MASSACHUSETTS
Department of
Early Education and Care

Massachusetts Child and Youth Serving Programs Reopen Approach

Minimum Requirements for Health and Safety

UPDATED APRIL 21, 2021

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).

MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

MASSACHUSETTS DEPARTMENT OF Children & Families

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Dear Early Education Community,

On March 10, 2020, Governor Charlie Baker declared a State of Emergency in the Commonwealth in response to the COVID-19 pandemic (Executive Order No. 591: Declaration of a State of Emergency to Respond to COVID-19). Subsequent orders called for extended K-12 school closures and the suspension of non-emergency child care programs. On March 18, 2020, the Department of Early Education and Care (EEC) made Exempt Emergency Child Care Programs (EECCP) available, with priority access for vulnerable children and the families of essential workers, emphasizing those in health care, public health, human services, law enforcement, public safety, and first responder fields.

It has been over a year since Governor Baker declared a state of emergency for Massachusetts; a year categorized by continual change. Looking back, I am in awe of the strength, resilience, and commitment with which the entire early education and care community came together in service of children and families across the Commonwealth.

In the months to come, the weather will continue to bring warmer, sunnier days, and programs will be able to take advantage of outside spaces. It is my hope that, by leveraging the warmer weather to spend more time outdoors over the next few months, programs will be able to continue safe operations within the parameters of these adjusted requirements.

To that end, Massachusetts Child and Youth Serving Programs Reopen Approach: Minimum Requirements for Health and Safety (Minimum Requirements) has been revised to help you adjust for the spring and summer months and will become effective as of April 26, 2021. We want to make sure you have all of the information you need to remain open safely and in a manner that protects the health of all members of your communities.

Our goals are to allow for as much of a return to normalcy as is safely possible, to build in flexibility where we can, while we can, and to provide clear and current guidance so programs can make decisions that are best for their staff, families, and communities.

We do encourage programs to continue to leverage available data and their own ability to sustain risk-mitigation strategies as they adjust operations through the warmer months. It is important to maintain health and safety protocols that can mitigate the risk of COVID-19.

Thank you for the work you are doing for the children and families of Massachusetts. Our teams across licensing, background record checks, program administration, legal, teacher qualifications, subsidies, 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 licensor or get in touch with EEC at office.commissioners@mass.gov.

Stay well,

Commissioner Sam

Table of Contents

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° 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.***

Vaccinated – Treated with a vaccine to produce immunity to an infectious disease, such as COVID-19. Individuals are considered fully vaccinated against COVID-19 two weeks after their second dose in a two-dose series, such as the Pfizer or Moderna vaccines or two weeks after a single-dose vaccine (Johnson & Johnson).

Minimum Requirements for Health and Safety During COVID-19

1. Preparing the Environment

A. Preparing the Physical Space: All spaces used for child care must be arranged in a way that promotes the Minimum Requirements in this document including:

(1) Confirm safe operations, especially after periods of prolonged closure, 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) 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.[1]

b. Programs with large, open spaces used by more than one discrete grouping at the same time are encouraged to create a barrier that defines the separate spaces and ensures a minimum of 3 feet between the groups.

(3) 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.

(4) 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. Minimize use and touching of water fountains and consider asking staff and families to bring their own water bottles with refills.

(5) 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.

[1] If a program does not meet this minimum but has health and safety adaptations in place, a Regional Office may approve it for operation.

c. Handwashing instructions must be posted near every handwashing sink where they can easily be seen by children and staff.

(6) Increase outdoor air ventilation.

a. If safe to do so, open doors and windows as much as possible to bring in fresh, outdoor air. If opening windows or doors is unsafe, consider other strategies for increasing ventilation to reduce the amount of particles in the air, such as using air filtration systems.

b. Child safe fans (mounted or anchored and with safety guards to protect children from injury) may be used to increase the effectiveness of open windows. Safely secure fans in a window to blow potentially contaminated air **out** of the space.

c. Do as many activities outdoors as possible, especially when masking is not possible, such as during snacks/meals and physical activity.

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.

(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 Attestations 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 have been 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. Strategies to Reduce the Risk of Transmission[2]

A. Physical Distancing: At least 6 feet of physical distance is required during times when masks cannot be worn (e.g. during meals and rest times). When masks are worn ***and*** all other risk reduction strategies are in place, at least 3 feet of physical distancing must be maintained.

B. Discrete Groupings: Children and staff must be assigned to the same discrete group each day.

(1) To minimize risk of transmission, combining of discrete groups is discouraged.

a. If at any time of the day it becomes necessary to combine groups or share staff across groups, programs must ensure that the most stringent risk reduction strategies are in place (masking, physical distancing of at least 6 feet, and increased ventilation).

(2) 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.

C. In-person services: In-person services and visitors may be reintroduced into the child care space, including therapists, interns, volunteers, coaches, observers, and consultants, when all COVID-19 risk reduction strategies are in place

(1) Masking, physical distancing, hand hygiene, and increased ventilation must be implemented consistently prior to reintroducing in-person services and visitors.

(2) If space allows, limit the interaction of specialized service providers to only the child(ren) they are working with.

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[2] Please note that, at this time, individuals who are fully vaccinated must continue to follow the same COVID-19 risk reduction strategies as individuals who are not fully vaccinated.

(3) Whenever possible, in-person services and visitor activities should be conducted outdoors.

D. 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, handling food, or feeding a child;

d. After sneezing, coughing or nose blowing or after touching the eyes, nose, and mouth;

e. After toileting and diapering;

f. After working in sand boxes or similar activities;

g. After touching or cleaning surfaces that may be contaminated;

h. After using any shared equipment like toys, computer keyboards, mouse;

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 alcohol 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: Face masks are required for all adults and children ages 5 years and older, unless otherwise noted below. Face masks are strongly encouraged for children between the ages of 2-4 years.

(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) Exceptions to the use of face masks:

a. Children under the age of two years;

b. Children of any age who cannot safely and appropriately wear, remove, and handle masks;

c. Children while eating, drinking, sleeping, or napping;

d. Individuals who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;

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

e. Children with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;

f. Children for whom the only option for a face covering presents a potential choking or strangulation hazard;

g. Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe; and

h. Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely.

4. Cleaning, Sanitizing, and Disinfecting[4][5]

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. Targeted enhanced cleaning and disinfecting using EPA-registered disinfectants is strongly encouraged for frequently touched surfaces like activity tables, chairs, sink faucets, and door handles.

B. Cleaning, Sanitizing, and Disinfecting After Exposure: 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 child safe ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection. Plan for availability of alternative space while areas are out of use.

(2) 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.

5. Arrival and Dismissal

A. Precautions During Group Transportation: Programs providing transportation services must follow the guidance below.

(1) Face masks are required during boarding and transportation for all drivers and monitors and all riders ages 5 years and older, in compliance with EEC's COVID-19 Transportation Policy. Masks are strongly encouraged for children who are at least 2 years old.

B. Precautions During Arrival/Dismissal: Adults who drop off and pick up children should do so either outside or at the entrance to the home or facility, whenever possible. Designate staff to receive the children and see that they arrive safely to their destination.

(1) Stagger pick-up/drop-off times to limit direct contact as much as possible.

(2) Post signage in pick-up/drop-off areas to remind parents about masking, handwashing, and physical distancing requirements.

(3) Sanitize or switch out writing utensils used for sign-in/sign-out between uses by different people or encourage parents to use their own writing utensils.

[4] Refer to CDC guidance for more information about proper cleaning, sanitizing, and disinfecting.
[5] 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.

6. **Considerations for special populations**

A. Staff caring for children with special needs or 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.

7. 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. Contact the child's parents or emergency contact on file to arrange for immediate pick up. Have the parent or emergency contact wait in the car for the child to be brought to them.

c. Close off all areas used by the sick child and ensure these areas are not used until they have been properly cleaned and disinfected.

(2) In the event that an adult becomes symptomatic while at a child care program:

a. The adult must immediately cease all direct 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.

c. Close off all areas used by the sick adult and ensure these areas are not used until they have been properly cleaned and disinfected.

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 a child 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 who will call to discuss next steps. The Epidemiologist will contact the individual 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 follow a quarantine[6] 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.

a. If a symptomatic individual (without a known exposure) **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 (without a known exposure) **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.

8. Preparedness and Planning

A. Planning: Programs opening for the first time or reopening following the COVID-19 closure must develop and submit plans to the Department prior to opening that address how the program will protect staff, children, and their families from the spread of COVID-19, including steps the program will take when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19 or tests positive for COVID-19. Open programs must continue to monitor their plans and update them as needed, in accordance with the most current guidance.

B. Plans **must** include the following:

(1) Program Operations Plan

a. Program Administration: A plan to ensure that strategies to minimize contact, reduce risk of transmission, and promote physical distancing are in place and enforced consistently.

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.

[6] Fully vaccinated individuals who are asymptomatic (show no symptoms) do not have to quarantine if they are a close contact of someone who tests positive for COVID-19, as long as they monitor for symptoms for a full 14 days and remain without symptoms during that time. Individuals are considered fully vaccinated two weeks after their second dose of a two-dose series (Pfizer or Moderna) or two weeks after a single-dose vaccine (Johnson & Johnson). Symptomatic individuals must follow quarantine protocols regardless of vaccination status, including being tested before returning to work.

c. Visitors: A plan for how the program will coordinate space and facilitate virtual or limited in-person visitor services, including support services for children, program volunteers, and professional supports for educators.

d. Community Risk: A plan for how the program will track the spread of COVID-19 in the area and how decisions about changes to prevention strategies will be made in response to community risk.

(2) 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. Cleaning Plan: A plan that identifies the cleaning and disinfecting activities that must be conducted following the presence of a COVID-19 positive individual in the program.

d. 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.

e. 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.

(3) Transportation Plan: (if applicable) A plan for how infection control strategies will be implemented during transportation, including during boarding and disembarking, and a plan to maintain mask wearing, increase ventilation, and promote hand hygiene practices before, during, and after transport.

References

CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again. (2020, May). Retrieved June 6, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=42

Cleaning and Disinfecting Your Facility. (n.d.). Retrieved May 8, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Cleaning and Disinfection for Community Facilities. (n.d.). Retrieved May 8, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Cleaning, Sanitizing, and Disinfecting Funded Programs. (2019, October 1). Retrieved May 8, 2020, from https://www.mass.gov/doc/cleaning-sanitizing-and-disinfecting-for-funded-programs/download

Compliance Requirements for Center-Based Funded Programs. (n.d.). Retrieved May 8, 2020, from https://www.mass.gov/doc/eec-center-based-funded-compliance-requirements/download

COVID-19 Information for Local Boards of Health. (n.d.). Retrieved May 8, 2020, from https://www.mass.gov/info-details/covid-19-information-for-local-boards-of-health#frequently-asked-questions-

COVID-19 Resources for School Bus Personnel. (2020, March 23). Retrieved May 8, 2020, from https://www.aft.org/sites/default/files/covid19_info_buscleaning.pdf

Guidance for Child Care Programs that Remain Open. (n.d.). (2020, April 12). Retrieved May 8, 2020, from http://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Guidance for Operating Child Care Programs during COVID-19. (2021, March 12) Retrieved April 1, 2021 from https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Guidance on In-Person Learning Requirements (2021, March 9) Retrieved April 1, 2021 from https://www.doe.mass.edu/covid19/on-desktop.html

Guidance Related to Childcare During COVID-19. (n.d.). Retrieved May 8, 2020, from https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-related-to-childcare-during-covid-19/

How COVID-19 Spreads. Retrieved November 30, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

Interim Guidance for Child Care Programs. (n.d.). Retrieved May 8, 2020, from https://context-cdn.washingtonpost.com/notes/prod/default/documents/5c0a7b41-2997-4a9a-ad3a-7d2ff788fc8e/note/8c6cbafb-bc04-4d78-9f15-cf27fc7c4b4d.#page=1

Key Messages and Actions for COVID-19 Prevention and Controls in Schools. (2020, March). Retrieved May 8, 2020, from https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4

Safe Practices: Being Mindful of Cleaning Chemicals During COVID-19. (2020, May 5). Retrieved May 8, 2020, from https://info.childcareaware.org/blog/safe-practices-being-mindful-of-cleaning-chemicals-during-covid-19

School Year 2020-21 Reopening Transportation Guidance. (2021, February 11). Retrieved on April 1, 2021 from https://www.doe.mass.edu/covid19/on-desktop.html

Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities. (2020, April 7). Retrieved May 8,2020, from https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf

Virginia Department of Social Services COVID-19 Frequently Asked Questions. (2020, April 9). Retrieved May 8, 2020, from https://www.dss.virginia.gov/cc/covid-19-docs/Child Care COVID-19 FAQ.pdf

What Bus Transit Operators Need to Know About COVID-19. (2020, April 14). Retrieved May 8, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html