**MDCC COVID-19 HEALTH & SAFETY PLAN**

*During times when the local, state, or federal government determines that MDCC is in an area facing or at-risk of a pandemic, such as COVID-19, or other health crisis, these policies and procedures will supersede MDCC’s standing policies and procedures.  MDCC reserves the right to eliminate, modify, and/or replace any policies and procedures necessary, for any reason, at any time.*

Dear Melrose Daycare Center & Preschool families,

Here is our new COVID-19 Health and Safety Packet based on the new minimum standards set out by EEC, our licensing board. We ask you to take some time to review it and if you have any questions or concerns, we will be happy to address them at our family Zoom meeting on Wednesday July 15th. or by email or phone.  We will be sending out a Zoom invitation during the week of July 6th.

We want to THANK YOU for your patience, encouragement and continued support.  During the past three months, we have been so humbled, grateful and touched by the support from our families, staff and service providers. It is directly because of your support that MDCC is able to reopen with our staff and program stronger than ever. Our educators are ready to get back to teaching your little ones. They have worked very hard to maintain involvement through the WhatsApp chats and classroom Zoom calls.  We’re so proud of them and have missed them terribly!

As the months progress, we will be keeping an eye on the information and changing standards required by the state and keep you updated on any changes. We have been advised by EEC that they do anticipate being able to return some of the square footage and group size restrictions (which is lowering our capacity) to previous levels in response to favorable trends in virus transmission.

The past few months have been extraordinarily difficult for us all in varying degrees. As much as you probably have been trying to protect your children from the stress of disrupted routines, not seeing loved friends and loved ones, and your own worry about health and world events, this crisis has also taken its toll on children. What is most important for you to know is that as much as we’re focusing on the physical health and safety of your child, we are also dedicated to their emotional health and well-being.

While we will work hard to sanitize and disinfect and wash hands and keep COVID-19 out of our program, we will not forget that your child has masterpieces to be painted, friends old and new to play with, towers to build, balls to kick, and a childhood to live. Whether it’s providing an opportunity to spend time with beloved teachers, classrooms, and friends, or helping them seamlessly blend new routines with old, we are here as always to help your child learn, grow and thrive.

We’re so excited to have a building full of the sounds of children again. Thank you for your support, your patience, and your trust in us to care for your children.

With Greatest Sincerity and Appreciation,

Janet Dotolo & Amanda Riccardi

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**Introduction:**

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. The rapid global spread of COVID-19 has been classified as a global pandemic, and many places, including Massachusetts, are taking steps to protect communities and slow the rate of transmission.

This COVID-19 safety plan is required by the state of Massachusetts Department of Early Education and Care. It has been developed by following the recommendations of and guidance by the Centers for Disease Control and Prevention (CDC), Massachusetts EEC, as well as local boards of health.

MDCC is committed to doing our utmost to safeguard the health and safety of children, staff and families. We are also committed to communicating with you as transparently as possible. As more information and conditions evolve and additional guidance is issued by local, state, and federal authorities, we will update this plan and continue to keep you informed. The date that the plan was most recently updated is noted on the bottom left corner of every page.

We welcome feedback on this plan and your thoughts on how we can be as safe as possible during this crisis, particularly from the many members of the medical and scientific community that are parents and family members of the enrolled children.

*DISCLAIMER*

*The COVID-19 pandemic is an ongoing, rapidly developing situation. MDCC encourages all staff members and families to monitor publicly available information and follow federal, state, and local health organization guidance and government mandates. This plan is demonstrating our best efforts to increase safety at our facilities. Given the nature of the COVID-19 pandemic, particularly with respect to transmission by asymptomatic carriers, we can’t guarantee an environment free from COVID-19 or any other virus or disease. Despite our best efforts in following all applicable guidance, a parent, child, family member, or staff member of MDCC may be infected, with or without their knowledge, and may be unaware that they carry a virus putting others at risk of contracting COVID-19 or another disease. The information provided in this packet is obtained from a combination of publicly available sources.  This information may vary and will be updated depending upon current situations and as the knowledge base concerning COVID-19 grows.*

*As there is yet much to learn about COVID-19, please be advised that MDCC can give no assurances as to the accuracy or completeness of the information provided. Further, the information contained herein is provided for general informational purposes only and should*

*not be construed as a contract or guarantee of performance or results.*

**ABOUT COVID-19\***

SYMPTOMS OF COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from

mild to severe and, in some cases, can be fatal. Symptoms typically include:

* *Fever (temperature of 100.0°F or above), felt feverish, or had chills*
* *Cough*
* *Sore throat*
* *Difficulty breathing*
* *Gastrointestinal symptoms (diarrhea, nausea, vomiting)*
* *Abdominal pain*
* *Unexplained rash*
* *Fatigue*
* *Headache*
* *New loss of smell/taste*
* *New muscle aches*

Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 are varied and may appear in as few as 2 days or as long as 14 days after exposure. CDC distinguishes acute respiratory illness of recent

onset from chronic illnesses like asthma, allergies, or chronic obstructive pulmonary disease (COPD). Additional information from CDC regarding COVID-19 symptoms is available at the

Centers for Disease Control website.

HOW COVID-19 SPREADS

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people. The virus is thought to spread mainly from person-to-person, including:

* Between people who are in close contact with one another (within about 6 feet).
* Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing

fever, cough, and/or shortness of breath). Some spread might be possible before people show

symptoms; there have been reports of this type of asymptomatic transmission with this new

coronavirus, but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the

virus, it is likely that person-to-person transmission will continue to occur.

[The CDC website](https://www.cdc.gov/coronavirus/2019-ncov/index.html) provides the latest information about COVID-19 transmission.

\* The ABOUT COVID-19 section of this plan was copied directly from [OSHA’s](https://www.osha.gov/Publications/OSHA3990.pdf)

[Guidance on Preparing Workplaces for COVID-19.](https://www.osha.gov/Publications/OSHA3990.pdf)

**HEALTH + SAFETY CHANGES OVERVIEW**

In order to reopen, all childcare providers in Massachusetts must comply with the new standards. These protocols include changes in the following areas (and as the standards evolve, we will update this packet):

KEEPING HEALTHY

ILLNESS: Parents, children and staff must stay home when sick.

LIMITING VISITORS: In order to limit direct contact between parents and staff members and adhere to physical distancing recommendations, MDCC will be suspending our open-door policy for families, visitors, and volunteers until further notice. Pick-up and drop-off of children will happen outside of the building, and parents will no longer be allowed in the building unless there is a significant need to enter (in which case, you must notify the Director(s), and you will be screened as outlined below). Vendors will be asked to perform contactless drop-off, and tours will be virtual. Specialists will be asked to meet with children at home (in the case of Early Intervention or other specialized services).  We reserve the right to screen any individual seeking admittance to our buildings. If a specialist needs to meet with a child at MDCC, he/she must arrange for a virtual meeting.  The teacher will have a dedicated work space within the classroom for the child to meet virtually with the specialist.

DAILY SELF-SCREENING: All staff, parents, children, and any individuals seeking entry into the program space must self-screen at home, prior to coming to the program for the day. Self-screening includes checking for symptoms including fever, cough, shortness of breath, gastrointestinal symptoms (diarrhea, nausea, vomiting), fatigue combined with another symptom, headache, new loss of taste/smell, muscle aches, or any other symptoms that feel like a cold. Anyone with a fever of 100.0°F or above or any other signs of illness will not be permitted to enter the program. It is imperative that you do not bring your child to MDCC if you or your child is sick. If your child has any sign of illness, you must keep your child home for 24 hours (72 hours for fever) symptom-free without the use of medication or with a doctor’s clearance. Our staff will not report to work if they are experiencing any symptoms and must confirm their self-screen results prior to starting work.

DROP OFF & ARRIVAL SCREENING:

Complying with EEC’s requirement to stagger drop-offs, families will select a drop-off window via a Sign-Up Genius.  Please arrive during your drop-off window.  Beginning at 8:00am, MDCC Director(s) will greet children and parents at our outside check-in station, where they will collect the required wellness screening outside the building, and — provided no symptoms of illness are identified — a staff member will take children into the building and escort them to their classrooms where they will immediately wash their hands. The greeters will conduct screenings from six feet distance.  If six feet of distance is not possible, the greeters will wear appropriate PPE, including face masks, gloves, and eye protection.  In accordance with licensing requirements, MDCC will screen anyone, including all staff, before they are permitted to enter the program following the requirements below:

* We ask that only one adult get out of the car to drop off a child. Please try to be consistent in which adult drops off/picks up daily.
* If you need to bring other children with you for drop-off or pick up, please keep those children with you at all times and do not allow them to wander around MDCC grounds.
* If possible, because they are more at risk for severe illness from COVID-19, older people such as grandparents should not drop off or pick up children.
* One child/family will be admitted or released at a time.
* Please remain in your car if you see another drop-off or pick-up in progress.
* Parents and staff must complete a digital attestation via Google Docs daily regarding any household contacts with COVID-19, symptoms (e.g., fever, sore throat, cough, shortness of breath, loss of smell or taste, or diarrhea), or if they have given children medicine to lower a fever.
* Once you arrive at the check-in station, the Director(s) will review your family’s daily Google Doc screening and ask you any relevant questions.
* Staff will make a visual inspection of each child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. The Director(s) will confirm that the child is not experiencing coughing or shortness of breath. (In the event a child is experiencing shortness of breath or extreme difficulty breathing, an MDCC staff member will call emergency medical services immediately.) A staff member will sign children in for the day.
* We ask that if you plan to drop-off or pick-up your child outside of the outlined times, you call us to let us know when you arrive in the parking lot.
* Individuals who decline to complete the screening questionnaire will not be allowed to enter the program space.

PICK UP:

Complying with EEC’s requirement to stagger pick-ups, families will select a pick-up window via a Sign-Up Genius.  Please arrive during your pick-up window. Upon arriving to pick up your children, a staff member will bring your children out to you.  The staff member may have limited time to chat.  Staff will send email updates once a day, likely during nap time.  If you need more time to talk about your child’s day or progress, please make arrangements with your child’s teacher to communicate via phone call or email.  A staff member will sign children out for the day.

SYMPTOM MANAGEMENT: We will have a safe space where it is easy to supervise isolated children who may become sick while in care: a canopy tent with walls, located in non-classroom open space in the building.  Self-isolation of any family members or staff exposed to or displaying symptoms of the virus will also be required.

Health monitoring during the day: Staff will actively monitor children throughout the day for symptoms of any kind, including fever, cough, shortness of breath, diarrhea, nausea, and vomiting, abdominal pain, and unexplained rash. Children who appear ill or are exhibiting symptoms will be separated from the larger group and isolated until able to leave the building. We will check the child’s temperature with a contactless thermometer if the child is suspected of having a fever (temperature above 100°F) and disinfect the thermometer after each use. Since contactless thermometers are not as accurate, to confirm a fever, we may also use our highly accurate hospital-grade thermometer. If any child or staff appears to have severe symptoms, emergency services will be called immediately. Severe symptoms include the following: extreme difficulty breathing (i.e. not being able to speak without gasping for air), bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizure or seizures that won’t stop.

Exposure: If a child or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff will not be permitted to enter the program. Exposed individuals must stay home for at least 14 days after the last day of contact with the person who is sick. We will follow guidance from the Melrose Board of Health, EEC’s epidemiologist, and our EEC licensor on quarantine for other children and staff and what additional precautions will be needed to ensure the program space is safe for continued childcare services. We will notify parents if there has been a suspected or confirmed case of COVID-19 among the children or staff, while safeguarding the privacy of the individual.

Isolation: Exclusion protocols from the Melrose Board of Health, EEC epidemiologist, and our EEC licensor will be followed for any child, staff or family member with a positive test for COVID-19 or who are symptomatic and presumed to have COVID-19.  If a child becomes symptomatic, MDCC will do the following:

* We will immediately isolate the child from other children and minimize exposure to staff. We have a separate enclosed space to isolate children or staff who may become sick. Isolated children will be supervised at all times by a staff member wearing PPE. A separate bathroom for those in isolation will be made available when possible for use by sick individuals only. Others will not enter the isolation room/space without the appropriate PPE. The space will offer the child some comfort and allow staff to keep the child away from other children until the child can be picked up.
* We will contact the child’s parents to pick the child up within 45 minutes. If you are notified that your child is sick, you or an authorized pick-up person must pick up your child as soon as possible.
* In the event that a child become sick, requiring supervision in the isolation space, or if a staff member become sick, needing to leave, we will follow the following steps to ensure coverage:

1. We will ask the remaining classroom staff to extend their hours;
2. We will have a floating teacher cover the classroom, wearing appropriate PPE and maintaining social distancing practices;
3. Or a Director will cover the classroom, wearing appropriate PPE and maintaining social distancing practices.

* We have masks available for use by children and staff who become symptomatic until they have left the premises of the program. Whenever possible, we will cover the child’s (age 2 and older) nose and mouth with a mask or cloth face covering.
* Those being discharged due to suspected infection will depart from the main church doors on West Foster Street, a designated exit separate from the Center exit.

Staff will regularly self-monitor during the day to screen for new symptoms. If a staff member becomes symptomatic, they will immediately stop childcare duties and be removed from others until they can leave. If a staff member experiences new symptoms, MDCC will follow the requirements above on how to handle symptomatic individuals.

Sent home sick: Children being sent home sick must be picked up within 45 minutes.  Children being sent home with a fever may return after being fever-free without medication for 24 hours with a doctor’s note or 72 hours without a doctor’s note, given that they have not shown additional symptoms within that time frame.  If children have other symptoms but have not been exposed to COVID-19, they may return to childcare following our standard health policies.

Travel: While MDCC does not have a specific travel requirement, currently all travelers arriving to Massachusetts are instructed to self-quarantine for 14 days.  EEC has stated that staff, being essential workers, are not required to self-quarantine after out-of-state travel.  We ask that all families and staff report out-of-state travel to the Director(s).  The Director(s) may require self-quarantine after returning to Massachusetts based on the most current guidance at the time of travel.

**CLASSROOMS & PLAYGROUNDS**

SMALLER CLASSES: In order to give children more room, EEC has mandated that we increase the amount of square footage allowed for each child, while also limiting the group size. Infants will remain at the maximum group size of 7, toddlers will vary from group sizes of 6-9, and preschoolers will have a maximum group size of 10.

RESTRUCTURED CLASSROOMS: Classrooms have been redesigned to include more play spaces for individuals and pairs of children.  Where possible, barriers have been added to increase separation between groups.

CONSISTENT STAFFING: Children will be in consistent groupings with consistent staffing

and limited floaters. This will make it easier to trace contacts if a child or staff member does

develop symptoms.

NO MIXING OF CLASSES: Groups of children will not mix with each other indoors or outdoors.  The groups of children using the outdoor space will alternate so only a small number of children are using the equipment at one time. High-touch surfaces such as grab bars and railings will be cleaned and disinfected between groups.

LIMITED SHARING: Children’s belongings will be stored and separated so they don’t touch.  To minimize sharing of materials such as art supplies and equipment, each child will be given their own supplies. If children are rotating around to various activities, they will be monitored closely and any mouthed materials will be removed. Whenever materials and spaces are shared, children will be reminded not to touch their faces and to wash their hands after using these items. We have removed any items that cannot be easily washed (i.e. stuffed animals, pillows) or that encourage children to put the toy in their mouths (i.e. play food, pretend utensils). Shared items that cannot be cleaned or disinfected at all (i.e. playdough) will be removed from activity rotation for the duration of the pandemic, or children will be provided individual portions. Water and sensory tables will only be used when we have implemented adequate options for individual water and sensory play.

**ENHANCED HYGIENE PRACTICES**

RESOURCES AND SUPPLIES

MDCC has planned ahead to ensure that we have adequate supplies to promote frequent and effective hygiene behaviors. We have the following materials and supplies:

* Handwashing sinks are available and readily accessible in each classroom for the children and teachers as well as in restrooms and the kitchen.
* Handwashing instructions have been posted near every handwashing sink and where they can easily be seen by children and staff.
* Hand sanitizer with at least 60% alcohol will be utilized at times when handwashing is not available, as appropriate to the ages of children and only with written parent permission to use. Hand sanitizer will be stored securely and used only under supervision of staff. Staff will make sure children do not put hands wet with sanitizer in their mouth and will teach children proper use.

INCREASED HANDWASHING

WHEN: MDCC encourages, teaches, models, and reinforces increased handwashing protocols:

* Parents and caregivers must wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and when they get home.
* All individuals entering the building are required to wash hands immediately.
* Children and staff will wash their hands or use hand sanitizer often (while hand sanitizer may be used by children over 2 years of age with parental permission, handwashing is the preferred and the safer method), making sure to wash all surfaces of their hands.
* Staff and children must wash their hands with soap and water for at least 20 seconds after:
  + entry into and exit from program space
  + when coming in from outside activities
  + before and after eating
  + after sneezing, coughing or nose blowing
  + after toileting and diapering
  + before handling food
  + after touching or cleaning surfaces that may be contaminated
  + after using any shared equipment
  + after assisting children with handwashing
  + before and after administration of medication
  + after contact with facemask or cloth face covering
  + before and after changes of gloves

HOW: Staff must know and follow the steps needed for effective handwashing:

* Use soap and water to wash all surfaces of their hands (e.g., front and back, wrists, between fingers) for at least 20 seconds, wait for visible lather, rinse thoroughly and dry with individual disposable towel.
* Visual steps of appropriate handwashing are posted to assist children and they will be instructed to sing the “Happy Birthday” song TWICE (approx. 20 seconds) as the length of time they need to wash their hands.
* Children will be assisted as needed with handwashing.

HAND SANITIZER: Hand sanitizer will be kept out of the reach of children and its use monitored closely (due to its high alcohol content, ingesting hand sanitizer can be toxic for a child). Children will be supervised when they use hand sanitizer to make sure they rub their hands until completely dry so they do not get sanitizer in their eyes or mouth. A permission for hand sanitizer use has been included on the sunscreen permission form. When outside or during activities where soap and water are not readily available for use, we will have carefully monitored use of hand sanitizer appropriate to the age of the child.

COUGHS OR SNEEZES: Children, families, and staff must avoid touching their eyes, nose, and mouth. Children will be taught to use tissue to wipe their nose and to cough inside their elbow and wash their hands immediately afterwards (or use hand sanitizer if soap and water are not readily available and with parental permission and careful supervision as appropriate to the ages of the child). Staff are trained to cover coughs or sneezes with inside of elbow or with a tissue, then the tissue thrown in the trash. They must wash their hands with soap and water immediately afterwards or use hand sanitizer.

PERSONAL PROTECTIVE EQUIPMENT:

Masks for Staff:

*MDCC staff must wear a face covering while serving children when six feet of distancing is not possible and when interacting with parents and families.*  Staff will be frequently reminded not to touch the face covering and to wash their hands frequently. Information will be provided to all staff on proper use, removal, and washing of face coverings. Masks and face coverings will be washed daily and any time the mask is used or becomes soiled, depending on the frequency of use. Staff masks will be washed in a washing machine in hot water and dried fully before using again.  Whenever possible, we will use transparent face coverings to allow for the reading of facial expressions, which is important for child development.

Masks for Children and Families:

*MDCC does not require masks for children.*  When possible and at the discretion of the parent or guardian of the child, the CDC encourages the wearing of masks or cloth face coverings for children age 2 and older who can safely and appropriately wear, remove, and handle masks. Additional guidance on use of face coverings and masks by children is as follows:

* Children under the age of 2 years should not wear face coverings or masks.
* When children can be safely kept at least 6 feet away from others, they do not need to be encouraged to wear a mask.
* Masks must not be worn while children are eating/drinking, sleeping, and napping. Physical distancing will be practiced during these activities. Masks do not need to be worn while engaging in active outdoor play, if children are able to keep physical distance from others.
* Children 2 years of age and older will be supervised when wearing a mask. If wearing the face covering causes the child to touch their face more frequently, staff must reconsider whether the mask is appropriate for the child.
* Families must provide their children with a sufficient supply of clean masks and face coverings for their child to allow replacing the covering as needed. These families must have a plan for routine cleaning of masks and face coverings, clearly mark masks with child’s name, and clearly distinguish which side of the covering should be worn facing outwards so they are worn properly each day.
* *MDCC requires that parents/guardians wear a mask when on the premises and at all times during drop-off and pick-up.*

EXCEPTIONS:

Exceptions for wearing face masks include situations that may inhibit an individual from wearing a face mask safely. These may include, but are not limited to:

* Children under the age of 2 years
* Children who cannot safely and appropriately wear, remove, and handle masks
* Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance
* Children with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask
* Children where the only option for a face covering presents a potential choking or strangulation hazard
* Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe
* Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely
* Individuals who need to communicate with people who rely upon lip-reading

Protective clothing for Staff:

Staff feeding and holding infants and toddlers or coming into close contact with any child’s bodily fluids, including during toileting and diaper changes, will wear a long sleeve covering over their clothes, to be removed and cleaned after each use.  Long sleeved coverings will also be worn by any staff member covering in or entering another classroom for any reason.

Gloves:

MDCC staff will wear vinyl gloves at all times during diapering, food handling, and sunscreen application. Handwashing or use of an alcohol-based hand sanitizer before and after these procedures is always required, whether gloves are used or not. To reduce cross-contamination, disposable gloves will be discarded after use. After removing gloves for any reason, staff will wash their hands or use hand sanitizer.

CARING FOR INFANTS AND TODDLERS:

As part of daily care, infants and toddlers are held. MDCC staff practice stringent hygiene and infection control practices to keep themselves and the young children they care for healthy and safe while in care while still being able to hold and care for children.

* During washing and feeding activities or any activity when an infant or toddler is being held, we will provide long-sleeved coverings for staff to wear over their clothing. Staff with long hair will tie their hair back so it is off the collar and away from the reach of the child.
* Staff will change their clothes/covering if body fluids from the child get on it and change the child’s clothing if body fluids get on it. Soiled clothing will be placed in a plastic bag until it can be sent home with the child to be washed. Staff will wash their hands and anywhere touched by a child’s secretions.
* Contaminated clothes will be placed in a plastic bag (children) or washed in a washing machine (staff).
* Infants and toddlers (and staff who work with infants and toddlers) must have multiple changes of clothes on hand.
* All staff will follow safe and sanitary diaper changing procedures.
* As infants and toddlers are not able to verbalize when they don’t feel well, staff will be attentive to any changes in a very young child’s behavior. If the child starts to look lethargic and is not eating as well, staff will notify the parent to determine whether the child’s pediatrician must be contacted. If an infant or toddler is showing signs of respiratory distress and having difficulty breathing, staff will call 911 and notify the parents immediately.

TOYS FROM HOME: No toys from home will be allowed (except a comfort item for sleeping).   Comfort items such as lovies, blankets, and other soft items from home are allowed, provided they are not shared between children and can be kept secure at all times when not in use by the child.

TOOTHBRUSHING: Required toothbrushing has been temporarily discontinued by EEC.

TRAINING: Prior to returning to work, staff will be trained in COVID-19 including recognizing symptoms, how it spreads, how to prevent the spread, when to seek medical assistance, and MDCC’s COVID-19 contacts, the Directors; all health and safety protocols; increased hygiene and disinfection protocols, including hazards of cleaning materials; how and when to use PPE; as well as best practices in physical distancing with young children.

**INCREASED CLEANING MEASURES**

ENHANCED CLEANING, DISINFECTING, & SANITIZING: To ensure effective cleaning and disinfecting, surfaces will be cleaned and then disinfected using a bleach and water solution as directed by EEC(⅓ cup of household bleach added to 1 gallon of water OR 4 teaspoons bleach per quart of water).  Tabletops, diaper areas, toys and school materials used by children are cleaned with a disinfectant cleaner, laundered in a washing machine, or sanitized in a dishwasher. High-touch surfaces, such as door handles, light switches, faucets, toilet seats and handles will be disinfected throughout the day, and we’ll perform an enhanced deep cleaning every night in all areas, on all touched surfaces. The drinking fountain will be inaccessible.  Staff will clean according to an updated cleaning schedule which details when and how all areas are to be cleaned throughout the day.

VENTILATION: Our vents have been cleaned and sanitized, and we have installed new fans in the bathrooms and a new ceiling fan in the Owl Room.  We will keep the windows open when possible to increase ventilation.

TOYS: As per usual, toys that children have placed in their mouths or that are otherwise contaminated by bodily fluids will be set aside until they are cleaned and sanitized. Cloth toys will not be used at all.

PROPER USAGE

Proper guidelines are strictly followed when cleaning, sanitizing, and disinfecting.

* All sanitizing and disinfecting solutions are used in areas with adequate ventilation. Chemicals are not mixed or sprayed around children and children will be moved to another area or distracted away from the area where a chemical is being used.
* To ensure effective cleaning and disinfecting, surfaces are always cleaned first, then disinfected.
* All cleaning products will be used according to the directions on the label, following the manufacturer’s instructions for concentration, application method, and contact/wait time for all cleaning, sanitizing, and disinfecting products.
* All chemicals will be kept out of the reach of children both during storage and in use.
* Chemicals will not be mixed to avoid producing toxic gas.
* Only single-use, disposable paper towels are used for cleaning, sanitizing, and disinfecting, not sponges or cloths.
* All sanitizing and disinfecting solutions are labeled properly to identify the contents, kept out of the reach of children, and stored separately from food items.

GENERAL GUIDELINES

MDCC will follow these general guidelines for cleaning, sanitizing, and disinfecting:

* We have intensified our routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including door knobs, bathrooms and sinks, keyboards, etc.
* We clean and disinfect toys and activity items used by children more frequently than usual and take extra care to ensure that all objects that children put in their mouths are removed from circulation, cleaned, and sanitized before another child is allowed to use it.
* While cleaning and disinfecting, staff wear gloves as much as possible. Handwashing or use of an alcohol-based hand sanitizer after these procedures is always required, whether gloves are used or not.

INDOOR PLAY AREAS

* Per EEC, children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. We regularly inspect and dispose of books or other paper-based materials that are heavily soiled or damaged.
* Personal items are not to be brought into any classroom.  This includes blankets, stuffed animals, toys from home, etc. that children may bring in, unless it is a comfort item for an individual child.  This also includes backpacks, pocketbooks, electronics (computers, tablets, mobile phones, etc.) that staff may bring in.  Any personal items that must be brought to the Center, will be stored in a way that they do not touch.  Each staff will place his/her belongings on an individual hallway hook, out of reach of children.  Children’s belongings will be placed in individual baskets and/or hooks, all of which will be in the hallways outside of the classrooms.
* Machine washable cloth toys are not used at all during this time.
* Toys that children have placed in their mouths or that are otherwise contaminated by bodily fluids are set aside until they are sanitized in a mechanical dishwasher.
* For electronics, such as tablets, touch screens, keyboards, and remote controls, visible contamination will be removed if present. We follow manufacturer’s instructions for cleaning and disinfecting. If there is no guidance, we use alcohol-based wipes or sprays containing at least 70% alcohol.

OUTDOOR PLAY AREAS

* Children use our playgrounds by group and we clean and disinfect between each group’s use.  Each group will have its own bin of outdoor toys that will be brought inside to be disinfected after each outdoor time.  Each group will have designated outdoor time to ensure that there is only one group on each playground at a time.
* High touch surfaces made of plastic or metal, including play structures, tables and benches, are frequently cleaned and disinfected.
* Cleaning and disinfection of mulch and sand is not necessary.

AFTER A POTENTIAL EXPOSURE

If an individual within MDCC has a confirmed/suspected COVID-19 diagnosis, the CDC recommends closing off areas visited by the ill persons, opening outside doors and windows, and using ventilating fans to increase air circulation in the area, then waiting 24 hours or as long as practical before beginning cleaning and disinfection. MDCC does not have additional classroom space available, so in the event that a classroom needs to be cleaned over a 24hr or more period, that room will be closed during that time.  Cleaning staff will clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and machines used by the ill persons, focusing especially on frequently touched surfaces.  Any clothing staff are wearing at time of potential exposure must not be worn again until laundered at the warmest temperature possible.

**PHYSICAL (SOCIAL) DISTANCING**

It’s one thing to physically distance for adults. We have the ability to remember and follow rules and control our bodies. Young children are naturally social and crave physical contact with their loved ones and caregivers. We are careful to balance the need for health and safety with the social-emotional and learning needs of children. We do not discourage children from playing together, nor do we insist on keeping space between them. When feasible, we limit physical interaction, but we believe that in addition to staying COVID-free, it is also important to children’s mental health to return to the joy of playing with friends, interacting with others, and feeling safe in a group.

When possible, MDCC educators will maintain at least 6 feet of distance and limit contact between individuals and groups. When 6 feet is not possible, program staff will wear masks or cloth face coverings. Having a smaller number of children in the classroom allows for creativity with how to set up and maintain social distancing while still allowing for conversation and interaction between children.

* We’ll limit immediate contact (such as shaking or holding hands, hugging, etc.).
* Outside play will be limited to one group at a time.
* Spaces for children will be organized in a way that allows staff to maintain consistent physical distancing guidelines. The classrooms have been physically rearranged to space activity areas and centers as far apart as possible.
* Until further notice, we will not be holding any gatherings, events, and extracurricular activities.
* All field trips and specialists will be virtual or held outside in small groups
* Children will eat meals and snacks spaced out at the tables, and rest mats will be placed head to toe and as far apart as possible.

GROUP ACTIVITIES: All field trips this summer will be virtual and/or with visiting specialists held outside on the playground, and we will not be holding any group activities.

NONESSENTIAL VISITORS: For the duration of the pandemic, the program will not be admitting any nonessential visitors, including parents (we will have curbside drop-off/pick-up, and virtual tours).

PLAYGROUND: Outdoor play will be separated by class.

SOCIAL-EMOTIONAL HEALTH SUPPORT: We expect some anxiety and mixed feelings as children return to the classroom – we’re already planning how to manage and support that transition.

**VULNERABLE CHILDREN**

UNDERSTANDING CHILDREN’S HEALTHCARE NEEDS

To ensure we are adequately prepared to provide safe and appropriate services to children with special needs and vulnerable children, the following steps will be taken:

* We will review children’s medical information and determine whether and how many high-risk children are in attendance.
* We will reach out to parents of high-risk children and encourage them to discuss with their healthcare provider about whether the program is a safe option for the child and if additional protections are necessary.
* We will discuss with the parent any concerns they have with the new protocols and how we can best help their child understand and adhere as close as possible to the health and safety requirements.

CHILDREN WITH SPECIAL NEEDS

* MDCC is prepared to provide hands-on assistance to children with special needs for activities of daily living such as feeding, toileting, and changing of clothes. To protect themselves, staff participating in activities requiring direct contact with a child (including toileting, diapering, feeding, washing, or dressing, etc.) must wear a long sleeved covering over their clothing and wear long hair up or tied back. Staff will change outer clothing if body fluids from the child get on it. They will also change the child’s clothing if body fluids get on it. Soiled clothing will be placed in a plastic bag until it can be sent home with the child to be washed.
* Specialists will be asked to meet with children at home (in the case of Early Intervention or other specialized services).  We reserve the right to screen any individual seeking admittance to our buildings. If a specialist needs to meet with a child at MDCC, he/she must arrange for a virtual meeting.  The teacher will have a dedicated work space within the classroom for the child to meet virtually with the specialist
* MDCC staff have been adequately trained and prepared to support children with health care needs.
* To minimize the risk of infection for children who are unable to wear a face covering, physical distancing will be maintained whenever possible and staff will wear a face covering at all times, including when working with a child who is unable to wear a face covering. For children who are hard of hearing, MDCC will use transparent face coverings to facilitate the reading of lips and facial expressions.
* Ratios, groupings and staffing needs will be considered when caring for a child with special needs. Please contact the director for more information.

**IF A CHILD/EMPLOYEE CONTRACTS COVID-19**

We’d like to thank you in advance for your patience and understanding about a positive case and the steps we take in response. We take our responsibility to provide healthy and safe care very seriously, and to be here when you need us. While working through a positive case may be new to many parents, epidemiologists are now cautioning that we will be living with COVID-19 for many months to come, so dealing with a positive case needs to be incorporated into our typical policies and routines.

A POSITIVE CASE AND MEDICAL CONFIDENTIALITY

Since we severely restrict access into the building by non-essential visitors, a positive case of coronavirus within MDCC will likely be a child or staff member. Medical confidentiality laws restrict how much personal information we can share about the person who tests positive, including their identity.

WHO IS AFFECTED — CONTACT TRACING

For contract tracing purposes, the state and local health departments differentiate between “close contacts” and “incidental contacts.” Close contact is defined as being within 6 feet of a COVID-19- positive person for longer than 10 minutes. MDCC’s health and safety protocols limit close contact within the program, reducing possible exposure so only a percentage of children in staff in the program will have been in close contact with the person who tests positive. People identified as close contacts will be contacted individually by MDCC. Others (not in close contact) will receive a group email or other communication.

WHAT MDCC WILL DO:

ASSIST IN CONTACT TRACING

Identifying close contacts and requiring isolation/testing helps reduce the risk of further exposure. MDCC will contact close contacts personally, while everyone else will receive a general email.

CLEANING AND SANITIZING.

The entire center will be thoroughly deep-cleaned per CDC guidelines.

SELF-ISOLATING.

Close contacts who have been exposed will be contacted and must stay home for at least 14 days after the last day of contact with the person who is sick.

WILL MDCC STAY OPEN OR CLOSE?

If we have a suspected or confirmed case of COVID, the Board of Health will determine whether we need to close. By limiting the use of floaters and not mixing classrooms, we greatly decrease the likelihood of the entire program being closed.

WHY DON’T DAILY HEALTH SCREENINGS CATCH IT?

Our daily health screenings detect symptoms of coronavirus if they are present. When a person actually tests positive, the health department determines a close contact within 2 days prior to symptoms or a positive test result. Some individuals who test positive are asymptomatic, particularly children.

POSITIVE OR PRESUMED POSITIVE CASES

Sick children or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 will not be allowed to return until they have met the criteria for discontinuing home isolation and have consulted with a health care provider. If a child or employee is presumed to have COVID-19, MDCC will:

* Determine the date of symptom onset for the child/staff.
* Determine which days, if any, the child/staff was at MDCC while symptomatic or during the two days before symptoms began.
* Determine who had close contact with the child/staff at the program during those days (staff and other children) [see above for definition of close contact].
* If the individual tests positive for COVID-19 but is asymptomatic, isolation may be discontinued when at least 10 days have passed from the date of the positive test, as long as the individual remains asymptomatic. For example, if the individual was tested on April 1, isolation may be discontinued on or after April 11.

NOTIFICATION

In the event that we experience an exposure, MDCC will notify the following parties:

* Employees and families about exposure (while maintaining confidentiality). Close contacts [see definition above] will be contacted personally while incidental contacts will receive a general email.
* The local board of health if a child or staff is COVID-19 positive.
* Funding and licensing agencies if a child or staff member has tested positive.

SELF-ISOLATING FOLLOWING POTENTIAL EXPOSURE

In the event that a staff member or child is exposed to a sick or symptomatic person, MDCC will adhere to the following protocols:

* If a child or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff will not be permitted to enter the program and will be sent home. Exposed individuals must stay home for at least 14 days after the last day of contact with the person who is sick. MDCC will consult with the local board of health for guidance on quarantine for other children and staff and what additional precautions will be needed to ensure the program space is safe for continued childcare services.
* If an exposed child or staff subsequently tests positive or their doctor says they have confirmed or probable COVID-19, they must meet all three requirements:
  + stay home for a minimum of 10 days from the 1st day of symptoms appearing
  + be fever-free for 72 hours without fever-reducing medication
  + experience significant improvement in symptoms Release from isolation is under the jurisdiction of the local board of health where the individual resides.
* If a child/staff’s household member tests positive for COVID-19, the child or staff must self quarantine for 14 days after the last time they could have been exposed.
* If an exposed child or staff remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.

**SOCIAL-EMOTIONAL HEALTH**

The past four months have been the most difficult global event since World War II. For people around the globe, COVID-19 raised concerns relating to danger, safety, isolation from loved ones and familiar routines, and uncertainty about the future. Children’s mental health experts advise Early Childhood educators to be supportive of children who most certainly have experienced stress arising from quarantine, and the stress may be severe enough to consider it traumatic stress. Because of this, we expect some anxiety and mixed feelings as children return to the classroom – we’re already planning how to manage and support that transition. We will work with your family to help ensure that this is an easy transition and ease the challenges of the past few months. The state of Massachusetts has implemented health and safety protocols and we have had to adapt our program accordingly. While there may be temporary operational differences in our program, our core values of flexibility, respect, growth, integrity and excellence are stronger than ever. During the next few months as children return, our curriculum will focus on the social emotional health of children. We know that children and staff will need reassurance and TLC, and our Admin Team will ensure there is plenty of support. We’re still warm and caring even if you can’t see our smiles behind our masks! We can’t wait to be able to care for your children again.

**HOW YOU CAN HELP**

To help keep our families, children and staff at MDCC healthy, we ask families to adhere to the following practices:

* STAY HOME WHEN SICK. If your child is sick, keep your child home until free of fever without medication for 24 hours with a doctor’s note or 48 hours with no other symptoms.   If you are sick, please arrange for someone else to drop-off or pick up your child.
* PRACTICE GOOD HYGIENE. Cover your mouth with tissues whenever you sneeze or cough and discard used tissues in the trash. If that’s not possible, cough or sneeze into your elbow. Do not cough or sneeze into your hand.
* AVOID TOUCHING YOUR FACE, especially your eyes, nose, or mouth with your hands.
* WEAR A MASK or face covering when in public. They are mandatory for adults on our property and in our facility.
* PRACTICE PHYSICAL DISTANCING, maintaining a physical separation of at least six feet with others when wearing a mask is not possible.
* LIMIT SHARING. Avoid using others’ phones, tools, or equipment whenever possible. If you haven’t already, please start talking with your child about going back to MDCC and reminding them of all the fun things that happen here to create anticipation versus feelings of anxiety. Model the excitement of going back and remind them it is a safe place. Be patient with moodiness – children often don’t know how to express their feelings, and the return to pre-COVID routines, as welcome as they are, can be turbulent for all of us. These are challenging times and change is happening at a rapid pace. Emotions are high, and we so desperately want normal back. Please reach out with any concerns you may have. Our door may not be open yet, but our ears are!

Thank you for your support and cooperation.