To: Board of Early Education & Care
From: Laura Perille, President & CEO, Nurtury Early Education
Date: 11/10/2020
Re: Testing access needs

Thank you for taking the time to consider this testimony regarding the importance of developing a strategy to support early education programs with quick access to testing and rapid turnaround of results, in particular for our workforce, in order to keep them safe, reassure both staff and families, and provide rapid access to information to help us stop the spread and keep child care programs open.

As the leader of a large multi-site child care provider, I am writing today with both some feedback and concerns related to testing access and support for child care – and some suggestions for what would help us meet our shared goal of keeping child care programs open and reopening them quickly and effectively in the event of temporary closures. Since reopening, and increasingly, one of the biggest challenges has been quick access to tests for staff and families, followed by rapid turnaround of results.

My concern is that – while K12 remains or shifts to remote – child care has been open since July for in-person care, yet it has not been classified as a priority for state testing resources or support. Even the Rapid Response unit was initially made available only to K12 this summer and extended to child care well into the fall. This flies in the face of all we know of child care's critical role in reopening the economy, and the commitment that child care workers have shown by returning to work. There are significant workforce equity issues here as well. Keeping child care open – especially if things continue to get worse – should warrant the full attention of the state and its testing resources, with the opportunity to model how we manage public health risks while protecting staff, children and families.

Nurtury Early Education operates six centers and supports 130 providers in our family child care system. Since reopening in July, working closely with public health authorities at the Boston Public Health Commission and, more recently, Cambridge Health Alliance, we have navigated a handful of exposure incidents in our centers with minimal impact (mostly family member positives or staff excluded by our screening procedures). We are seeing slightly higher rates of temporary closures in the Family Child Care system, given that many are solo providers in home-based settings. In both settings, however, one of the biggest challenges has been quick access to tests for staff and families, followed by rapid turnaround of results.

Unfortunately, our luck began to change about three weeks ago, with three simultaneous exposures in three centers (across town, no shared staff), which seems indicative of the challenges of rising rates of community transmission. Here's what it looks like on the ground:

- One was a parent positive that involved quarantining two children, one of whom later tested positive.

- The second was one positive teacher, but resulted in the closure of 3 classrooms due to proximity and the need to have all staff in those rooms tested. We navigated both of those effectively, with guidance from BPHC and based on our prior experience.
- The third – at Nurtury Harvard Street, in Cambridge – was deemed a cluster with a total of 8 positives (4 staff, 2 children, 2 parents) with the center now in its 3rd week of closure. It was closed immediately at the outset, but a combination of delayed testing results and staff availability delayed reopening to November 5th. This means 5 classrooms – serving over 50 children with 20 staff – were out of operation for nearly three weeks. We worked closely with Cambridge Health Alliance throughout this more significant episode.

This last case led to Nurtury's request on 10/23/20 for the Rapid Response Mobile Testing Team to be sent to our Cambridge Center at the end of quarantine but before children returned the following Monday. Note that this request was NOT intended to re-test the positives, as we know it is not helpful for that. The intent was 1) to ensure that we had a 2nd/final test for those who tested early in their quarantine as an extra precaution, and 2) to confirm clearance also for those who quarantined without a test and were possibly asymptomatic. Above all, in the event of a significant closure, convenient on-site testing would address the considerable burden on staff and families AND provide public confidence that we would be unlikely to experience a late positive just as we reopened.

Our request was denied by MA DPH on 10/30/20 because our needs did not meet the criteria for access to the Rapid Response Unit. The exchange raised questions about whether the Rapid Response criteria as currently applied for early education will meet the needs of this field. Please note that I am not requesting any action on Nurtury's rejected request – we have already addressed the immediate issue and the center is reopened. Looking to the future, however, I am providing this feedback to highlight needed testing support for child care providers as community transmission rates continue to rise.

Drawing on the exposures we have experienced to date, here is what I believe would be helpful to meet our shared goal of keeping staff and children safely in classrooms, to enable families to return to work:

1. **Accessible testing at multiple sites for child care workers as essential infrastructure workers** (like first responders) with rapid communication of results (ideally within 48 hours). A few ideas:
    a. Expedite child care workers test results like that of first responders, regardless of site used, by flagging their test results as "Child Care". This might also encourage more child care staff to seek routine testing.
    b. Link child care centers with specific free testing sites, leveraging that existing infrastructure and investment, to have results expedited from that site/clinic back to the test-taker. Please see the attached sample flyer from a pilot partnership beginning 11/2/20 between the Greater Roslindale Medical & Dental Center and Nurtury. They run one of the free testing sites and have offered to "fast track" results for any Nurtury family or staff. We believe this model could be replicated for multiple testing sites and child care programs.

2. **Surveillance testing for child care center staff at least once a week.** We have heard the pro's and con's (mostly cost) of this approach, but we also can see it working in suburban and private school systems and universities. Especially if K12 is mostly closed and child care is open, we believe child care should be the pilot site for a serious experiment – and at a minimum, to get us through the next few grim months while maximizing available service for families and employers. We know that our

internal controls – health screenings, hand hygiene and masking, sanitation, and cohort management – are critical, but as community transmission continues to rise, we need additional protections to help child care remain open. Quickly identifying asymptomatic positives in particular would be aided by regular testing access.

3. **Rapid Antigen Testing (RAT) for all child care staff following any holiday closures** (Thanksgiving, winter holidays) – I think it is critical that we problem-solve for this immediately, or multiple programs could experience widespread closures following each holiday, when it is more difficult to ensure that staff and families have followed social distancing and mask guidance.

4. **Access to on-site Rapid Response Mobile Testing** – I would recommend that criteria for this access be reviewed and expanded to include both the current criteria (asymptomatic testing for classrooms that are still open to prevent additional closures, as it was explained to me) AND new criteria for child care centers that have experienced a cluster or a significant closure, to act as final check for those cleared to return to care/work, to avoid subsequent reinfections.

I offer this feedback in the spirit of helping us all address the shared goals of keeping child care up and running. We would be happy to work with or answer questions from EEC or MDPH as you pursue solutions to early education challenges regarding quick testing access and rapid results.

With thanks,
Laura