



MASSACHUSETTS
Department of
Early Education and Care

Massachusetts Child and Youth Serving Programs Reopen Approach

Minimum Requirements for Health and Safety

UPDATED DECEMBER 14, 2020



Developed in partnership with the Department of Early Education and Care (EEC), Executive Office of Health and Human Services (EOHHS), Department of Public Health (DPH), Department for Children and Families (DCF), and Department of Elementary and Secondary Education (DESE).



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Dear Early Education Community,

On May 18, 2020, the Baker-Polito Administration announced Reopening Massachusetts, a comprehensive, phased plan to safely reopen the Massachusetts economy, get people back to work, and ease social restrictions while minimizing the health impacts of COVID-19. The Department of Early Education and Care (EEC) recognizes that child care programs are a critical component in getting the Commonwealth back to work and is committed to working to ensure that child care providers have the guidance they need to reopen programs in a prudent, safe way. To that end, Massachusetts Child and Youth Serving Programs Reopen Approach: Minimum Requirements for Health and Safety (Minimum Requirements) was developed and initially released on June 1, 2020, updated on June 12, 2020, and significantly revised on August 21, 2020. This version dated December 14, 2020 represents a routine update to the Minimum Requirements to remain in line with current Public Health knowledge and protocols.

EEC recognizes that the evolving health landscape requires adaptability and is committed to providing clear and current standards that will support all licensed and funded programs to provide safe, healthy, and informed early education and care services to all of the Commonwealth's children and families. EEC understands that the existing Regulations (606 CMR 7.00) may not be feasible or may not align with the Minimum Requirements during this time. Under Executive Order No. 36, Order Authorizing Re-Opening Preparations for Child Care Programs, EEC is issuing both a **revised set of Minimum Requirements for Health and Safety**, as well as regulatory guidance to communicate any **temporary changes and amendments to 606 CMR 7.00 Standards for the Licensure or Approval of Family Child Care; Small Group and School Age and Large Group and School Age Child Care Programs**. These changes and amendments are intended to allow for increased flexibility for licensed and funded providers and to provide clarity for licensed programs where previous regulations may not align with the latest public health landscape.

Throughout this time, EEC is here to support you in your reopening and continued provision of safe, healthy, and high quality child care. We thank you for the work that you are doing for the children and families you serve, and hope that these Minimum Requirements provide the clarity and flexibility needed to effectively and safely run your program. Our teams across licensing, background record check, program administration, legal, teacher qualification, subsidy, and more are here for you. If you have any questions on the Minimum Requirements or the changes and amendments to Regulations, please do not hesitate to contact your licenser or get in touch with EEC at office.commissioners@mass.gov.

Stay well,

Commissioner Sam

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Definitions

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, through respiratory droplets, 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 COVID-19.

COVID-19 – A mild to severe respiratory illness that is caused by a coronavirus (severe acute respiratory syndrome coronavirus 2 referred to as SARS-CoV2), is transmitted chiefly through respiratory droplets or from contact 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 $\geq 100.0^{\circ}$ 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, and school age child care.

Program Staff – All individuals working with children and/or youth in early education and care programs. Staff may include directors, administrators, family child care educators, approved assistants, group leaders, 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 monitor for symptoms and prevent future transmission.

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*.

Minimum Requirements for Health and Safety During COVID-19

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.
 - (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, and mitigation of transmission until a sick individual can safely leave the program.
 - c. Board of Health Engagement: A plan to work with their 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 to inform 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) A 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.
- B. **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 promotes the Minimum Requirements in this document including:
- (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 grouping 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:
- 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.
- (3) Eliminate materials that increase the likelihood of transmission.
- a. Remove soft, porous toys and items that cannot be easily cleaned (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. ¹Close 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 sink where they can easily be seen by children and staff.
- (5) ²Confirm safe operations, including checking for safe 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.

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 The Minimum Requirement regarding storing personal items so they do not touch was removed in the December 14th update.

² 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.

- (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.
 - (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.
- B. 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.
- C. 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°F 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
- D. 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 4C(4); 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 childcare space to minimize further exposure to other staff and children until he or she can leave the premises.

B. Report confirmed cases:

- (1) In the event that a child care program is informed of a COVID-19 positive individual in their program, or a COVID-19 positive individual that shares a home with an individual in the program the program must:
 - a. 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 a provider's LEAD account)
 - b. CONNECT with an Epidemiologist from the Department of Public Health to discuss next steps. The Epidemiologist will call the contact as listed in the reporting form after the COVID-19 Positive Reporting Form is submitted.
 - c. IMPLEMENT a communication plan that maintains the privacy of the infected individual and addresses next steps with impacted families as discussed with the Epidemiologist.
 - d. SUBMIT an incident report in LEAD in the same manner as another infectious disease.

C. 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

- (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.

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 maintain physical distance at all times, including but not limited to:
 - a. During transitions (e.g., moving from inside to outside spaces);
 - b. During meal times;
 - c. During all indoor and outdoor activities;
 - d. During sleep, rest, or quiet play time; and
 - e. While on transportation.
- B. 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

- c. program staff needed for supervision or coverage due to an emergency
- C. 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 at the following times:
 - 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 facemask 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.³
 - 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.
- D. Face Masks: Programs must promote the wearing of face masks during the program day for children and require face masks to be worn by adults at all time for adults (unless outside and maintaining physical distance), and for children when 6 feet of physical distance is not possible.
- (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 individuals who are not program attendees, educators, or staff entering 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 or in-person service providers).

³ While hand sanitizer may be used by children over 2 years of age with parental permission, handwashing is the preferred and safer method.

- (3) When 6 feet of distance is not possible, face mask use requirements for children is 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 parent 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.
- (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. ⁴

5. Cleaning, Sanitizing, and Disinfecting⁵⁶

- 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.
- B. Cleaning, Sanitizing, and Disinfecting After 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.

⁴ 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 Refer to [CDC guidance](#) for more information about proper cleaning, sanitizing, and disinfecting.

⁶ 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.

- (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.

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.
 - (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 4C 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.⁷

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 response to allergies to certain foods.
 - (4) Provide staff with the appropriate PPE including

⁷ The Minimum Requirement regarding additional cleaning were removed from the December 14 update. Cleaning of vehicles should be in line with pre-COVID guidance.

- 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.
- B. 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 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.

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