



EEC's Health and Safety Guidance During COVID-19 Recovery for Child Care Providers

Updated Approach for Promoting Health and Safety

On May 17, 2021, the Baker-Polito Administration announced that state-wide COVID-19 restrictions would be lifted, the gathering limit would be rescinded, and all industries would be permitted to open effective May 29, 2021. The State of Emergency ended on June 15, 2021. Therefore, on May 29, the Department of Early Education and Care (EEC) retired both the *Minimum Requirements for Health and Safety* and the *COVID-19 Child Care Playbook* which outlined COVID-specific requirements for child care.

Effective September 7, 2021, all individuals (adults and children five years of age and older) are required to wear masks in EEC licensed and approved programs. Mask wearing is strongly recommended for children ages two-five and is at the discretion of the parent/family. [View EEC's policy on Mask Usage in EEC Child Care Programs.](#)

By federal public health order, all children over the age of two and staff are required to wear masks on child care transportation at this time. This order does not apply to those with a disability who cannot wear a mask or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).

Programs are required to adhere to the requirements specified in 606 CMR 7.00. To support operations and workforce recruitment during this transition period, EEC will not be enforcing some specific regulations. More guidance on this flexibility is below. As part of EEC's health and safety regulations for licensed childcare programs (606 CMR 7.11), programs should incorporate any specific practices needed to support the continued prevention of COVID-19 transmission into their program policies. Until further notice, programs should continue to maintain COVID reporting structures for both exposures and positive cases that occur within their sites.

EEC is supporting programs in their implementation and administration of program-defined policies and will continue to support programs in balancing health with operational and child development priorities. EEC began in-person monitoring for programs on July 26.

To support programs in the development and implementation of COVID-19 policies, EEC is offering the following *Suggested Strategies for the Prevention and Response to COVID-19 in Early Education and Care Programs*. The suggested strategies are current best practices in preventing COVID-19 transmission and responds to current research. EEC will continue to update these regularly to support programs in keeping their own policies up to date, as COVID vaccinations continue to increase, and cases continue to fall. EEC will continue to remove strategies and implementation tips that become no longer relevant as the best practices evolve (e.g., arranging indoor space to promote distance when possible). Programs are also encouraged to monitor the CDC website for relevant guidance. EEC encourages programs to integrate any suggested strategies described further below, as appropriate, to address the specific needs of the facility, program configuration and community served.

Programs should ensure that all policies developed for their sites are designed to meet the specific needs of each program's circumstances and the population the program serves. Programs should also have in

place a system to communicate updates with parents. The implementation tips listed below are exclusively intended to support programs in developing their own policies.

Suggested Strategies for the Prevention and Response to COVID-19 in Early Education and Care Programs

Below are suggestions for policies and practices programs can consider to support the continued prevention of and response to COVID-19. Programs should set policies appropriate to their setting and have a system to communicate updates to those policies with families regularly. Programs have discretion to implement additional strategies that they determine appropriate, along with any tools or implementation supports decided by the program.

1. Monitor for symptoms and stay home when sick or if exposed to a COVID-19 positive individual

Tips for implementation:

- Provide information to families in their primary language to support them in conducting symptom checks each morning
- Communicate clearly to families that they should not send their children to the program if they exhibit COVID-19 symptoms or are a close contact of a COVID-19 positive individual
- Screening procedures are not required at the point of entry. However, staff should observe children throughout the day and refer children who may be symptomatic to the healthcare point of contact.
- *Please Note: Temperature checks are not recommended as screening due to the high likelihood of potential false positive and false negative results*

2. Have a clear, consistent visitor policy

Tips for implementation:

- Limit non-essential visitors who are not vaccinated to the maximum extent possible
- Establish and communicate visitor policies for essential visitors, i.e., educators, vendors, parents picking up children, etc.
- Develop communications methods for regularly sharing the program's COVID-19 related health and safety practices with families
- Develop a process for sharing program's COVID-19 related health and safety practices with all visitors to ensure clear expectations are set for visitors while in the program

3. Increase ventilation and circulation of fresh air

Tips for implementation:

- Open windows and doors to increase the outdoor air coming in, where safe to do so
- Use a high-efficiency particulate air (HEPA) fan/filtration system in places where no fresh air circulation is possible
- Adjust HVAC systems to increase total airflow to occupied spaces, when possible
- Use child-safe exhaust fans by an open window to move air from inside to outside
- Hold activities outside as much as possible, where safe to do so
- [See CDC guidance related to ventilation in schools and childcare programs](#)

4. Promote physical distancing and smaller groups when indoors

Tips for implementation:

- Arrange indoor space and create routines to promote a minimum of 3 feet of distance
- Arrange indoor space (e.g., blocking off chairs) and create routines to promote a minimum of 6 feet of distance during certain times with increased risk of transmission, such as during nap or meal times.
- Assign children and adults to stable, discrete groups, as much as possible
- Use fully vaccinated adults to serve as “floating” staff between groups

5. Promote frequent hand hygiene

Tips for implementation:

- Establish hand washing stations at strategic locations throughout the program space
- Post signage that uses pictures and is displayed at children’s eye level to encourage hand washing, mask-wearing, and physical distancing.
- Regularly review with children how to wash hands, wear masks and physically distance safely and effectively

6. Isolate sick or symptomatic individuals

Tips for implementation:

- Designate a space for the isolation of sick or symptomatic individuals until they can leave the program
- Identify a person responsible for regularly reviewing the CDC’s recommendations for child care during COVID-19 and identifying updates that need to be addressed

7. Continue routine and targeted cleaning practices

Tips for implementation:

- Clean high touch surfaces (door handles, bus seats, drinking fountains) and shared objects within the program and on program transport vehicles once a day
- When illness is confirmed, increase targeted cleaning and disinfection of high touch surfaces
- Ensure disinfecting products used are on the list of EPA-approved products for use against COVID-19

8. Modify health and safety practices for special populations

Tips for implementation:

- Provide appropriate and adequate PPE for staff working with **children requiring hands-on assistance for routine care activities**, including toileting, diapering, feeding, washing, or dressing, and other direct contact activities
- Provide additional staff, developmentally appropriate guidance, and additional accommodations for **children with special needs**
- Review and update individualized health care plans regularly to incorporate any necessary modifications that may be needed due to changing COVID-19 protocols
- Facilitate the safe in-person delivery of support services or prepare the space and equipment to enable the delivery of virtual support services
- Coordinate and communicate program policies with support service providers who work with children enrolled in the program

- Work with **adults and children with high-risk factors** to ensure they are protected and able to participate

9. Track community risk

Tips for implementation:

- If COVID-19 rates continue to fall across communities, consider adjusting your policies to allow for more flexibility
- Assign a staff person to be responsible for communicating with families, staff, and EEC regarding closures and absences related to COVID-19 quarantine or potential spread

10. Use DPH's testing and return to care protocols

Tips for implementation:

- Designate a staff person to be responsible for regularly reviewing DPH's [isolation and quarantine guidance](#) and [Pediatric and Adolescent Testing Guidance](#) and identifying any necessary changes in program policies and practices.

Questions and Answers

Q: Which COVID-19 specific practices and protocols are still required in child care?

A: Except for reporting requirements (see next question), none of the COVID-19 specific practices and protocols from the Minimum Requirements for Health and Safety are required at this time. This includes:

- Health attestations: health attestations and visual screens are no longer required when individuals enter the program. Programs no longer need to retain previously completed health attestations and may dispose of them immediately.
- Non-essential visitors: All individuals may now be allowed back into the child care space.
- Operating at licensed capacity: All programs may now operate at their full licensed capacity.
- Operating in licensed space: Center-based programs can return to the minimum space requirements of 35 square feet per child without any further action. More information is forthcoming.
- Posted Reopening Letters: Programs may remove their posted 'Provisional Reopening Letter' and/or 'Final Reopening Letter' at their program at this time.

Programs are encouraged to decide if, and to what extent, they will implement any COVID-19 specific safety precautions and should create policies that reflect those decisions. These policies should be communicated to families and do not need to be reviewed or approved by EEC.

Q: What should programs do if there are sick or symptomatic individuals in their program or if someone has been identified as a close contact?

A: EEC suggests that programs follow [DPH guidance](#).

- Individuals with *new* symptoms should stay home and get tested for COVID-19. A list of symptoms and testing guidance for pediatric and adolescent populations can be found [here](#) (in the document titled 'Pediatric and Adolescent COVID-19 Testing Guidance').
- Individuals who test positive for COVID-19 should follow DPH guidance regarding [isolation or quarantine](#) for a period of time following a positive COVID-19 test.
- Close contacts should follow the [isolation and quarantine protocols](#) outlined by the Department of Public Health. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine if they have been identified as a close contact as long as they do not have symptoms.

Q: Do programs need to report cases of COVID-19 in their program?

A: Yes. The reporting requirements from the Minimum Requirements for Health and Safety remain in place at this time.

- Reporting COVID-19 positive cases: At this time, programs should continue to report COVID-19 positive cases to the Department of Public Health via the COVID-19 Positive Reporting Form found as a link in their LEAD account. Programs should also continue to report COVID-19 incidents in an Incident/Injury report in LEAD.
- Contact tracing: Contact tracing will continue to be conducted by Local Boards of Health and the Community Tracing Collaborative. Programs are encouraged to continue to cooperate with contact tracing efforts.
- Classroom closures due to COVID-19 positive cases: Local Boards of Health continue to be responsible for determining which individuals need to quarantine and if a classroom needs to close due to a public health concern.

Q: Is contact tracing required outdoors?

A: The Department of Public Health recently updated its [definition of a close contact](#) to state explicitly that close contacts occur when indoors. According to CDC guidance, individuals are less likely to be exposed to COVID-19 during outdoor activities, even without the use of masks. As a result, when individuals are outdoors, they will not be identified as close contacts and will not have to quarantine.

Individuals will be identified as a close contact of a COVID-19 positive person if they were within 6 feet of them while indoors, for at least 15 minutes, while they were symptomatic or within the 48 hours before symptom onset. Individuals will also be identified as a close contact if they were within 6 feet for at least 15 minutes of someone while indoors, who tested positive for COVID-19 in the 48 hours before their test was taken or anytime in the 10 days after the test.

Close contacts should follow the [isolation and quarantine protocols](#) outlined by the Department of Public Health. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine as long as they do not have symptoms.

Q: Did any of COVID-19 specific EEC subsidy policies change on May 29 or June 15?

A: No. Subsidy policies and flexibilities that were established during COVID will remain in place through the summer months providing flexibility for parents, including:

- Extended job search
- Ability to enroll but not attend
- And ability to authorize remotely

The OSD price limitation waiver will also continue allowing programs who enroll children with subsidy to discount private pay tuition as needed to support enrollment and access.

The newest editions of the Financial Assistance Policy Guide and Financial Assistance Procedures Manual that codify the continuation of these policies can be found [here](#).

Q: What do I need to know about licensing at this time?

A: EEC retired its Minimum Requirements for Health and Safety on May 29th, and programs are required to follow regulations specified in 606 CMR 7.00, except for certain specific workforce regulations that EEC will not enforce during this transition period. With the end of the State of Emergency, EEC will no longer consider providers who remain closed to be temporarily closed due to the COVID-19 public health emergency; rather those providers will be considered closed until a plan for re-opening is developed with their licensor.

Q: Will regular licensing visits be in-person now?

A: EEC returned to in-person monitoring visits on July 26, 2021. **All visits will be announced** at this time which will give the program and licensor an opportunity to discuss expectations before a visit. Licensors visiting family child care programs will be required to wear a mask at all times while indoors at the program space regardless of the program policy, unless otherwise determined by a supervisor based on the space configuration of the specific program site. Licensors visiting center-based programs will be required to follow the program's protocols regarding the use of masks, if known. If unknown, licensors will be asked to always wear a mask while indoors during the visit. EEC will decide about the timeline for returning to unannounced visits at the end of the summer.

At these announced visits, EEC licensors will ask standard questions about the possible presence of COVID-19 in the program including:

- Has anyone in the program had symptoms recently or been sent home today?
- Have any classrooms been closed recently?

Q: What Licensing transactions are required post State of Emergency?

A: EEC will continue many of the expedited licensing transactions developed during COVID-19 for both center-based and family child care providers. For all providers that are re-opening for the first time since the emergency closure in March 2020, a reopening transaction is not required but programs must connect with their licensor for a conversation about the readiness of the program to welcome children back into their care.

Q: Which children are counted in the capacity of a Family Child Care program?

A: Children younger than ten who live in the residence and are present for more than three consecutive hours on each of five consecutive days, will once again be considered to be in the care of educators for Family Child Care Providers (606 CMR 7.03(5)(c)3) and will thus count towards capacity. Recognizing that many providers may have already solidified their enrollment for this summer based on the capacity requirements specified in the Interim Regulations, EEC developed a variance process. Providers who wish to obtain a variance from this requirement must submit a Variance Request Transaction in LEAD. All approvals granted for temporary variances pertaining to 606 CMR 7.03(5)(c)3 shall expire on or before September 15, 2021. Programs should be prepared to return to pre-variance conditions when planning for fall enrollment.

Q: What flexibilities exist for educator qualifications?

A: We recognize the importance of addressing programs' staffing difficulties due to COVID-19. Included in the updated GSA and FCC licensing policies is information about specific flexibilities EEC is maintaining to support programs in sustaining staff capacity.

Q: What transportation policies are in place at this time?

A: By federal public health order, all children over the age of two and staff are required to wear masks on child care transportation at this time. This order does not apply to those with a disability who cannot wear a mask or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).

Programs should continue to adhere to all EEC transportation policies that can be found on [this page](#).

Q: What COVID-19 resources are still available to programs?

A: The following COVID-19 resources continue to be available to programs:

- PPE: [No-cost PPE](#) will continue to be available through the summer for licensed programs.
- Testing: [No-cost COVID-19 testing](#) for child care staff, children, and families remains available throughout the Commonwealth.
- Epidemiology support: The Department of Public Health (DPH) state epidemiology phone service remains active at this time. If you have COVID-19 specific questions State epidemiologists can help. Call them at 617-983-6800.