that encourage physical contact, like tag.

In keeping with EEC regulations, all tables, chairs, high chairs, and high chair trays used for meals are to be washed and disinfected after each use. ☑

### Best Practice

Use a social story to explain how germs can spread through sharing food and drink.

## DISCRETE GROUPINGS

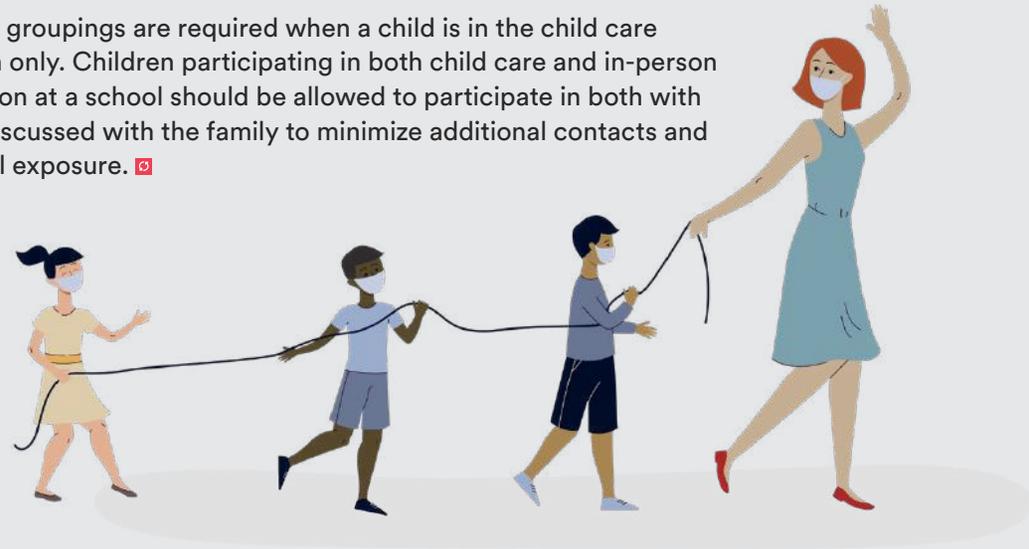
Children must remain with the same group of children and staff each day and at all times during the day while in care.

1. Discrete groups of children and staff must not be combined with other groups during the day including:
  - a. During drop-off;
  - b. During pick-up;
  - c. During transition times;
  - d. During, before or after care; and
  - e. During all activities.
2. The same staff must be assigned to the same group of children each day.
3. Toys, materials, and equipment must not be shared between groups unless they are properly and thoroughly cleaned and disinfected or sanitized before being shared from one group to another.
4. All non-essential visitors must be prohibited from entering the child care space including interns, volunteers, coaches and consultants.\* Exceptions include:
  - a. Employees specifically assigned to the site on a daily basis;
  - b. Contracted service providers who cannot deliver services remotely; and
  - c. Program staff needed for supervision or coverage due to an emergency.

\*Please note that EEC has provided some flexibility for programs with volunteers and student interns that meet certain criteria. Please see pg 48 and pg 58 of this Playbook for more. 

Limit field trips to only those venues where physical distancing can be achieved, discrete groupings can be maintained, and that have plans in place to enforce COVID-19 specific health and safety practices.

Discrete groupings are required when a child is in the child care program only. Children participating in both child care and in-person instruction at a school should be allowed to participate in both with a plan discussed with the family to minimize additional contacts and potential exposure. 



When all other scheduling options have been exhausted, **an adult not regularly assigned to a stable group, like a director, may provide coverage for a primary educator** when children are engaged in activities that require less adult involvement provided they take all health and safety precautions including wearing a mask at all times, and limiting prolonged close interactions.

### Best Practice

Written parent permission must be obtained for all off-site trips as previously required and a plan should be in place to ensure that handwashing occurs immediately upon return.

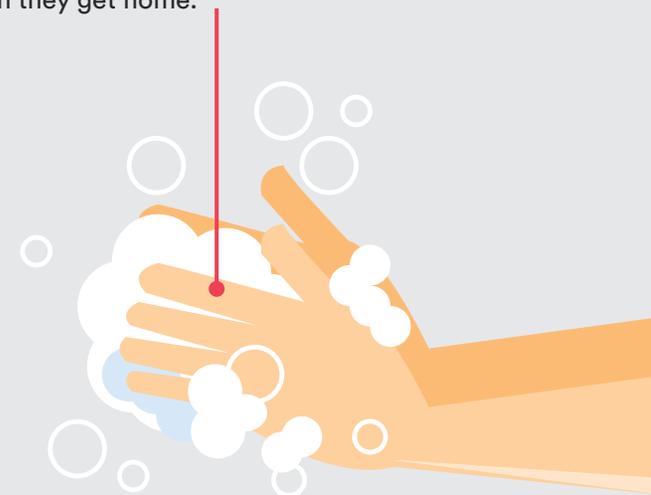
## HAND HYGIENE

Programs must implement routines and create spaces that facilitate robust hand hygiene.

1. Adults and children must regularly wash their hands throughout the day, including but not limited to
  - a. Upon entry into and exit from program space;
  - b. When coming into the program space from outside activities;
  - c. Before and after eating;
  - d. After sneezing, coughing or nose blowing;
  - e. After toileting and diapering;
  - f. Before handling food;
  - g. After touching or cleaning surfaces that may be contaminated;
  - h. After using any shared equipment like toys, computer keyboards, mouse, climbing walls;
  - i. After assisting children with handwashing;
  - j. Before and after administration of medication;
  - k. Before entering vehicles used for transportation of children;
  - l. After cleaning, sanitizing, disinfecting, and handling refuse;
  - m. After contact with face mask or cloth face covering; and
  - n. Before and after changes of gloves.
2. If handwashing is not available, hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropanol may be utilized as appropriate to the ages of children and only with written parent permission to use.<sup>1</sup>
  - a. Hand sanitizer must be stored securely and used only under supervision of staff.
  - b. Staff must make sure children do not put hands wet with sanitizer in their mouth and must supervise children during and after use.

<sup>1</sup> While hand sanitizer may be used by children over 2 years of age with parental permission, handwashing is the preferred and safer method.

Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick-up, and when they get home.



**Supervise children when they use hand sanitizer** to make sure they rub their hands until completely dry, so they do not get sanitizer in their eyes or mouth. Due to its high alcohol content, ingesting hand sanitizer can be toxic for a child.

### Best Practice

Post visual steps of appropriate handwashing to assist children or cue them to **sing the “Happy Birthday” song TWICE** (approx. 20 seconds) as the length of time they need to wash their hands.



## FACE MASKS

Programs must promote the wearing of face masks or transparent face masks during the program day for children and require the wearing of face masks for adults **at all times**.

1. Face masks must cover the nose and mouth, fit snugly against the sides of the face, and be secured behind the ears or head.
2. Programs must require face mask use by all people in the program space, including parents or guardians during drop-off and pick-up, facilities maintenance professionals performing upkeep and maintenance duties, and any adults providing services to children in the program space (i.e. 1:1 aides).
3. When 6 feet of distance is not possible, face mask use requirements for children are as follows:
  - a. Children age 7 and older must wear a face mask.
  - b. Children age 2–6 who can safely and appropriately wear, remove, and handle face masks should be encouraged, at the parent’s discretion to wear face masks and must be supervised at all times while wearing a face mask.
  - c. Children under the age of 2 years must not wear face masks or face coverings of any kind.

*\*Please note that ‘at all times’ includes when staff are engaged in group professional development; speaking with parents, consultants, service providers, and other staff; and when taking a break in a shared area. Mask breaks should be taken outside and with at least 6 feet of distance between unmasked adults. *

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 **\*face shield\*** is a clear plastic guard that is usually secured at the forehead, but open around the face. It blocks splashes, sprays, and spatter from others from landing on the face of the wearer. **If a face shield is worn, a mask must be worn underneath.**

*Please note: this individual is not wearing a face mask under the face shield for illustrative purposes only.*

All **\*face masks\*** prevent droplets and sprays emanating from the wearer from landing on others when talking, coughing, sneezing, or laughing.



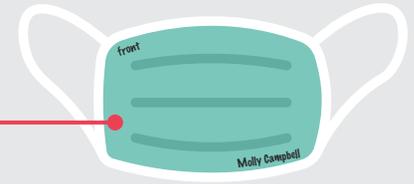
### Best Practice

Using a transparent face mask allows facial expressions to be read by children. When a traditional face mask must be worn, an educator can pin a fun photo of him or herself to their clothing to help ease a child’s fear or anxiety.

4. Exceptions to the use of face masks:

- a. Children of any age who cannot safely and appropriately wear, remove, and handle masks;
- b. Children while eating, drinking, sleeping, or napping;
- c. Individuals who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
- d. Children with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;
- e. Children for whom the only option for a face covering presents a potential choking or strangulation hazard;
- f. Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe; and
- g. Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely.

Families should clearly mark masks with their child's name and distinguish which side of the covering should be worn facing outwards so they are worn properly.



Encourage everyone 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.

*\*Please note that the Minimum Requirement regarding use of gloves was removed from the December 14 update. Use of gloves should be in line with licensing regulations. ❏*

# 5. Cleaning, Sanitizing and Disinfecting<sup>2</sup>

## A. TARGETED ENHANCED CLEANING

EEC regulations (7.11 Health and Safety, section 10) for cleaning should be used, with targeted enhanced cleaning in specific instances with increased COVID-19 risk.

1. Targeted enhanced cleaning using EPA-registered disinfectants is strongly encouraged for items that have been in contact with respiratory droplets or saliva – like those that have been put in a child’s mouth, sneezed upon, or been in frequent use when children are also touching their mouth, nose, or eyes.

EEC existing regulations outline the specific cleaning protocols that should be in place for licensed child care and are in line with the recommendations from the CDC in preventing the spread of COVID-19. All programs should be following EEC Licensing Regulations (606 CMR 7.11(10)(m)) when it comes to cleaning and disinfection procedures. The CDC identifies respiratory droplets (small particles produced when a person coughs, sneezes, sings, talks or breathes) as a main way the virus spreads, and notes that “spread from touching surfaces is not thought to be the main way the virus spreads.” Programs should ensure proper cleaning protocols are in place in line with EEC regulations, and implement additional practices, such as masking and social distancing, in accordance with the research on preventing the spread of COVID-19.”

In addition to existing regulations, there may be instances that require targeted enhanced cleaning. Programs are encouraged to use their judgement in identifying materials and toys that may pose an additional risk of transmission and require additional cleaning. This might include items that have been in contact with respiratory droplets or saliva – like those that have been put in a child’s mouth, sneezed upon, or been in frequent use when children are also touching their mouth, nose, or eyes. In all cases, programs are encouraged to use an EPA registered disinfectant or a bleach and water solution to thoroughly clean and disinfect before items are returned to use.

2. Refer to [CDC guidance](#) for more information about proper cleaning, sanitizing, and disinfecting.

Books and paper-based materials are not considered high-risk and do not need additional cleaning or disinfecting. They should be regularly inspected and disposed of when heavily soiled or damaged.

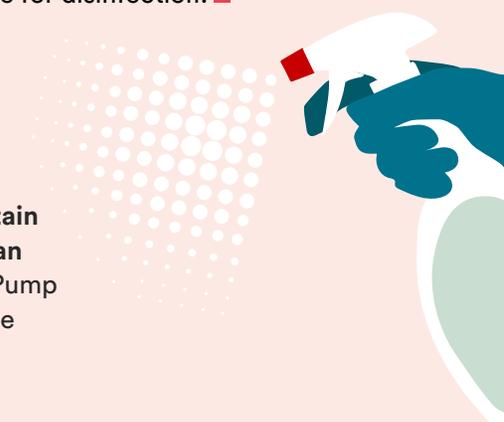


When EPA-approved disinfectants or sanitizers are not available, a bleach (concentrated household bleach containing 8.25% sodium hypochlorite) and water solution can be used. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection. 

Avoid aerosols, because they contain propellants that can affect breathing. Pump or trigger sprays are preferred.

### Best Practice

When preparing sanitizing or disinfecting dilutions always add bleach to water to avoid splashes.

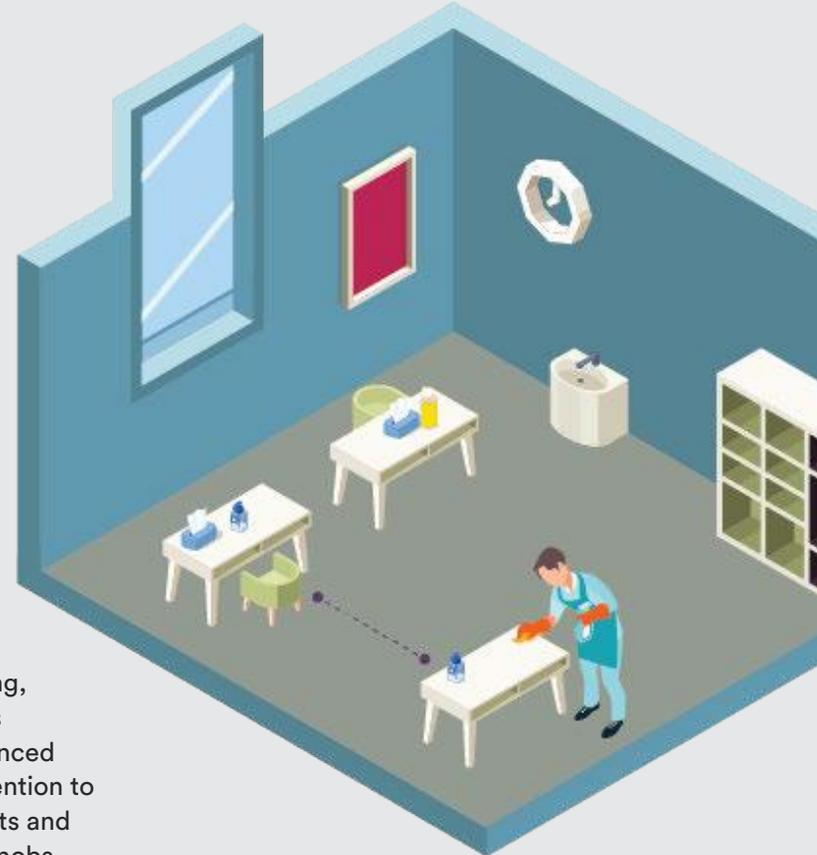


## CLEANING, SANITIZING, AND DISINFECTING AFTER A POTENTIAL EXPOSURE IN DAY PROGRAMS

If a COVID-19 positive individual has been in the program space, cleaning and disinfecting must be conducted as follows and with guidance from the Department of Public Health.

1. Close off areas visited by the ill persons. 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.
2. Cleaning staff 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.

*\*Please note that the Minimum Requirement regarding proper usage of cleaning supplies was removed from the December 14 update. Proper use of cleaning supplies should be in line with licensing regulations. *



Routine cleaning, sanitizing, and disinfecting practices may be targeted for enhanced cleaning paying extra attention to frequently-touched objects and surfaces, including doorknobs, bathrooms and sinks, keyboards, and banisters. 

# 6. Transportation

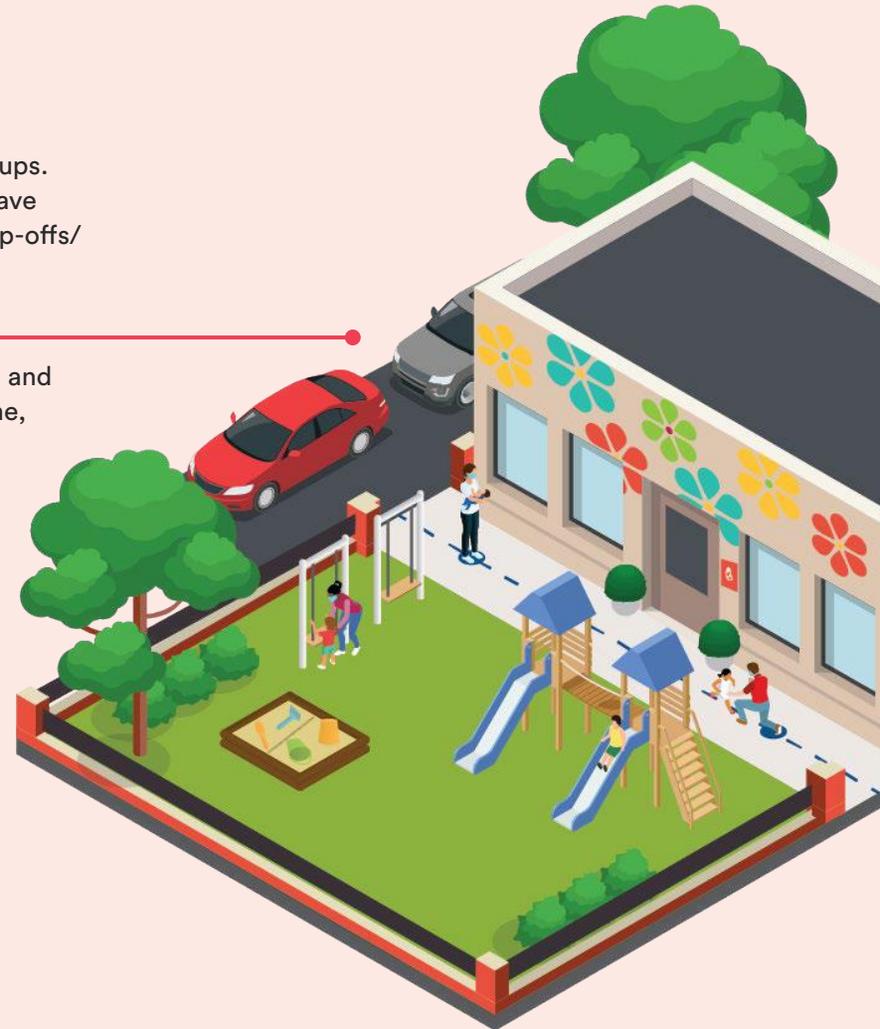
## A. PRECAUTIONS DURING GROUP TRANSPORTATION

Programs intending to provide transportation services must follow the guidance below.

1. Physical distancing of at least 6 feet must be maintained to the greatest extent possible while in transit.
2. Hand washing (hand sanitizer where appropriate) must be required upon arrival to the program after exiting the bus, van, or vehicle and prior to departure before boarding the bus, van, or vehicle. Drivers and monitors must have adequate supplies of tissues, hand sanitizers, face masks, and garbage bags inside the vehicle.
3. Transportation personnel must verify that each child has a signed daily health attestation form before the child boards group transportation each day.
  - a. Children will not be allowed to board transportation without a completed health screen OR if they have any of the symptoms included in the health screen.
4. Program staff must perform a visual wellness check and symptom screen on all children arriving to the program via group transportation and collect all health attestations.

Stagger drop-offs/pick-ups. Encourage families to have the same person do drop-offs/pick-ups each day.

Vehicles should off-load and load one vehicle at a time, unless a location allows for enough distance between vehicles.

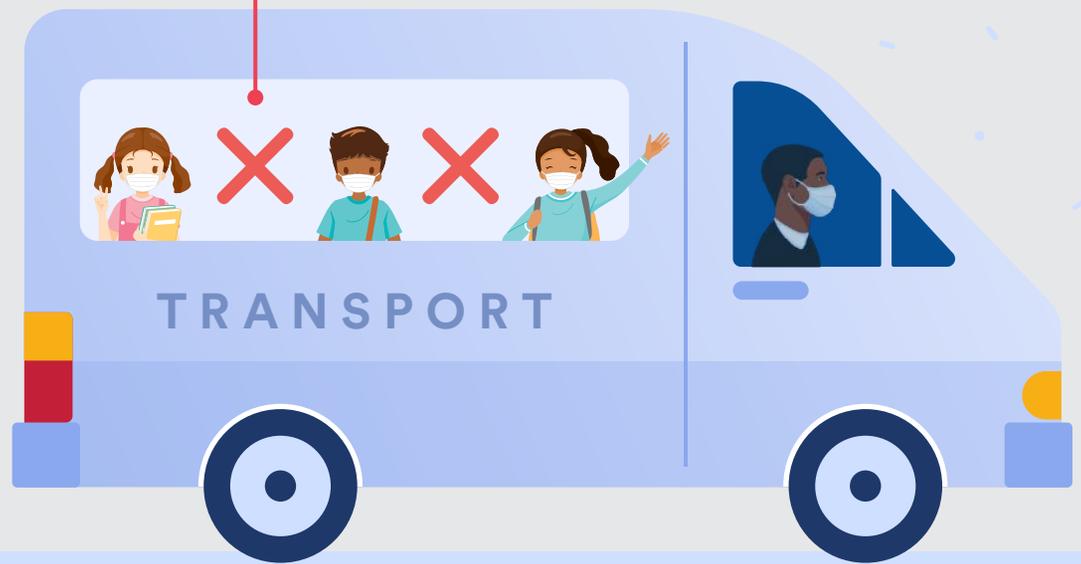


### Best Practice

Programs can provide printed copies of the daily health attestation for parents and guardians to complete before their child boards transportation. Educators can collect the health attestation when the child arrives at the program while they are completing the visual screening.

5. Drivers and monitors must wear face masks at all times.
6. Riders over the age of 2 must wear face masks in compliance with section 4D of the Minimum Requirements.
7. Windows must be kept open, where safe to do so.
8. Do not recirculate conditioned air.
9. Require monitors and drivers to stay home if sick or symptomatic.

Maximize space between riders and follow requirements for wearing masks or face coverings. Siblings may be seated next to each other. 



*\*Please note that the Minimum Requirements regarding additional cleaning were removed from the December 14 update. Cleaning of vehicles should be in line with pre-COVID guidance. *

# 7. Considerations For Special Populations

## A. CHILDREN WITH SPECIAL NEEDS

Programs must ensure that children with special needs are provided appropriate care:

1. Ensure adequate staffing to accommodate each child's needs, including those required to maintain COVID-19-related infection control practices.
2. Ensure continued delivery of specialized services that cannot be effectively provided via telehealth.
3. Ensure staff are trained and prepared to support children with the necessary provisions of health care such as administration of medication needed throughout the day, tube feedings, blood sugar checks, and allergies to certain foods.
4. Provide staff with the appropriate PPE including:
  - a. Transparent face masks for adults working with children who are deaf or hard of hearing to facilitate the reading of lips and facial expressions.
  - b. Face masks and eye protection (face shields or goggles) for adults working in close proximity to children who are unable to wear a face mask due to intellectual, behavioral, or sensory differences.
5. **For Group and School-Age Programs Only:** Offer families the option of limited in-person delivery of specialized services that cannot be provided effectively via telehealth due to the developmental appropriateness or a child's ability to engage sufficiently in the telehealth model.
  - a. All service providers providing limited in-person services must enter through the designated entrance, complete a health attestation, pass a visual screen, and wear appropriate PPE.

Infants and toddlers aren't able to tell us when they don't feel well, so staff must be attentive to any changes in a very young child's behavior. If a child starts to look lethargic and is not eating as well, notify the parent to determine whether the child's pediatrician should be contacted.



Reach out to families of children receiving EI, IEP, or other specialized services to **discuss how to meet the needs of the child and balance the health and safety of all individuals in the program.**



**Early Childhood mental and behavioral health consultants are ready to respond and provide immediate support to programs that are working with children who are showing signs of emotional distress or behavioral disregulation.** Please contact your region-specific ECMHC if you need help with an urgent behavioral issue. Contacts can be found in the resource section of this document on page 46.

## STAFF CARING FOR SPECIAL POPULATIONS INCLUDING INFANTS AND TODDLERS

To protect themselves, 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 are strongly encouraged to take precautions including: 

1. Wearing a gown or other body covering (e.g., an oversized button-down, long sleeved shirt, etc.) and eye protection where available during washing and feeding activities;
2. Tying long hair back so it is off the collar and away from the reach of the child;
3. Washing with soap and water any area of the skin that has been touched by a child's bodily fluids; and
4. Changing clothes when contaminated by a child's bodily fluids.

For more invasive procedures, staff should protect themselves by wearing a gown or other body covering, eye protection, and mask.

To protect themselves, staff who care for infants, toddlers and children with special needs should have multiple changes of clothes on hand.



### Nebulizers are allowed when absolutely necessary.

The program should have a plan in place to administer nebulizer treatment in a manner that is safe for the child and staff, 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.



### Best Practice

Infants, toddlers, and children with special needs will require unique supports that may make it less possible to practice consistent physical distancing. Appropriate PPE and frequent hand washing are the best way to prevent the spread of COVID-19 when working with these individuals.

# 8. Care Options for Remote Learning

## A. OVERVIEW

Families in communities returning to school with hybrid or fully remote learning models face increased need for supplemental childcare for school age children. Therefore, The Department of Early Education and Care (EEC) and the Department of Elementary and Secondary Education (DESE) have collaborated to provide policies to support expanded access to childcare.

Governor Baker recently issued [COVID-19 Executive Order No. 49](#) which provides three paths for communities to expand safe, in-person supervision and supplemental care options for families with children enrolled in hybrid or remote learning during the school day.

[Care Options for Hybrid and Remote Learning: Joint Guidance from EEC and DESE](#) seeks to provide families, educators, communities, and childcare providers with complete information on:

- ✔ Expanding the capacity of EEC licensed providers serving school aged children
- ✔ Applying for a **Remote Learning Enrichment Programs** license exemption
- ✔ Remote Learning Parent Cooperatives
- ✔ Collaboration between districts, schools, and childcare providers



## EXPANDING THE CAPACITY OF EEC LICENSED PROVIDERS SERVING SCHOOL AGED CHILDREN

EEC licensed providers are ordinarily not permitted to serve school-aged children during the hours of the school day per Massachusetts statute. However, in response to the hybrid and remote instructional models adopted by many districts, COVID-19 Executive Order No. 49 permits EEC licensed providers to operate during the school day and with increased capacity to meet the needs of families with children engaged in remote learning arrangements.

- [An expedited EEC approval process for additional space](#) (new space or converting existing space into classroom space) will occur for EEC licensed programs seeking to serve more school age children during the school day during this time.
- EEC licensed programs should speak with their licensor and apply through their LEAD portal.

## IMPLEMENTING THE NEW REMOTE LEARNING ENRICHMENT PROGRAMS EXEMPTION

COVID-19 Executive Order No. 49 has established a new category of license exemption: *Remote Learning Enrichment Programs*.

- This license-exemption can apply to entities that seek to provide supervision, care, and educational support to school age children during school hours only.
- Programs that would like to serve children during before school or after school hours must apply to be licensed by EEC.
- Currently licensed providers are not eligible for exemption even as a program in a new space and should pursue expediting licensing instead. 🚫



Collaborating with licensed providers to expand existing programs is the fastest path for communities to increase support to families during remote learning.

Existing programs are accustomed to health and safety standards and are prepared to create safe environments for students.

***Expedited licensing processes for EEC licensed programs to operate in new space, expand capacity, and add age groups are available:*** 🚫

Expedited processes for [FCC programs](#)

Expedited processes for [GSA programs](#)

Entities interested in the Remote Learning Enrichment Programs exemption must first be approved by a **municipal authority (for example, a school district, local board of health, etc)**, which is also required to monitor the program, and may then apply for the exemption from EEC.

● **Municipality approval:**  
Municipalities will establish their own processes to work with interested entities, verify their eligibility, and monitor their programs on an on-going basis.

## REMOTE LEARNING PARENT COOPERATIVES

Some families may seek to set up **remote learning parent cooperative** where multiple sets of parents or guardians share supervision of remote learning activities for their children throughout the school week. These are automatically exempted from EEC licensure if:

- ✓ There are no more than 5 families involved in the arrangement;
- ✓ All of the children participating are in kindergarten or above, and enrolled in school;
- ✓ A parent or guardian is acting in a supervisory role on site at all times.
- ✓ No parent is directly compensated for the time spent caring for children or supporting their education. Any exchange of funds must be directly related to materials, food, or supplies needed to support the informal cooperative arrangement.

If an informal cooperative arrangement does not abide by the above conditions, it is subject to regulation by EEC or may require advance approval of the local school district.

● Families pursuing a **remote learning parent cooperative** should consider creating a plan for the time they are together including

- how supervision responsibilities will be divided among the families
- what health and safety precautions will be taken each day (Will there be a symptom screen? Will adults or children be expected to wear masks?)
- an action plan in case a child begins to show symptoms during the day
- expectations for remote learning support and engagement by the on-site parent.



A remote learning parent cooperative of families may hire an individual, such as a tutor or other instructor, to support remote instruction without requiring EEC licensure if all of the criteria are met AND the paid tutor or instructor is working only during the hours of the school day.

## B. BALANCING HEALTH AND SAFETY WITH CHILD DEVELOPMENT AND SOCIAL EMOTIONAL LEARNING IN CHILDREN AGES 3–8

Education and care in a time of physical distancing does not have to mean that children are denied rich learning experiences, interactions with peers and spontaneous fun, or joyful play. For more ideas on the following topics, please read [Child Care Options for Hybrid and Remote Learning: Joint Guidance from EEC and DESE](#).

- ✔ **Supporting playful learning in new ways:** Designing individual play experiences might feel strange at first, but with practice, they can help foster self direction, confidence and competency building.
- ✔ **Comforting children:** There may be times when educators will need to tend to children and provide comfort and aid. Physical distancing protocols should not prevent an educator from providing the attention and care a child needs in times of distress — but verbal comfort or a favorite toy may also be used to help.
- ✔ **Arranging the Learning and Care Environment:** Opportunities for more tailored and custom activity centers and bins abound in this new environment, and when paired with presentation, questioning, and prompting for child-led discovery, new depths of relationship and engagement may emerge.



Have children **decorate or label their individual materials bins** so they have ownership of their items, and can locate them easily.

**Use arrows or brightly colored signs on the floor** to help children move around the space in a specific direction, or space out at an appropriate distance while waiting to go outside, or wash hands.



# 9. Supplements

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## Family Child Care

EEC is creating flexibility for FCC educators who have their own school age children participating in hybrid or virtual learning by temporarily lowering the age of children living in an FCC educator's home who count in an FCC's capacity. During the COVID-19 emergency, only children up to the age of 8 who live in the FCC home and are present in the child care space will be considered to be 'in the care of educators' for the purposes of determining capacity.

- Children who are enrolled in school and older than 8 may be in the FCC child care space without counting towards licensed capacity as long as 35 square feet per child can be maintained.
- Please note: Friends of household members up to the age of 13 who are in the home during child care hours still count in FCC capacity.

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 plan.
- EEC highly recommends that FCC educators create schedules of care that allow for significant breaks between groups of children.

2.A. All FCC educators and any household members who will be in the home during the child care day, even if there is a separate child care space, must complete a symptom screen and Health Attestation each day child care is in session in the home in order to confirm that no symptoms are present and no exposure has occurred. Symptom screens and health attestations for FCC educators and their household members do not need to be recorded or maintained on file. 📄

2.A. Visual screening protocol: If the FCC educator does not have an assistant to complete the visual screen before a child enters the child care space, the educator may follow the protocol below:

1. Post instructions at the designated entrance instructing parents/guardians to complete and sign the health attestation, and with a reminder that children with symptoms must not enter the child care space.
2. When the parent/guardian and child have completed the screening and signed in, they may continue into the child care space where the educator should complete the visual screen of the child for signs of illness.
3. If symptoms are observed, the child may not attend child care and must return home immediately.

3.A. In an FCC setting, symptomatic children must be isolated from the group while remaining visible to the educator for proper supervision.

4.A. 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.

4.B. Part-time enrollment is allowed. FCC educators should strive to maintain stable groups as much as possible.

# Supplements Cont.

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## Family Child Care Systems

Family Child Care (FCC) Systems provide administrative support and access to technical assistance for FCC providers. FCC Systems should offer FCC providers targeted, virtual support during COVID-19 operations, and work in partnership with EEC to leverage the expertise of FCC providers during these uncertain times.

*Please note: The updated policies should be fully implemented by FCC Systems in placing and enrolling children with FCC providers to maximize the flexibility offered by EEC.*

### PLACING FAMILIES

Systems are expected to fulfill the Subsidy Administrator's role as referenced in the [EEC Financial Assistance Policy Guide](#) when authorizing and placing children (revised 9/29/2020).

- Systems should consult with families and providers before making final placement decisions and take into account family and provider needs.
- Systems should be in regular communication with providers to coordinate meeting the needs of specific families.
- Systems must have a process in place to address the resource needs of both families and providers.

Substitute care placement for non-COVID related closures may be needed when all other child care options have been exhausted by the family. For COVID-19 related closures, FCC Systems must support any recommended quarantine orders for anyone identified as a close contact of a COVID-19 positive individual, including children who are placed in an FCC program with a confirmed positive case.

- Substitute care CANNOT be arranged if the original program was closed due to the FCC educator or a child testing positive for COVID-19, and when individuals are under the advisement to quarantine by DPH, the local board of health, or the CTC.
- Substitute care may be arranged if an FCC provider is closed due to symptoms only without a known exposure to COVID-19.
- Systems should utilize the same substitute for the same group(s) of children/FCC provider coverage whenever possible.
- Substitute care may be arranged if an FCC provider is closed due to a household member testing positive as long as the child has not been identified as a close contact.

### UNDERSTANDING ACCURATE COVID-19 REPORTING

EEC's guidance for COVID-19 reporting can be found on page 38 of this Playbook. It is imperative that FCC Systems understand the distinctions between expectations for DPH reporting and incident/injury reporting to EEC.

- Although FCC Systems provide technical assistance to FCC providers, it is critical that Systems support providers to develop policies and procedures to respond to COVID-19 related scenarios that are specific to their individual program context.
- FCC Systems **should NOT** contact the Local Board of Health or complete the DPH Positive Reporting Form on behalf of a provider because public health authorities will need specific information from the provider about their contacts and other personal information. FCC Systems may provide supportive services like connecting the provider to the Local Board of Health or providing translation during phone calls with the provider.

# Supplements Cont.

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- FCC Systems should provide targeted support to providers to ensure they understand how to respond appropriately and expediently if a COVID-19 related situation arises. This includes monitoring trends, identifying risks, and providing targeted Technical Assistance.

## ASSISTING WITH TRANSPORTATION

FCC Systems are an important resource for families who require transportation assistance to access care. Systems that contract with third party vendors to provide transportation to families should

- Have clear expectations in place with transportation contractors to communicate to the System regarding any COVID-19 exposure and positive cases.
- Communicate quickly with FCC providers about any exposure and positive cases due to shared transportation.

## SUPPORTING FCCS DURING COVID-19 OPERATIONS

Operating during COVID requires attention to a variety of guidelines and regulatory expectations. FCC providers benefit from individualized support to problem-solve through site specific challenges, as well as collaborative, peer learning opportunities to share successful practices. FCC Systems are uniquely positioned to offer both individualized support to FCC providers in their specific context and at a network level.

**To support providers effectively, FCC Systems should:**

- Implement a variety of supports that address multiple learning styles and flexibly meet the needs of the FCC providers.
- Conduct regular (at least once monthly) individual homes visits and collaborative support sessions virtually, through use of private phone lines or video conferencing platforms that are only accessible to invited participants. Potential platforms include Zoom, Google

Meeting, GoToMeeting, WhatsApp, etc. Ensure the platform used for support is accessible to the provider and provide individualized training on technology use when needed. Complete Home Visit Logs as normal.

- Ensure home visitors and other FCC System staff are adequately trained in all EEC regulations, requirements, and guidance.
- Create common protocols and visit/meeting expectations for home visitors and FCC System staff to ensure a consistent experience across FCC providers.
- Support and provide resources in the provider's preferred language and at flexible times (i.e. evenings and weekends when the provider is not caring for children) when possible.
- Have clear expectations for the services the FCC System and the engagement of the participating FCC providers
- Solicit feedback from providers and design supports that are responsive to their specific and evolving needs.
- Be comfortable using this Playbook to provide guidance to FCC providers and to inform the design of targeted supports.
- Review and provide feedback on health and safety planning documents.
- Be in regular contact EEC regional offices to communicate emerging challenges and opportunities to coordinate support for providers.
- Connect FCC providers to additional resources in their community including Professional Development Centers, Early Childhood Mental Health Consultation Grantees, and others included in the Playbook.

# Supplements Cont.

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## Group and School-Age Care

1.A. Identify a specific person who is responsible for sharing information with parents if a COVID-19 positive case occurs and establish a process for how that information will be communicated.

4.A&B. Limit playground access to one discrete group at a time unless groups can be kept separate on the playground and still have room to maintain 6 feet of physical distance.

4.B. If a program has large communal spaces used by multiple discrete groups:

- Use barriers like permanent walls, movable walls, or other stable partitions like cubbies to create separate areas for discrete groups in the space at the same time;
- Repurpose communal space (if license appropriate) for a non-communal purpose;
- Schedule time between uses for cleaning and disinfecting the common space.

7.A. Designate a space or spaces for the delivery of limited in-person services for students with special needs and for administering regular medical procedures as identified in a child's plan.

- The space should maintain a child's privacy, be large enough to accommodate the services while maintaining physical distance (when appropriate), and be appropriately decorated for use by a child.
- The space must be cleaned after each use.

## MOBILE RAPID RESPONSE UNIT

To support the ongoing efforts to minimize in-center transmission and keep child care open and safe, the Department of Early Education and Care (EEC) and the Department of Public Health (DPH) have made available the Mobile Rapid Response Unit testing resource to be deployed when in-center transmission has been detected in order to assist with containment.

**Criteria for Center Eligibility** *Must meet all three criteria for eligibility.*

- Group and school age program operating at least three classrooms serving at least 50 children.
- Two or more individuals, including children and adults, in the program test positive for COVID-19 within a 14-day period. (Individuals in the program do not include parents of children attending care.)
- Evidence that transmission of the virus occurred within the classroom or program as assessed by DPH.

## Protocol for requesting Mobile Rapid Response Unit

- If a Center Director believes that their program meets the criteria, they should notify their Regional Director via email and ensure that all relevant incident reports in LEAD are up to date and include which classroom each COVID positive individual is in, their last day in person at the program, date of first symptom, date of COVID-19 test, date of test result, and any quarantine or closure decisions already made by a Local Board of Health or Department of Public Health.
- **If DPH determines that in-center transmission is likely to have occurred**, the DPH Mobile Rapid Response Unit team will reach out directly to the point of contact to finalize all day-of logistics.
- **If DPH determines that in-center transmission did not occur**, the Regional Director will notify the Center Director of the decision.

# Links and Resources

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## HEALTH AND SAFETY

- For additional questions related to stemming the spread of COVID-19 in child care settings, please contact Department of Public Health epidemiologists at [childcare.covid19@mass.gov](mailto:childcare.covid19@mass.gov)
- The [Commonwealth's Community Tracing Collaborative](#) is helping to stop the spread of COVID-19. Learn about contact tracing and answer the call if it comes!
- EEC will work to provide supplemental supplies of gloves, masks, hand sanitizer, and other needed protective equipment, as resources are available, to ease the burden and cost of meeting the operational requirements to safely serve children and families. Please contact your Regional Office for more details.

## EEC RESOURCES

- [EEC COVID-19 Information website](#)
- [EEC Strong Start training 'Guidance for Reopening Childcare'](#)
- [Coordinated Family and Community Engagement Network](#)
- [Family Child Care systems](#)
- [Strong Start Professional Development Centers](#)
- [Child Care Resource & Referral](#)
- [Early Childhood Mental Health Consultation Program](#)

## ADDITIONAL LINKS

- [Reopening Massachusetts](#)
- [COVID-19 Updates and Information](#)
- [Massachusetts Department of Public Health](#)
- [MA Office of the Child Advocate](#)
- [MA Association for Infant Mental Health](#)
- [Shared Services of Massachusetts](#)
- [Centers for Disease Control Guidance for Child Care](#)
- [Center for Early Childhood Mental Health Consultation](#)
- [NAEYC Cleaning, Sanitizing and Disinfection Frequency Table](#)

# Links and Resources Cont.

## Tips for Using Incident/Injury Reports Involving COVID-19

### **What kinds of COVID-19 related incidents need to be reported in an Incident/Injury Report?**

- Children, educators, staff, interns, volunteers, and household members who:
  - **test positive** for COVID-19
  - are **identified as a close contact**

If you have already submitted an Incident/Injury Report and there is a new development (i.e. a close contact that has now tested positive), please update the original submission rather than creating a new one.

If new, unrelated cases are identified, please submit a new form.

### **What kinds of COVID-19 related incidents do NOT need to be reported in an Incident/Injury Report?**

- Children, educators, staff, interns, volunteers, and household members who:
  - are symptomatic without known exposure to COVID-19
  - are secondary contacts (i.e. a contact of a contact)

### **Accessing the Incident/Injury Report in LEAD**

- For FCC programs
  1. Log into the LEAD portal
  2. Click on the 'New Incident/Injury' tab on the left hand side tabs.
  3. Complete the incident report
  4. Once on the second page, click on 'Report a Program Incident' in the lower right hand corner.
- For GSA programs
  1. Log into the LEAD portal
  2. Click on 'Program Information' tab on the left hand side tabs.
  3. Click on 'Submit New Incident/Injury/51A'
  4. Click on 'Report A Program Incident'

### **EEC Incident/Injury reports pertaining to COVID-19 should contain the following key information, if available:**

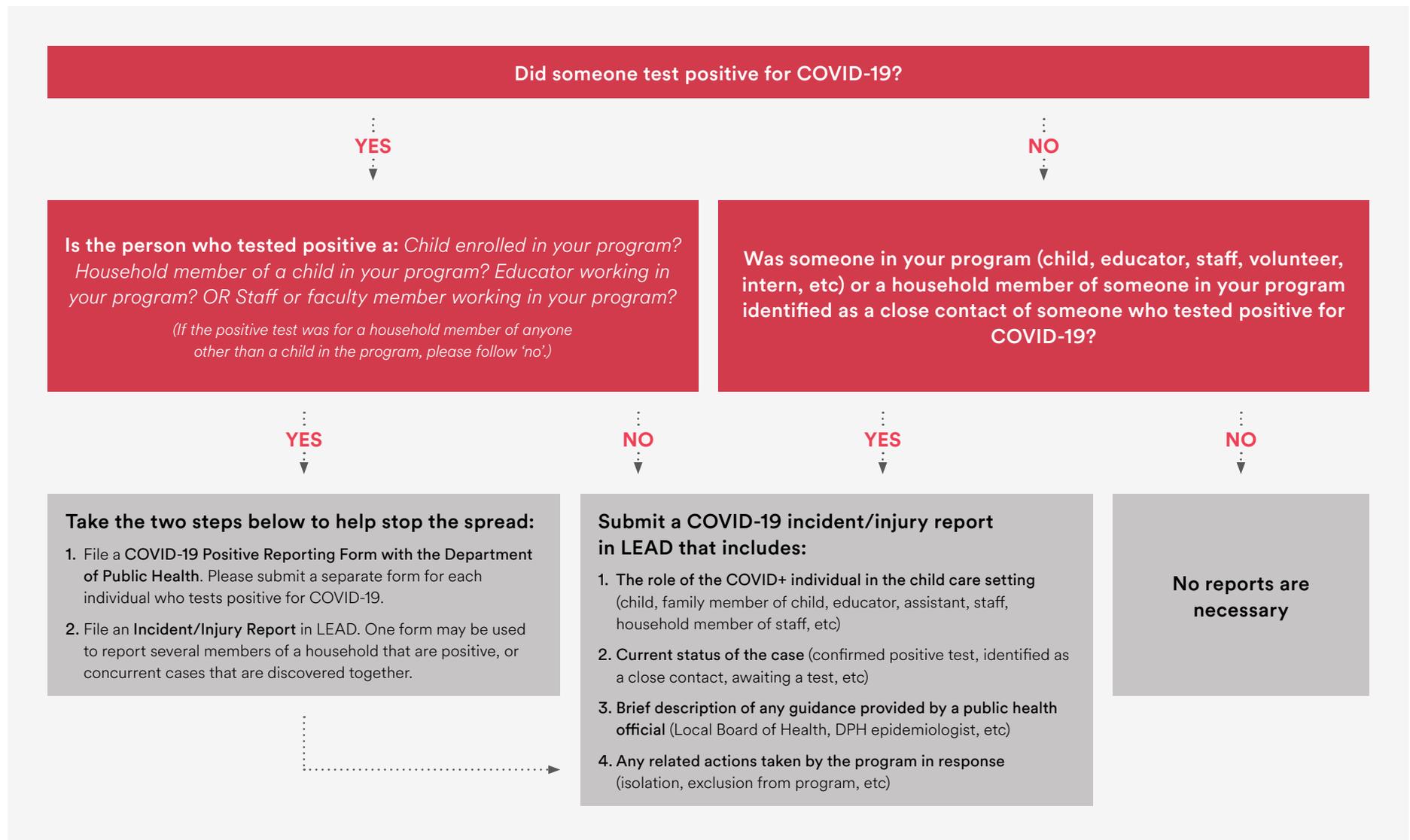
- The role of the affected individual in the child care setting (child, family member of a child, educator, assistant, household member).
- The status of the COVID-19 case (presence of symptoms and the date of their onset, whether a test has occurred, when an individual was identified as a close contact).
- A brief description of any guidance received from the Local Board of Health or DPH epidemiologist and any additional contact tracing activities or instructions, if applicable.
- Any related actions undertaken by the program to respond (isolation and/or exclusion, quarantine, communication with families, and/or closure and recommended follow-up steps).
- ✔ **Please note: Medical information that may constitute an unwarranted invasion of personal privacy should be kept confidential. Please do not include the full names of children, staff, and family members in the incident/injury report, or any other information that could reveal the medical information of a specific individual. Instead, consider using initials or another identifier.**
- ✔ **Please note: For GSA programs seeking the Mobile Rapid Response Unit, additional information is required in the Incident/Injury Reports. Please see pg 36.**

*The Department of Public Health COVID-19 Positive Reporting Form must be completed ONLY when there is a confirmed positive test result among children, staff, and household members of children in the child care program.*

# Links and Resources Cont.

## REPORTING COVID-19

Use this tool to help determine when and where to report COVID-19 incidents



# Links and Resources Cont.

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## COVID-19 Scenario Response Planning

The following scenarios are intended to illustrate some of the possible examples of COVID-19 in a child care setting and the impact. These scenarios are not a comprehensive list and should be used as guidance only. Please direct specific questions to qualified public health experts at [childcare.covid19@mass.gov](mailto:childcare.covid19@mass.gov). EEC will follow the guidance given to programs by the Department of Public Health, Local Boards of Health, and the Community Tracing Collaborative.

### SCENARIO 1: A CHILD ATTENDING CARE...

#### → Tests Positive for COVID-19

Children who test positive may not attend child care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete the DPH Positive Reporting Form and an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom/FCC program:** Depending on when the child was last in care, everyone in the classroom/FCC program might have to quarantine. Please discuss with the DPH epidemiologist who contacts you.
- ✔ **Impact on the GSA Program:** Household members of the COVID-19 positive child must be excluded from care because they are now close contacts. If no mixing of groups has occurred, there are likely no further quarantines needed. Please discuss with the DPH epidemiologist who contacts you.
- ✔ **Communicating with Families:** The DPH epidemiologist can tell you what information needs to be shared with families in the affected classrooms and those outside the affected classrooms.

*Children who have tested positive for COVID-19 may not attend child care nor be assigned to substitute care.*

#### → Is Identified As A Close Contact

Children identified as close contacts may not attend child care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom/FCC program:** There is no immediate impact on others in the classroom/FCC program.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

*Children identified as close contacts must quarantine and may not be assigned to substitute care.*

#### → Has Symptoms

Depending on the child's symptoms, they might not be allowed to attend care and must follow return to care protocols for a symptomatic individual. Please see the list of symptoms on pg 13 and return to care protocols on pgs 15-17 for more details.

- ✔ **Reporting:** No reporting is required. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom/FCC program:** There is no immediate impact on the classroom/FCC program.

# Links and Resources Cont.

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- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

*Children who have symptoms that are cause for exclusion from care may not be assigned to substitute care.*

## SCENARIO 2: A HOUSEHOLD MEMBER OF A CHILD ATTENDING CARE...

### → Tests Positive

Children who have COVID-19 positive household members are now considered a close contact and may not attend child until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete the DPH Positive Reporting Form and an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom/FCC program:** There is no immediate impact on others in the classroom/FCC program.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

*Children with household members who test positive may not be assigned to substitute care.*

### → Is Identified As A Close Contact

Children with household members identified as close contacts may attend child care as long as the household member does not test positive.

- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom/FCC program:** There is no immediate impact on the classroom/FCC program. If the household member ends up testing positive, please refer to the scenario for a positive household member of a child.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

*Children who have symptomatic household members may be assigned to substitute care.*

### → Has Symptoms

Children with symptomatic household members may attend child care as long as the household member does not test positive.

- ✔ **Reporting:** No reporting is required. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom/FCC program:** There is no immediate impact on the classroom/FCC program.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

*Children who have symptomatic household members may be assigned to substitute care.*

# Links and Resources Cont.

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## SCENARIO 3: AN EDUCATOR, ASSISTANT, OR STAFF (INCLUDING INTERNS, VOLUNTEERS, ETC) IN A GSA PROGRAM...

### → Tests Positive

Educators/Staff who test positive may not provide child care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete the DPH Positive Reporting Form and an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom:** Depending on when the educator/staff person was last in the program, anyone in their classroom might have to quarantine. Please discuss with the DPH epidemiologist who contacts you.
- ✔ **Impact on the GSA Program:** Household members of the COVID-19 positive staff member (i.e. a child attending a program) must be excluded from care because they are now a close contact. If the staff member was present in one classroom only and did not move from classroom to classroom or between groups of children, there are likely no further quarantines needed. Please discuss with the DPH epidemiologist who contacts you.
- ✔ **Communicating with Families:** The DPH epidemiologist can tell you what information needs to be shared with families in the affected classrooms and those outside the affected classrooms.

### → Is Identified As A Close Contact

Educators/Staff who are identified as close contacts may not provide child care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.

- ✔ **Impact on the Classroom:** There is no immediate impact on others in the classroom at this time.
- ✔ **Impact on the Program:** There is no immediate impact on other classrooms in the program.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

### → Has Symptoms

Depending on the educator/staff's symptoms, they might not be allowed to provide care and must follow return to care protocols for a symptomatic individual. Please see the list of symptoms on pg 13 and return to care protocols on pgs 15-17 for more details.

- ✔ **Reporting:** No report is necessary at this time. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom:** There is no immediate impact on others in the classroom at this time.
- ✔ **Impact on the Program:** There is no immediate impact on other classrooms in the program.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

## SCENARIO 4: A HOUSEHOLD MEMBER OF AN EDUCATOR OR STAFF IN A GSA PROGRAM...

### → Tests Positive

Educators/Staff who have COVID-19 positive household members are now considered a close contact and may not provide care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

# Links and Resources Cont.

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- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom:** There is no immediate impact on others in the classroom.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

## → Is Identified As A Close Contact

Educators/Staff who are identified as close contacts may not provide child care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the Classroom:** There is no immediate impact on the classroom. If the household member ends up testing positive, please refer to the scenario for a positive household member of an educator/staff member.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

## → Has Symptoms

Educators/Staff with symptomatic household members may provide child care as long as the household member does not test positive.

- ✔ **Reporting:** No reporting is required. Please refer to pg 39 for more on reporting.

- ✔ **Impact on the Classroom/FCC program:** There is no immediate impact on the classroom.
- ✔ **Impact on the GSA Program:** There is no immediate impact on other classrooms.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

## SCENARIO 5: AN FCC EDUCATOR OR ASSISTANT...

### → Tests Positive

FCC Educators or Assistants who test positive may not provide care until return to care protocols are complete. Please see pgs 15-17 for more.

- ✔ **Reporting:** Complete the DPH Positive Reporting Form and an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the FCC Program:** Depending on when the individual last provided care, others in the program might have to quarantine. Please discuss with the DPH epidemiologist who contacts you.
- ✔ **Communicating with Families:** The DPH epidemiologist can tell you what information needs to be shared with families.

*Children attending a program that closes due to the educator or assistant testing positive may not be assigned to substitute care unless a public health expert asserts that the child was not a close contact.*

### → Is Identified As A Close Contact

FCC Educators or Assistants who are identified as close contacts may not provide care until return to care protocols are complete. Please see pgs 15-17 for more.

# Links and Resources Cont.

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- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the FCC Program:** There is no immediate impact on others in the program at this time.
- ✔ **Communicating with Families:** Families should be notified so they can arrange alternative care options.

*Children attending a program that closes due to the educator or assistant being identified as a close contact may be assigned to substitute care. If the Educator/Assistant ends up testing positive, children who have been assigned to substitute care should confirm with public health authorities that they are not considered close contacts based on their last day in care with the FCC educator identified as a close contact.*

## → Has Symptoms

Depending on the educator/assistant's symptoms, they might not be allowed to provide care and must follow return to care protocols for a symptomatic individual. Please see the list of symptoms on pg 13 and return to care protocols on pgs 15-17 for more details.

- ✔ **Reporting:** No reporting is required at this time. See pg 39 for more on reporting.
- ✔ **Impact on the FCC Program:** There is no immediate impact on others in the program.
- ✔ **Communicating with Families:** Families should be notified so they can arrange alternative care options.

*Children attending a program that closes due to the educator or assistant having symptoms may be assigned to substitute care.*

## SCENARIO 6: A HOUSEHOLD MEMBER OF AN EDUCATOR OR ASSISTANT...

### → Tests Positive

Educators and assistants who have COVID-19 positive household members are now considered a close contact and may not provide care until return to care protocols have been completed. Please see pgs 15-17 for more details on return to care.

- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the FCC program:** There is no immediate impact on others in the program.
- ✔ **Additional considerations for household members living in the FCC home:** If the household member was present in the child care space during program hours, others in the program might be identified as close contacts and required to quarantine. Please speak with a public health expert to identify if exposure may have occurred.
- ✔ **Communicating with Families:** Families should be notified so they can arrange alternative care options if needed or take additional precautions if their child is identified as a close contact.

*Children attending a program that closes due to the educator's household member testing positive may be assigned to substitute care as long as the child is not identified as a close contact by public health.*

### → Is Identified As A Close Contact

Educators and assistants with household members identified as close contacts may provide child care with considerations below.

- ✔ **Reporting:** Complete an Incident/Injury Report. Please refer to pg 39 for more on reporting.

# Links and Resources Cont.

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- ✔ **Impact on the FCC program:** There is no immediate impact on others in the program. If the household member ends up testing positive, please refer to the scenario for a positive household member.
- ✔ **Additional considerations for household members living in the FCC home:** Household members identified as close contacts must be able to quarantine fully away from the child care program (i.e. no interactions before, during, or after the program day, no shared meals, spaces, etc). If an FCC educator does not feel that the household member can remain quarantined away from the program (i.e. if there is only one bathroom in the home/program), they may not provide care.
- ✔ **Communicating with Families:** Families should be notified of what precautions are taking place to ensure the program stays safe or so they can arrange alternative care options if needed.

*Children attending a program that closes due to the educator's household member being identified as a close contact may be assigned to substitute care.*

## → Has Symptoms

Educators/Assistants with symptomatic household members may provide child care as long as the household member does not test positive.

- ✔ **Reporting:** No reporting is required. Please refer to pg 39 for more on reporting.
- ✔ **Impact on the FCC program:** There is no immediate impact on the program.
- ✔ **Additional considerations for household members living in the FCC home:** Household members with symptoms must not be allowed in the child care program space during the program day.
- ✔ **Communicating with Families:** No communication with families is necessary at this time.

*Children attending a program that closes due to the educator's household member having symptoms may be assigned to substitute care.*

## SPECIAL SCENARIOS

### → A Transportation Driver Tests Positive

The driver may not continue to provide transportation until return to care protocols are completed. Please see pgs 15-17 for more details on return to care.

- ✔ **For Transportation Contracted through FCC Systems:** FCC Systems must communicate with all FCC programs that receive children from the affected transportation route.
- ✔ **Impact on children and/or staff on the affected vehicle:** Depending on if the driver worked while infectious, any children/staff that were in the vehicle might be identified as a close contact and should be excluded from child care.
- ✔ **Impact on FCC/GSA Program:** There is no impact on others in the program if they were not on the affected vehicle.
- ✔ **Communicating with families:** Programs should communicate with families of children who were on the vehicle but general notification to other program members is not yet required.

*For help with scenarios that are not covered in this document, please reach out to your Local Board of Health, or the Massachusetts Department of Public Health's Division of Epidemiology at [617-983-6800](tel:617-983-6800) or via email at [Childcare.covid19@mass.gov](mailto:Childcare.covid19@mass.gov)*

# Links and Resources Cont.

## Early Childhood Mental Health Consultation

Families who return to care and staff who return to work may have experienced or may be experiencing trauma of many kinds during this time. The contacts listed below can help support your care of children and families. ECMHC are available for immediate assistance for urgent issues.

REGION	THE EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (ECMH)	
1 – Western MA	<b>Behavior Health Network, Inc. Early Childhood Mental Health Consultation Program 110 Maple St., Springfield, MA 01105</b>	<b>Jean Fater</b>   Jean.Fater@bhninc.org  Phone: 413-568-1421, ext. 55730 Website: <a href="http://www.bhninc.org">http://www.bhninc.org</a>  <b>Sarah Lusardi</b>   slusardi@collaborative.org  Phone: 413-588-5567
2 – Central MA	<b>Community Healthlink — Together For Kids (TFK) Program 335 Chandler Street, Worcester, MA 01602</b>	<b>Beth Ciavattone</b> eciavattone@communityhealthlink.org Phone: 508-791-3261 Ask for “TFK Consultation Services” <a href="http://www.communityhealthlink.org">www.communityhealthlink.org</a>
3 – Northeast MA	<b>Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) Mental Health Consultation Program 439 South Union St., Lawrence, MA 01843</b>	<b>Jayna Doherty</b> Email: <a href="mailto:jdoherty@eliotchs.org">jdoherty@eliotchs.org</a> 508-688-5408 <a href="http://www.msppcc.org">www.msppcc.org</a>
5 – Southeast	<b>Enable, Inc. Consultation Services for Children 605 Neponset St., Canton, MA 02021</b>  <b>Justice Resource Institute, Inc. Early Childhood Training and Consultation 35 Summer St., Taunton, MA 02780</b>	<b>Gail Brown</b>   <a href="mailto:ghbrown@enableinc.org">ghbrown@enableinc.org</a> 781-821-4422, ext. 300 <a href="http://www.enableinc.org">www.enableinc.org</a>  <b>Stacey Gay</b>   <a href="mailto:sgay@JRI.org">sgay@JRI.org</a> 508-828-1308 ext. 2630 <a href="http://www.jri.org/ecs">http://www.jri.org/ecs</a>
6 – Metro Boston	<b>Preschool Outreach Program 780 American Legion Highway, Roslindale, MA 02131</b>	<b>Rachelle Joyner-Jones</b> <a href="mailto:rjoyner@thehome.org">rjoyner@thehome.org</a> 617-469-8594 Website: <a href="http://www.thehome.org">http://www.thehome.org</a>

# Links and Resources Cont.

## Professional Development Centers

EEC invests in important services, like the Professional Development Centers (PDCs), to support educators and programs with professional learning, training, and technical assistance. EEC encourages programs to use PDCs to assist with planning and operating, staff well-being, effective parent communication, and scheduling and administrative guidance during the COVID-19 emergency. Please see the below contact information listing for these services across each region and visit [EECStrongStart.org](https://EECStrongStart.org) for more. 

REGION	STRONGSTART PROFESSIONAL DEVELOPMENT CENTERS (PDC)
1 – Western MA	<b>Kimm Quinlan</b> <b>StrongStart Western Mass PDC Coordinator</b> 413-552-2215  <a href="mailto:WesternMaPDC@EECStrongStart.org">WesternMaPDC@EECStrongStart.org</a>
2 – Central MA	<b>Mary Watson Avery</b> <b>StrongStart Central Mass PDC Coordinator</b> 617-448-9729  <a href="mailto:CentralMaPDC@EECStrongStart.org">CentralMaPDC@EECStrongStart.org</a>
3 – Northeast MA	<b>Barbara Gallagher</b> <b>StrongStart Northeast PDC Coordinator</b> 978-682-6628   978-722-2505  <a href="mailto:NortheastMaPDC@EECStrongStart.org">NortheastMaPDC@EECStrongStart.org</a>
5 – Southeast	<b>Nicole Miles</b> <b>StrongStart Southeast PDC Coordinator</b> 781-870-7009 <a href="mailto:SoutheastMaPDC@EECStrongStart.org">SoutheastMaPDC@EECStrongStart.org</a>
6 – Metro Boston	<b>Debra Johnston-Malden</b> <b>Metro-Boston PDC Coordinator</b> 617-287-4620 <a href="mailto:MetroBostonPDC@EECStrongStart.org">MetroBostonPDC@EECStrongStart.org</a>

# Links and Resources Cont.

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## Licensing and Licensing Policy

### EXPEDITED LICENSING PROCESSES

EEC has established [expedited processes](#) to apply for new and expanded licenses to increase program capacity for the duration of the 2020–21 academic year. At the conclusion of the academic year, EEC will work with interested providers to make additional space and capacity permanent.

**Available expedited processes include:**

- Capacity Increase
- Temporary Relocation
- Educators Seeking to work as Assistants
- New License for Existing program
- New License

### TEMPORARY POLICY CHANGES AND EXTENSIONS

- All licensing fees are deferred through 2021.
- Programs will not be penalized for delays due to COVID-19. When necessary because of a local municipality's restrictions, inspections that have expired since January 2020 may be extended through the period that the COVID-19 Executive Order is lifted, in consultation with the program Licensors.

### CPR/FIRST AID CERTIFICATION EXTENSION

The requirement for staff to complete this training and to remain certified continues to apply, however, EEC has modified this requirement and will adhere to the expiration deadlines indicated on a provider's CPR and First Aid certification card or letter instead.

### USE OF VOLUNTEERS

During COVID-19, GSA programs may use volunteers as additional support in a program as long as they can do so without violating the rules of the Minimum Requirements for Health and Safety including daily health attestations and symptom screenings, adults wearing masks at all times, and maintaining stable groupings. Individuals who may be used as a volunteer include Family Child Care Assistants, teachers, parents, paraprofessionals, high school students at least 16 years of age or older, college students, and student interns. ***It is recommended that volunteers be used in roles that do not involve direct care and supervision of children to the extent possible.***

### FCC INACTIVE STATUS

Inactive Status enables a Family Child Care program to discontinue child care services for up to 6 months within a 12 month period without surrendering a license. EEC may extend the status for an additional 6 months as needed. While a Family Child Care Provider is inactive, the Provider will not appear on the EEC Child Care Search website. If the Provider reactivates the license, the Provider will be relisted. Notification to EEC, Child Care Resource and Referral Agency (CCRR) if the provider serves children with subsidized tuition, and families with children enrolled in the program must be completed by the program.

# Links and Resources Cont.

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## Background Record Checks

EEC's BRC requirements include Criminal Offender Record Information (CORI), Department of Children and Families (DCF), Sex Offender Registry Information (SORI), and state and national fingerprint-based checks.

- ✔ **Please Note:** Individuals submitted and approved through the Urgent BRC process during the pandemic are required to complete the full BRC process because the Urgent BRC does not meet ongoing federal compliance requirements.

### FAMILY CHILD CARE

EEC has modified BRC processes and qualification guidance in order to streamline and reduce barriers to reopening.

### FAMILY CHILD CARE EDUCATORS, HOUSEHOLD MEMBERS, REGULARLY ON PREMISES, AND THIRD PARTY AFFILIATES ☒

- ➔ The following individuals must undergo a BRC and be found suitable:
  1. Family child care educators
  2. Household members (15 years old and up) of FCC educators
  3. Persons regularly on the premises (15 years old and up)
  4. FCC assistants
  5. Anyone who provides services on behalf of, or who affiliates with, or are present in a program

### RETURNING PROVIDERS

- ➔ All child care program educators, assistants, household members or persons regularly on the premises of a family child care home, and third parties with unsupervised access to children shall have a valid and current BRC.

### PROVIDERS IN RENEWAL

- ➔ The FCC educator will submit an application and then receive consent forms for themselves, household members, and those identified as regularly on premises. The FCC should contact their EEC Licensor if the consent forms are not received. The consent forms will start the BRC process. Individuals will receive Fingerprint Notification Letters through the mail with instructions on how to schedule a fingerprint appointment with Identogo. EEC will run the other three checks (SORI, CORI, and DCF) simultaneously.
- ➔ All FCC educators must notify their licensor in the event that their household composition has changed, in order to obtain a consent form for that individual. Checks of all third party affiliates with unsupervised access to children must be run, even if the individuals are only present on a temporary basis.

# Links and Resources Cont.

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## CHANGES

- A BRC will affect a reopen transaction if an FCC provider lists a new Household Member or Regular on premises. This includes FCC providers who do not have all their Household Members and/or Regular on Premises listed in LEAD, and anyone who has not processed a transaction in LEAD since it went live in 2018.
- In the event an FCC provider lists all their Household Members in the reopen transaction, even though they might not technically be “new,” LEAD sees them as new and will send out BRC forms. Such FCC providers must notify their EEC Licensor that the Household Member and/or Regular on Premises have a current BRC on file, so that the BRC requirement can be removed from the LEAD transaction.
- If a new BRC is run as part of the reopen, the provisional legal letter will go out before the BRC is back, but the final legal letter will not go out until the BRC is complete and a suitable determination has been issued.

## IN HOME NON-RELATIVE CAREGIVER OR INFORMAL CARE

- If an individual is caring for an unrelated child in the child’s own home and receiving funding through EEC to provide subsidized child care, that individual must also complete the EEC BRC and be found suitable prior to receiving EEC funding.
- A family member (grandparent, aunt, uncle, or sibling by blood, marriage, or adoption of a child) that receives subsidy funding through EEC must complete a SORI prior to receiving funding from EEC. In the event a family member’s SORI returns a crime that is on the mandatory disqualification listing, they will be subject to the mandatory disqualification, preventing them from being paid by EEC for this care.

## GROUP AND SCHOOL-AGE

- Group and School-Age programs, including all licensees, BRC program administrators, and all staff, are required to undergo an EEC BRC and to be found suitable. All staff includes Group and School Age staff, volunteers, interns, and transportation personnel. The individuals listed above will be referred to as “candidates.”
- All current licensees, BRC program administrators, and employees shall have a current BRC with a status of Suitable or Provisional and shall have completed a fingerprint-based check within the past three years. Provided all licensees and employees have a current suitability status, a new EEC BRC is not required for the reopening process. 
- Group and School Age programs must update the staff checklist with the BRC status of all staff and the last date the BRC was run.

## MODIFICATIONS TO BRC PROCESS

- For new employees, the BRC process must be completed in its entirety, including fingerprinting. During the state of emergency, EEC will limit requests of additional documentation that may be difficult for a candidate to obtain during this time, including Mental Health Assessments or Criminal Justice Letters from the candidates with presumptive records. 
- **\*\*Note for all candidates: the name entered on the Consent Form must be an *exact match to the official form of identification you will bring to Identogo to be fingerprinted.* Identogo will not be able to process fingerprints without matching identification.**

# Links and Resources Cont.

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## DEPARTMENT OF CRIMINAL JUSTICE INFORMATION SERVICES SAFIS RESPONSE UNIT: ACCEPTABLE FORMS OF IDENTIFICATION-TEMPORARY OPERATIONAL CHANGE

In response to COVID-19, many states have implemented extensions on expired driver licenses and state identification cards as of June 8, 2020. EOPSS has approved IDEMIA to accept from an applicant an expired driver license or state identification card from Massachusetts in accordance with Massachusetts' published guidelines:

- ✔ September 2020 expiration for license/ID expired between March 1, 2020 – May 30, 2020.
- ✔ October 2020 expiration for license/ID expiring in June 2020.
- ✔ November 2020 expiration for license/ID expiring in July 2020.
- ✔ December 2020 expiration for license/ID expiring in August 2020.

A listing of acceptable forms of identification can be found here: [https://www.identogo.com/uploads/general/MA\\_SAFIS\\_AcceptableFormsofID\\_04012017\\_003.pdf](https://www.identogo.com/uploads/general/MA_SAFIS_AcceptableFormsofID_04012017_003.pdf)

Should you have any comments or concerns, please reach out to the SAFIS Response Unit at 617- 660-4790 or via email at [safis@mass.gov](mailto:safis@mass.gov).

# Links and Resources Cont.

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## Subsidy Policies

EEC has modified policies to accommodate families and the providers who serve them during this time. These modified policies will remain in effect until June 30, 2021. A full Revised Financial Assistance Policy Guide can be found [here](#).

Trainings on the Child Care Financial Assistance (CCFA) application can be found [here](#). EEC will continue to evaluate any necessary policy changes during the course of the year. Any future policy changes will be issued through a revised Financial Assistance Policy Guide. 

### ATTENDANCE AND REIMBURSEMENT POLICIES

- EEC has eliminated limits on the total number of explained absences a child may have. Policies regarding unexplained absences remain in effect.
- EEC has created flexibility for parents who do not wish to return to care immediately but who wish to remain with their current providers. Providers should communicate with families to let them know that they do not currently need to attend care to maintain their subsidy. The parent must indicate their desire to stay enrolled on the Parent Enrollment Confirmation Form and may change their mind at any time by submitting written notice.
- EEC will continue to pay providers based on confirmed enrollment through the end of Fiscal Year 2021. Parents must continue to abide by all subsidy requirements, including reauthorizing by their end date. Providers must remain in communication with the parents at least twice a month to confirm continued enrollment and to provide parents with educational supports. For more on communicating with families, please see 'Family Prioritization and Communication' in later in this section.

- Information on how children should be marked in CCFA to allow for payment during this period is available [here](#). Providers should follow all instructions contained in the Financial Assistance Procedures Manual Chapter 10.

### SCHOOL AGE REIMBURSEMENT

EEC will pay the full-day rate for school age children attending for more than 6 hours of care, including programs that are expanding options for care during remote learning. Funding will be limited to licensed or approved programs. Summer care will continue to be paid full time until the start of the school calendar year.

- **Parent Choice for Hybrid Schooling:** For Children whose public school have an up to 5 day a week hybrid instruction option, the parent may choose to keep the Child in the EEC subsidized program for 5 full Days a week.
- **Provider Payment for Hybrid Schooling:** For children enrolled in hybrid instruction, EEC will pay for 5 full Days per week even if Children are attending school in person some Days (Note: Child must attend full time sometime during the week in order to receive 5 full days per week.).
- **Kindergarten and Preschool Age Children:** Parents may opt to keep Children who are 5 years old in a preschool program rather than enrolling the child in kindergarten in the local school district. In such cases, the program will be paid the preschool rate. If a Child is attending public kindergarten, including remote learning or part time programming, the Child shall be considered a school age Child.

# Links and Resources Cont.

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- **Children with Confirmed Enrollment:** For children who have confirmed an intention to remain enrolled without attending, EEC will only pay the Before School and/or After School rate for Center Based programs, or the Part Time Over 2 rate for Family Child Care providers.

## AUTHORIZATION/ELIGIBILITY POLICIES

- All authorizations that end between March 16 and July 31, 2020 have been automatically extended. The reauthorization process has resumed for all families who expire after July 31, 2020.
- Comprehensive policies streamlining the reauthorization process and giving families options to maintain their subsidy even with uncertain employment or service need can be found in the Financial Assistance Policy Guide Chapter 5.
- EEC extended the amount of time allowed, through provisional authorizations, for job search from 12 to 26 weeks and will allow access to provisional authorizations for all families who are reauthorizing with limited documentation.
- Virtual appointment options are now available for reauthorization.
- Guidelines for authorizing and enrolling new subsidy families with limited documentation can be found here in the Financial Assistance Policy Guide.
- Parents must still report changes in service needs; however, all COVID-19 related changes will be categorized as Temporary Changes to give parents the maximum amount of time to find or return to a qualified service need to maintain subsidy.
- Federal Pandemic Unemployment Compensation is not counted as a part of a parent's income. Normal unemployment income will remain included.

## PARENT FEE POLICIES

- Parents may continue to report changes in income to reduce the parent fee listed on their authorization, including those parents who have provisional authorizations. EEC created streamlined documentation requirements and will allow parent fees to be changed during provisional authorizations.
- EEC will continue to pay parent fees for all families. EEC will inform providers at least 30 days in advance before parent fees are reinstated.

## FCC EDUCATORS AS FOSTER PARENTS

For Fiscal Year 2021, foster parents who are FCC Providers may opt not to send the child to an outside provider and may choose to keep the child enrolled in their own family child care home. In such cases, EEC will allow the reimbursement for subsidized child care to the Family Child Care Provider through the issuance of a voucher.

## CLOSURE DAY POLICIES

- Planned changes to closure policies in fiscal year 2021 continue, including the option for all providers to have a total of five professional development days, regardless of QRIS level.
- COVID-19 related emergency closures approved by a Regional Office will be paid. Please refer to the [Financial Assistance Policy Guide Appendix F](#) for additional information. 

# Links and Resources Cont.

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## PRICING LIMITATION LAW WAIVER

Beginning in March 2020 and extending through State Fiscal Year 2021 EEC will not enforce the requirement that Child Care Educators/Providers charge private families a rate equal to or higher than the state subsidized rate due to a waiver received from Operational Services Division. This will allow Child Care Educators/Providers to have tuition flexibility for private pay Families and allows discounts and tuition waivers to be offered without requiring restricted revenue to cover the differential pricing.

- All Subsidy Administrators should continue to keep published private rates on file, which includes any discounts, tuition waivers, and/or discounts for staff.
- CCFA has been updated to pay the EEC Daily Reimbursement Rate no matter the private rates listed. 
- All providers should now ensure that their accurate private rates are recorded in CCFA. 

## FAMILY PRIORITIZATION

Providers working with families receiving subsidized care are asked to work with families to prioritize attendance in situations where there is limited capacity, either on a temporary or long term basis.

For those providers who have more families than space to care for them, EEC asks that subsidized families are prioritized. If there are more subsidized families requesting attendance than the program can accommodate, the following prioritization criteria should be followed:

1. Highest priority: Families who are expected to return to work at a location outside of the home and have no alternative care for their child during work hours, or cannot safely care for their child at home.
2. Programs should prioritize DTA families, with those who need to return to work at a location outside of the home being highest priority. If a child

holds a voucher from DTA but the family does not currently need in person attendance, the program is not expected to require attendance.

3. Families that are currently working or attending school at home, on temporary furlough, on job search, or on another type of leave are not required to be prioritized at this time.
4. If a family is referred from DCF, the provider should coordinate prioritization and attendance expectations with the DCF Area Office.
  - If a provider is unable to serve all subsidized families requesting a return to in person attendance, the provider should work with the family and the CCR&R to find an alternative placement.

## FAMILY COMMUNICATION

EEC continues to pay for children who are enrolled but not attending, so long as the parent maintains their child care subsidy and the provider continues to communicate with the family twice a month. Please use the following tips for ongoing communication:

- Ensure that parents know to expect a communication twice a month and create a plan with them that identifies the best communication methods (i.e. email, phone call, virtual visit) and timing.
- Communications should focus on providing
  1. Support to the child and family.
  2. Guidance about subsidy policy, including helping the parent be aware of their authorization end date. (If you are a voucher only provider, remain in contact with the CCRR in order to refer the parent for assistance when needed.)
- Keep notes in the parents file about each outreach.

More guidance on parent outreach, including steps to follow if a parent is non-responsive, can be found in Procedures Manual Chapter 10.1.1 found [here](#).

# Links and Resources Cont.

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## Educator Qualifications

### RECIPROCITY FOR GSA AND FCC EARLY EDUCATORS TO BECOME FAMILY CHILD CARE CERTIFIED ASSISTANTS

In order to streamline the process to become an FCC Certified Assistant for currently certified educators with certain qualification, EEC created a new working procedure outlining the necessary steps.

→ **Group and School Age Reciprocity:** Individuals holding an EEC Teacher Certification (Infant/Toddler, Preschool, Lead Teacher, or Director) shall be considered to meet the qualifications as a Certified Assistant and must complete the following steps to become an FCC Certified Assistant.

1. Complete the FCC Certified Assistant application process through the LEAD portal.
2. Complete a new Background Record Check (BRC).
3. Upload evidence of completion (certificates or date of completion) for the Family Child Care Potential Provider Meeting: Part One training and Part 2 Q&A Session, EEC Essentials trainings , and the new “Guidance for Reopening Child Care” course.
4. Upload the current EEC Teacher Certification an Additional Attachment to the transaction.

→ **Family Child Care Educator Reciprocity:** Family Child Care Educators seeking to work as a Certified Assistant shall be considered to meet the qualifications as a Certified Assistant and must complete the following steps to become an FCC Certified Assistant.

FCC Educators seeking to work as an FCC Certified Assistant **permanently** must:

1. Complete the FCC Certified Assistant application process through the LEAD portal.
2. Complete a new Background Record Check (BRC).
3. Upload certificates of completion for EEC Essentials and the new “Guidance for Reopening Child Care” course.
4. Close FCC program through LEAD via the Close Prior to Expiration transaction.
5. Return the FCC license to EEC.

FCC Educators seeking to work as an FCC Certified Assistant **temporarily** must:

1. Complete the FCC Inactivate transaction through the LEAD portal.
2. Return the original FCC license to EEC.
3. EEC will re-issue an amended FCC license with the condition that the educator is functioning as an assistant and care is not to occur on the premises.

# Links and Resources Cont.

## FAMILY CHILD CARE REQUIRED QUALIFICATIONS

EEC has modified required qualifications and administration time for FCC programs. Please refer to the charts below for staff guidance.

ADMINISTRATOR LEVELS			
Capacity	Hours of Operation	Required Admin time	Administrator Qualifications
Please see guidance	Any	0	FCC Provider

STAFF NEEDS AND CERTIFICATION TABLES	
Age	Staff Needs and Certification Levels
Multi-Age All Age Groups	FCC Provider and FCC Assistant or Teacher I/T and/or PS

## NEW EDUCATION PROFILE FUNCTION IN LEAD

FCC providers and assistants can now update their Education Profile in LEAD as it relates to the completion of the following qualifications, if applicable:

- ➔ EEC Teacher Certification
- ➔ Child Development Associate (CDA)
- ➔ Department of Elementary and Secondary Education (DESE) Licensure
- ➔ Department of Public Health (DPH) Early Intervention certificate
- ➔ Associate, Bachelor, or Advanced Degree Diploma (only if diploma shows major i.e. Associates of Arts in Early Childhood Education)
- ➔ Official or Unofficial Transcripts showing completed degree, major, and graduation year
- ➔ College Early Childhood Certificate

Although this update is not required, FCC educators and assistants are encouraged to submit their education for the purposes of documenting the educational background of all educators for future EEC credentialing processes.

For more information and instructions on how to upload these documents, please log into your LEAD account and click on the 'Education Profile' tab.

# Links and Resources Cont.

## GROUP AND SCHOOL-AGE EDUCATOR QUALIFICATIONS

EEC is modifying the Educator Qualification requirements specifically for the reopening of Group and School Age child care programs. To qualify for one or more of these positions, educators must meet the specified work experience and education requirements detailed in the Modifications to Work Experience Requirement Towards EEC Certification and Modifications to Educational requirements towards EEC Certification section.

### ➔ Modifications to Work Experience Requirements Towards EEC Certification

Experience in providing direct care and teaching during all types of program activities to a group of children, under seven years of age and not yet enrolled in first grade, or special needs children up to age 16, at least 12 hours per week, on a regular basis, in periods of at least four weeks in one program.

EEC is accelerating work hours gained during the COVID-19 program closures beginning March 23, 2020 through the end of the Executive Order.

50 hours of consistent work at one program will be equivalent to one month of work experience. 📌

### ➔ Modifications to Educational Requirements Towards EEC Certification

EEC is expanding the teacher qualifications requirements to accommodate educators with higher education degrees and work experience (see chart).

## Degree-based Qualifications Towards Certification

Revised Educational Requirements	Work Experience Requirements
<b>TEACHER INFANT TODDLER AND/OR PRESCHOOL CERTIFICATION</b>	
Associates, Bachelor's, or Advanced Degree in Early Childhood Education (ECE) or Related Field	Three (3) months in related age groups
<b>LEAD TEACHER INFANT TODDLER AND/OR PRESCHOOL CERTIFICATION</b>	
Associates, Bachelor's, or Advanced Degree in Early Childhood Education	Nine (9) months in related age groups For Lead Teacher Infant/Toddler, a course in Infant Toddler Care is required
Associates, Bachelor's, or Advanced Degree in Related Field, plus ➔ 12 ECE Credits	Nine (9) months in related age groups For Lead Teacher Infant/Toddler, a course in Infant Toddler Care is required
<b>DIRECTOR I CERTIFICATION</b>	
Meets Lead Teacher requirements, plus ➔ 4 CEUs or ➔ 3 credits in Child Care Administration	Fifteen (15) months in related age groups An Educator does not need to work as an EEC Certified Lead Teacher prior to obtaining a Director I certification.
<b>DIRECTOR II CERTIFICATION</b>	
Meets Director I requirements, plus ➔ 4 CEUS or 3 Credits in a Child Care Leadership Course ➔ (Category of Study 8, 9,10, 11, 12)	No additional work experience required

# Links and Resources Cont.

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*\*Unrelated and non-degree Educators must meet all of the General Educator Qualification requirements.*

## → **Modification to course requirement: Child Growth and Development Course**

For Educators with an unrelated degree or no degree, a Child Growth and Development course is still a requirement. EEC has modified what will be accepted towards Child Growth and Development:

- ✔ **Three Continuing Education Units (CEU) will be accepted towards Child Growth and Development until June 30, 2021.** CEUs can be obtained from any International Association for Continued Education and Training (IACET) accreditation and the course focus must be Child Growth and Development. Educators who complete CEUs prior to June 30, 2021 can submit an application for certification as long as the course was completed prior to the end of the fiscal year. 📄
- ✔ **EEC is also accepting Life Span courses such as Human Development and Developmental Psychology through Life Span to fulfill the Child Growth and Development Requirement.**

## **STUDENT PRACTICUMS** 📄

For students completing practicums for college credit as a part of a degree program through an accredited College or University, as a part of a Chapter 74, Non Chapter 74, EEC High School Approved Early Education Program, or the Jump Start Corps Program who are unable to complete their practicum due to COVID-19, EEC is temporarily amending the hours requirement for those who have completed at least 50% of required hours. Please refer to EEC's [Extended Waiver Guidance for Academic Year 2020–2021](#) for information.

- ✔ **Please note: as long as a student teacher, practicum student, or other student intern is assigned to a single classroom and**

**does not float from classroom to classroom to observe or support, then they may be utilized by the program and should not be considered 'non-essential.'**

## **SCHOOL AGE EDUCATOR QUALIFICATIONS STAFF MODIFICATION** 📄

- Programs serving school age children can utilize ½ of their non-teaching administrative time outside of program hours.
- If a Site Coordinator serves as the School Age Administrator for the program, the Site Coordinator must be supervised by a qualified School Age Program Administrator, who may be off-site.
- **Group Leader Qualifications modification:**

Group leaders shall be at least 16 years of age AND have been an assistant leader for 9 months AND has completed at least 10 hours of early education focused professional development per year.

Group leaders shall be a child care program Employee in a supervisory or proctoring role (group activity) with at least a year of experience with school age children AND at least 10 hours of early education focused professional development.

# Links and Resources Cont.

## GROUP SIZES, RATIOS, AND REQUIRED QUALIFICATION

EEC has modified the required qualifications and administration time for Group and School Age programs. Please refer to the charts below for staff guidance.

GROUP AND SCHOOL-AGE ADMINISTRATOR LEVELS			
Capacity	Hours of Operation	Required Administrator Time	Administrator Qualifications
No more than 10	Any	0	Teacher or Site Coordinator
11 through 13 infant – preschool	Any	0	LT
14 through 26 infant – preschool	Less than 4	0	LT
14 through 26 infant – preschool	Four or More	0	DI
27 through 39 infant – preschool	Any	50% FTE	DI
40 through 79 infant – preschool	Any	50% FTE	DI
80+ infant – preschool	Any	50% FTE	DII 
11 through 52 school-age children	Any	20% FTE	School-Age Administrator
53+ school-age children	Any	20% FTE	School-Age Administrator

## GROUP AND SCHOOL AGE STAFF NEEDS AND CERTIFICATION LEVELS

GROUP AND SCHOOL-AGE STAFF NEEDS AND CERTIFICATION LEVELS	
Age	Staff Needs and Certification Levels
Infant	At least two Teacher Infant/Toddler Or One Teacher Infant/Toddler and One Assistant
Toddler	At least two Teacher Infant/Toddler Or One Teacher Infant/Toddler and One Assistant
Preschool	At least one Teacher Preschool Or One Teacher Preschool and One Assistant
School-Age	At least one Group Leader
Multi-Age All Age Groups	At least one Infant/Toddler and Preschool Teacher Or at least two Preschool Teachers *Programs must assign at least one qualified staff person to meet the youngest age group.

# Links and Resources Cont.

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## LARGE GROUP CHILD CARE LICENSING/TEMPORARY APPROVAL AS ADMINISTRATOR

To address the immediate need for an Administrator within a Large Group Child Care program, EEC is revising the Temporary Approval as Administrator. Lead Teachers and Director I certified staff that are lacking a single college course or the total work experience of 15 months may be approved to serve as Director I or Director II, respectively, for a maximum of 3 consecutive semesters while completing the education or experience required for permanent certification. Lead Teachers and Directors seeking to serve as Director I or Director II must submit to the Department a written request for temporary approval and a plan for completion of education and work experience requirements. To request approval form, please email the TQ Unit at [eecprofdev@mass.gov](mailto:eecprofdev@mass.gov).

## EDUCATOR QUALIFICATION CERTIFICATION PROCESS MODIFICATIONS

- EEC will accept electronically scanned applications for certification priority processing and upgrades.
  - ✔ For first time applicants, utilize the [General Application packet](#) on EEC's website.
  - ✔ For Upgrades, utilize the Professional Qualifications Upgrade Application
- Submit all the required documentation in PDF form (**No .jpegs or pictures taken by phone**; PDF scanner apps are available for mobile phones).

- Please also note that EEC will not be accepting e-transcripts sent directly from a college/university. Transcripts must be included in the application packet in PDF form including all pages showing authenticity.
- Email complete application packet to [eecprofdev@mass.gov](mailto:eecprofdev@mass.gov) with the subject line "Submission of EEC Application for Certification Priority or Upgrade (Reopening)"
  - ✔ Educators should only submit one application either via mail to our Central Office in Boston or electronically. 📧

# Additional Information

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## CLEANING AND DISINFECTING

**OUTDOOR SPACES:** Guidance from the U.S. Centers for Disease Control and Prevention (CDC) indicates that outdoor areas like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection. Focus cleaning efforts between uses by groups of children on high-touch surfaces made of plastic and metal like grab bars and railings. It is not practical to disinfect entire large playground structures and is not proven to reduce the risk of COVID-19. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

Disinfecting products should be on the list of [EPA-approved list](#) for use against COVID-19.

## DPH-MANDATED FLU VACCINE

The influenza vaccine has been added to the DPH list of mandated vaccinations and is now required for all children 6 months and older attending child care. Children must have received the current Flu Season vaccination by December 31, 2020. Nothing has changed in EEC regulations at this time. Per EEC regulations, programs are required to collect documentation for vaccinations.

For more information on the flu vaccine and immunization schedules from DPH, please visit [mass.gov/info-details/school-immunizations](https://www.mass.gov/info-details/school-immunizations).

## THE HEALTH ATTESTATION & SYMPTOM SCREENING

The **Health Attestation** form asks the parent/guardian to confirm that the child has not exhibited symptoms of COVID-19 nor been exposed to a COVID-19 positive individual since last attending child care.

The **Visual Screening** asks the provider/staff to verify that there are no visible symptoms of COVID-19.

All children attending child care, including those attending in-person instruction prior to attending child care must have a completed health attestation each time they arrive at care. The health attestation does not need to be completed when they arrive at care. A parent may complete the attestation in the morning, even if the child does not attend care until several hours later. Child care providers must still complete a visual screen for symptoms to confirm that the health status of the child has not changed since the completion of the health attestation.

Alternatives to a paper-based Health Attestation are allowed. On-line forms, third party apps, text messages, emails, are all acceptable forms through which to collect answers to the required questions in the Health Attestation.

Health Attestations should be kept until at least the end of the Governor's State of Emergency declaration..

Visual Screenings must take place when a child presents at child care as well as throughout the day to monitor for symptoms.

## CHILDREN ENGAGED IN HYBRID INSTRUCTION

Children may attend both in-person instruction and child care during the same program day. This is not a violation of the Minimum Requirement regarding stable groupings. Each program is responsible for ensuring stable groupings for all children and staff *only during the time that the children are in attendance at that program, not prior to arrival or after dismissal.*

If a child arrives to child care on transportation from another program (like school) and presents with symptoms, they should be isolated immediately and the protocol for a symptomatic child in care should be followed.

# Additional Information Cont.

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## **SYMPTOMS OF COVID-19**

Runny nose, congestion, headache, and fatigue that present by themselves (i.e. a child with just a runny nose, or a child with just a headache) are NOT cause for isolation or exclusion.

## **TRANSPORTATION**

Physical distancing of at least 6 feet must be maintained in 7D vans and school buses when transporting children to and from child care. The total number of children allowed to be transported in a van or bus might be affected by the presence of siblings or members of a single household that are allowed to be seated next to each other.

Children traveling on school district provided transportation may follow school district rules with respect to placement and distancing.

## **THE MASSACHUSETTS TRAVEL ORDER**

The MA Travel Order went into effect on August 1st and is intended to reduce the risk of COVID-19 transmission due to out-of-state travel. The travel order applies to all travelers entering and returning to Massachusetts and requires either a 14 day quarantine upon (re)entry OR a negative COVID-19 PCR test taken within 72 hours of (re)entering the state. Travelers under the age of ten who are with an adult that has received a negative test, do not need to have a negative test to return to care. Travel parties that choose to quarantine must include all children traveling as well.

Child care educators and staff are not exempt from the Travel Order.

The most up to date list of non lower risk states and all additional information about the Travel Order can be found [here](#).

## **QUALITY RATING & IMPROVEMENT SYSTEM (QRIS)**

EEC recognizes that asking programs to work on QRIS goals while also instituting new practices and procedures intended to prevent the spread of COVID-19 may be stretching program resources too far during the pandemic. Therefore, EEC has decided to pause the current MA QRIS to give programs more time to focus on the health and safety practices detailed in this Playbook. EEC will not be granting new QRIS applications during this time. Instead of completing the full QRIS, programs should complete or update their Continuous Quality Improvement Plan, or CQIP, available in the [Toolboxes](#) and submit it to their Program Quality Specialist. Programs that have engaged with a Program Quality Specialist on their CQIP will be eligible for QRIS benefits during this year of transition. For more information about updates to the MA QRIS, please contact your regional [Program Quality Specialist](#).

## **MAINTAINING STABLE GROUPS**

Maintaining stable groups is an important practice to help reduce the potential spread of COVID-19 if it is introduced into the program. However, maintaining stable groups should not prevent a substitute from working in an otherwise stable classroom if a staff member, educator, or provider takes time off. It also should not prevent children from transitioning from one classroom into another when necessary.

# Definitions

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**Center-Based Care** – Child care provided in a non-residential setting.

**Clean** – Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

**Communicable Disease** – A disease that is spread from one person to another in a variety of ways, including travel through the air, contact with bodily fluids, contact with a contaminated surface, object, food or water, and certain animal or insect bites.

**Coronavirus** – Any of a family (Coronaviridae) of large single-stranded RNA viruses that have a lipid envelope studded with club-shaped spike proteins, infect birds and many mammals including humans, and include the causative agents of MERS, SARS, and COVID-19.

**COVID-19** – A mild to severe respiratory illness that is caused by a coronavirus (severe acute respiratory syndrome coronavirus 2 of the genus betacoronavirus), is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.

**DESE** – The Massachusetts Department of Elementary and Secondary Education.

**Disinfect** – Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces. Changing tables should be cleaned and then disinfected after each use.

**DPH** – The Massachusetts Department of Public Health.

**EEC** – The Massachusetts Department of Early Education and Care.

**Exposed** – Having had close contact with someone diagnosed with COVID-19 from the period of 48 hours before symptom onset (or positive test if asymptomatic) until 10 days after symptom onset. **Close contact** is generally defined as being less than 6 feet away, for greater than 15 minutes. The 15 minutes accumulates over the period of 24 hours and does not have to occur consecutively. Consider how close the person was, how long the exposure occurred for, and whether the person with COVID-19 was symptomatic (e.g. coughing). 

**Fever** – A measured or reported temperature of > 100.0° F.

**Group** – Two or more children who participate in the same activities at the same time and are assigned to the same educator for supervision, at the same time.

**Health Care Consultant** – A Massachusetts licensed physician, nurse practitioner, or physician's assistant with pediatric or family health training and/or experience.

**Health Care Practitioner** – A physician, physician's assistant or nurse practitioner.

**Isolation** – Isolation separates sick people with a contagious disease from people who are not sick.

**Family Child Care** – Child care provided in a professional caregiver's home.

**Parent** – Father or mother, guardian, or person or agency legally authorized to act on behalf of the children in place of, or in conjunction with, the father, mother, or guardian.

**Personal Protective Equipment (PPE)** – PPE is used to minimize exposure to hazards that cause serious illness or injury. Gloves, masks, face shields, goggles, and gowns are all examples of PPE. Different types of PPE are worn for different types of situations.

**Premises** – The facility or private residence that is used for the child or youth serving summer program and the outdoor space on which the facility or private residence is located.

**Program** – An organization or individual that provides early education and care services to children or youth. Programs may include family child care, center-based child care, or school-age child care.

**Program Staff** – All individuals working with children and/or youth in early education and care. Staff may include directors, administrators, family child care educators, approved assistants, group leaders, camp counselors, nurses, educators, and other individuals employed by the child or youth serving program who may have contact with children.

**Quarantine** – Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

**Sanitize** – Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by cleaning and then sanitizing surfaces or objects to lower the risk of spreading infection. Surfaces used for eating and objects intended for the mouth (food service tables and highchair trays, pacifiers, mouthed toys, etc.) must be cleaned and then sanitized both before and after each use.

# Fliers & Forms

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EEC has created these sample resources for child care programs to use and/or adapt as they see fit. Programs are not required to use these specific ones. All forms and fliers are available as printouts [here](#).

## WHAT TO DO IN THE EVENT OF A COVID-19 POSITIVE CASE

Post this reminder in a place where you might reference it if you need to report a positive COVID-19 case in your program.

## IT'S UP TO EACH OF US

This flier is intended to explain what providers are doing to keep their programs safe and healthy and what parents can do to help. It also lists the symptoms of COVID-19 as an easy reference.

## OUT OF STATE TRAVEL & CHILD CARE DURING COVID-19

This flier is intended to remind parents of the basic rules of the travel order and how it might impact their use of child care.

## PROMOTING THE HEALTH & SAFETY OF ALL MEMBERS OF THE CHILD CARE COMMUNITY

This is a sample community contract or compact that programs can use or adapt to their own program specifics. It is intended to communicate to parents, staff, and other adults in the program what the expectations are for their actions outside of the program in order to minimize the risk of COVID-19 from entering the program.

## DAILY HEALTH ATTESTATION

This is a sample version of the health attestation. This version includes an additional question about the whereabouts of a child since the last time they were in child care and a best contact number for the day. Programs may customize the attestation to fit their program needs as long as it maintains the required list of symptoms and a check for close contact with a COVID-19 positive individual.

# What to do in the event of a COVID-19 Positive Case



If a child, staff member, educator, or household member of a child in the program tests positive for COVID-19, follow these 4 steps:



**1. REPORT.** Immediately report to the Department of Public Health using the short COVID-19 Positive Reporting Form. **LINK TO REPORTING FORM IS AVAILABLE IN LEAD.**



**2. CONNECT.** A Public Health representative will contact you to ask follow-up questions to help you determine a plan that may include enhanced monitoring, enhanced cleaning, or closure of a grouping or program.



**3. IMPLEMENT.** Share only pertinent information and instructions with families while maintaining the confidentiality of individuals.



**4. SUBMIT.** Within 48 hours, submit an injury/incident report in the LEAD system, just as you would with any other infectious disease.

**Please visit your LEAD account for the link to the DPH COVID-19 Positive Reporting Form.**

*\*If, for any reason, you have not been able to get in touch with Public Health, please notify your licensor for assistance.*

*\*For other medical or scientific questions programs may also reach out to State Department of Public Health epidemiologists at [childcare.covid19@mass.gov](mailto:childcare.covid19@mass.gov) or 617.983.6800.*

# It's up to each of us

## to keep our community safe & healthy

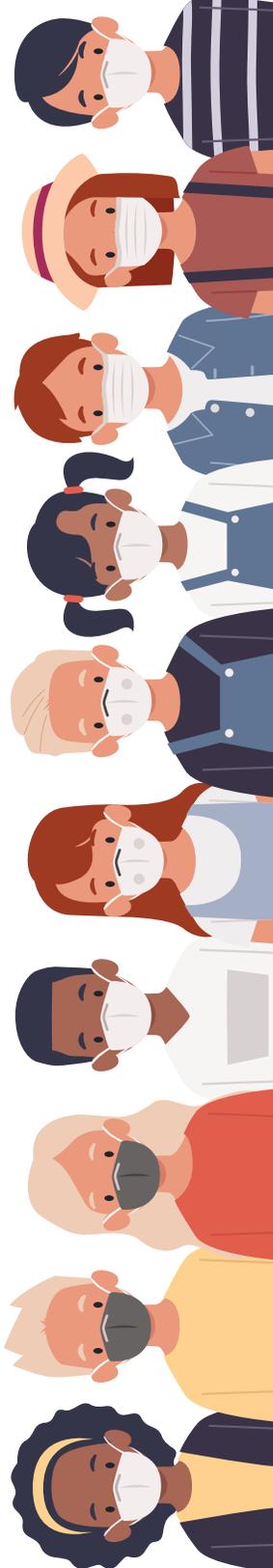


### → We are doing everything we can to minimize health risks

This includes wearing masks; cleaning, disinfecting and sanitizing; encouraging physical distancing

### → Help us minimize risk by keeping your child home if they show any signs of illness

Keeping sick children home helps us stay open for other children and so your child can return as soon as he or she is healthy



Please keep your child home if they are showing any of the following symptoms:

- ✘ Fever of 100.0° F or higher
- ✘ Cough
- ✘ Sore Throat
- ✘ Rapid breathing or difficulty breathing (without recent physical activity)
- ✘ Flushed cheeks
- ✘ Gastrointestinal symptoms (diarrhea, nausea, vomiting)
- ✘ Fatigue (Fatigue alone should not exclude a child from participation)
- ✘ Headache
- ✘ New loss of smell/taste
- ✘ New muscle aches
- ✘ Any other sign of illness

or if your child has been in close, prolonged contact with someone who is COVID-19 positive.



# Out Of State Travel & Child Care During COVID-19

- Please follow the rules in the **Governor's Travel Order** when returning from travel to help keep child care open for everyone.
- This includes not dropping off or picking up your child from care if you are subject to a **14-day quarantine upon return from travel.**
- Speak with your early childhood educator to discuss your plans and their expectations upon return!

Visit **mass.gov/MAt traveler** for more information and the most up to date list of lower-risk states.

**It's up to each of us!**



# Promoting the Health and Safety of All Members of the Child Care Community

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This child care program is a community of children, families, and educators all trying to provide the safest, most enriching, and joyful experience for children every day. Now more than ever, our individual choices have an impact on keeping this program safe, healthy, and open for ALL the families who rely on it during the COVID-19 pandemic.

## ***As a member of this child care community, I understand that***

- The program is taking extra precautions to reduce the risk of spreading COVID-19 within the program if it is introduced;
- I have a personal responsibility to support the health, safety, and well-being of everyone that works and attends this program; and
- My choices outside of the child care program can help prevent COVID-19 from coming into this child care program so that it can remain open for all community members.

## **Therefore, as a member of this child care community I commit to:**

- Keeping myself or my child at home if any symptoms of COVID-19 are present (or were present if during a weekend) including fever (100.0F), cough, sore throat, difficulty breathing, gastrointestinal distress (diarrhea or vomiting), loss of taste or smell, and/or muscle aches even if there is no known COVID-19 exposure;
- Return my child to the program by following the protocols if my child tests positive, has symptoms, or is identified as a close contact;
- Reporting to the program honestly and quickly if I find out that my child or someone that lives in my home tests positive for COVID-19 or is identified as a close contact;
- Supporting and reinforcing the efforts of the program to encourage children to wear masks at all times including encouraging my child (if over 2 years old) to wear a mask at all times when outside our home; and
- Abiding by all public health guidelines, orders, and protocols including wearing a mask at all times when I am not in my own home including when I drop off and pick up from child care, avoiding large crowds and indoor gatherings as much as possible, and cooperating with instructions from a Local Board of Health or contact tracers in order to keep the program safe for all of us.

I, \_\_\_\_\_ (*print name*), have read the above child care community compact, agree to all of it and will try my best to do the above at all times during the COVID-19 pandemic.

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**SIGNATURE**

**DATE**

NAME OF CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

BEST CONTACT NUMBER TODAY: \_\_\_\_\_

## Daily Health Attestation

Please complete the following for each child. If you answer yes to any of the following, please do not bring the child to care.

SYMPTOMS OBSERVED IN CHILD IN THE PAST 24 HOURS?		YES	NO
Fever (100.0° and higher), feverish, had chills			
Cough			
Sore throat			
Difficulty breathing			
Gastrointestinal distress (nausea, vomiting, or diarrhea)			
New loss of taste or smell			
New muscle aches			
Fatigue <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
Headache <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
Runny nose or congestion <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
Any other signs of illness <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
<b>WITHIN THE LAST 14 DAYS</b>		<b>YES</b>	<b>NO</b>
Has your child had close contact with a COVID-19 positive individual?			

Please list where your child has been (excluding their primary residence) since they were last in child care:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ STAFF SIGNATURE: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

BEST CONTACT NUMBER TODAY: \_\_\_\_\_

## Daily Health Attestation

Please complete the following for each child. If you answer yes to any of the following, please do not bring the child to care.

SYMPTOMS OBSERVED IN CHILD IN THE PAST 24 HOURS?		YES	NO
Fever (100.0° and higher), feverish, had chills			
Cough			
Sore throat			
Difficulty breathing			
Gastrointestinal distress (nausea, vomiting, or diarrhea)			
New loss of taste or smell			
New muscle aches			
Fatigue <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
Headache <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
Runny nose or congestion <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
Any other signs of illness <i>*must be in combination with other symptoms to be cause for exclusion*</i>			
<b>WITHIN THE LAST 14 DAYS</b>		<b>YES</b>	<b>NO</b>
Has your child had close contact with a COVID-19 positive individual?			

Please list where your child has been (excluding their primary residence) since they were last in child care:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ STAFF SIGNATURE: \_\_\_\_\_



# Updates Archive

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The following updates have been made since the June 12th version of the ***Massachusetts Child and Youth Serving Programs Reopen Approach: Minimum Requirements for Health and Safety.***

1. All child care programs may return to pre-COVID licensed ratios.
2. All child care programs may return to pre-COVID-19 licensed maximum group size provided that for GSA programs, 42 sq ft of licensed space per child can be achieved.
3. Early educators and child care providers are now required to wear face masks at all times when at child care unless outside and maintaining 6 feet of physical distance (p 19). Face masks use for children continues to be encouraged.
4. Programs must now report all positive COVID-19 cases directly to the Department of Public Health via an online reporting form (p 15). Please note, this does not replace filing an incident report before a positive test result if symptoms or a possible exposure are reported.
5. During the COVID-19 emergency, only children up to the age of 8 who live in an FCC home and are present in the child care space will be considered to be 'in the care of educators' for the purposes of determining capacity. Children who are enrolled in school and older than 8 may be in the child care space without counting towards licensed capacity as long as 35 square feet per child can be maintained. (pg 30)
6. Limited in-person support services are now allowed when the service can't be effectively provided via telehealth. All providers must follow proper health and safety protocols including completing a health attestation and screen at entry, wearing appropriate PPE, and not moving between groups. (pg 28)
7. Field trips are allowable with a plan to maintain discrete groups, physical distancing, face masks, and frequent handwashing (pg 17)