

# Massachusetts Department of Early Education and Care Reopen Approach

## Frequently Asked Questions

June 1, 2020

### OVERALL PROCESS AND TIMELINE

**Q1: What can child and youth serving programs expect in terms of timeline and materials to prepare for reopening?**

A: On June 1, 2020, EEC released the Minimum Requirements for Health and Safety, which sets forth the minimum requirements that programs must meet in order to reopen. EEC understands and expects that programs will need sufficient time to review the requirements, plan, and prepare for reopening. In the coming weeks, EEC anticipates releasing further guidance on reopening, including supplementary support materials such as templates and checklists, including outlining the procedure for submitting re-opening materials to EEC for approval.

**Q2: Are the Minimum Requirements for Health and Safety expected to change?**

A: The Minimum Requirements for Health and Safety released on June 1, 2020, are final for the purposes of reopening child and youth serving programs. The minimum requirements were developed by multiple state agencies working collaboratively together and reflect extensive feedback from the field and various other experts. Recognizing the significant effort required by programs to prepare for reopening based on the minimum requirements, EEC does not anticipate modifying the minimum requirements through the summer as reopening begins. Additionally, the minimum requirements are not expected to change when the Commonwealth moves into Phase 3 of reopening. Additional feedback and questions will inform additional FAQ or supplemental documents to be released throughout the reopening process.

As fall approaches and as the public health landscape and understanding of COVID-19 continues to evolve, EEC may explore whether amending the minimum



requirements is necessary to continue prioritizing the health and safety of children, staff members, and families.

**Q3: What is required before child and youth serving programs can reopen?**

A: The Minimum Requirements for Health and Safety sets forth the minimum requirements that child and youth serving programs must meet in order to reopen. Additional information on specific steps programs may need to take before reopening – for example, signing an attestation certifying that the minimum requirements have been met – will be issued in forthcoming guidance.

The Commonwealth recognizes that it may be very challenging for programs to reopen for a variety of reasons. Because promoting health and safety remain the top priority during the COVID-19 pandemic, programs that are not able to adhere to the guidelines should remain closed and reconsider opening at a later date.

## **FAQS FOR CHILD CARE PROVIDERS REGULATED BY EEC**

**Q4: To what programs do the Minimum Requirements for Health and Safety apply?**

A: The minimum requirements apply to all child and youth serving programs, including child care programs regulated by EEC, recreational camps regulated by DPH, and municipal or recreational youth programs not traditionally licensed as camps that are seeking to operate during the phased plan of Reopening Massachusetts.

*Note: Residential camps and other overnight stays are not permitted to open until further notice.*

**Q5: What planning and preparations do programs have to undertake prior to reopening?**

A: Child Care providers must develop plans prior to reopening to address how they will meet and maintain the new health and safety requirements. Required plans include but are not limited to: a cleaning plan; a plan for identifying and handling sick, symptomatic, and exposed children and staff members; and a plan for sharing information and guidelines with parents.

Child care providers must also prepare the program environment to promote the new health and safety requirements and to facilitate infection control activities, including but not limited to: preparing the program space to promote physical distancing; preparing all cleaning, sanitizing, and disinfecting solutions; and ensuring that



ventilation systems operate properly and increasing circulation of outdoor air as much as possible.

See Section 1 (“Preparedness and Planning”) for additional information. Additional information on submission and approval of plans by EEC will be released in the coming weeks.

**Q6: What screening procedures are required to be implemented?**

A: Using a single point of entry, all staff and children are required to be screened daily (by specific program staff in a designated screening area) before they are permitted to enter the child care space. Screenings include non-contact temperature checks (using a scanning or temporal thermometer), screening questions (including about particular symptoms experienced in the past 24 hours), and a visual inspection of each child for signs of illness. Health check responses and temperature check results must be recorded and maintained on file.

Additionally, all staff, parents, children, and any individuals seeking entry into the program space must be directed to self-screen at home (including a temperature check) prior to coming to the program for the day.

See Section 4(A) (“Daily Screening”) for additional information.

**Q7: What regular monitoring procedures are required on-site?**

A: In addition to the daily screening procedures, staff must actively monitor children throughout the day for symptoms of any kind (for example, fever, cough, and shortness of breath) and separate and isolate children who appear ill or are exhibiting symptoms from the larger group until the children are able to leave the facility.

See Section 4(B) (“Regular Monitoring”) for additional information.

**Q8: What specific actions must be undertaken to prepare for a potential exposure?**

A: Programs must follow, enforce, and communicate isolation and discharge protocols for sick children and staff. This includes planning for isolation and discharge (including but not limited to designating a separate space to isolate children or staff who may become sick). Programs must also follow protocols if a child or staff member becomes symptomatic or contracts COVID-19. The guidelines also prescribe additional requirements, including, for example, notification to required parties and self-isolation following exposure or potential exposure.



See Section 5 (“Isolation and Discharge of Sick Children and Staff”) for additional information.

**Q9: Are masks or cloth face coverings required?**

A: Programs should encourage wearing of masks or cloth face coverings during the program day. Masks should be worn whenever six feet of physical distancing is not possible.

*Staff:* Staff are encouraged to wear a cloth face covering while serving children and interacting with parents and families. Staff are required to wear a cloth face covering whenever six feet of physical distancing is not possible. Programs are encouraged to consider the use of transparent face coverings to allow for the reading of facial expressions, which is important for child development.

*Children:* When possible and at the discretion of the parent or guardian of the child, programs should encourage the wearing of masks or cloth face coverings for children age two and older who can safely and appropriately wear, remove, and handle masks. When children can be safely kept at least six feet away from others, they do not need to wear a mask. Masks do not need to be worn during outdoor play, if children are able to keep physical distance from others. Additional guidance is available (for example, masks must not be worn while children are eating/drinking and napping, and consistent physical distancing must be practiced at all times during these activities). Families should provide their children with (and have a plan for routinely cleaning) a sufficient supply of clean masks and face coverings for their child to replace the covering as needed. If families are unable to provide masks, programs should provide masks for children and youth, as necessary.

*Parents:* Parents must wear masks when on the premises and at all times during drop-off and pick-up.

Exceptions to the use of face masks or coverings include but are not limited to children under the age of two, children who have difficulty breathing with the face covering, and individuals who are unable to wear a face covering safely due to a behavioral health diagnosis or an intellectual impairment.

For additional details on face masks and coverings, as well as the use of gloves, see Section 7 (“Personal Protective Equipment (PPE) and Face Masks and Coverings”).

**Q10: What physical distancing measures are required?**

A: Programs should maintain at least six feet of distance at all times and limit contact between individuals and groups, whenever possible. When six feet of physical distance is not possible, adults must wear masks or cloth face coverings – see



question above. Physical distancing must be practiced by children and staff at all times, including but not limited to during transitions (e.g., waiting for bathrooms), while traveling to and from the outdoors, and during all activities. In order to maintain a distance of six feet between individuals, programs must have a minimum of 42 square feet per child, with 144 square feet per child being ideal to maintain proper physical distancing.

Additional physical distancing guidelines include but are not limited to avoiding immediate contact (e.g., shaking or holding hands, hugging), staggering drop-offs and pick-ups, staggering recess to one group at a time (as applicable), arranging for administrative staff to telework from their homes, and closing communal use spaces if possible (such as game rooms or dining rooms).

See Section 9 (“Strategies to Reduce the Risk of Transmission”) for additional information.

**Q11: What cleaning, sanitizing, and disinfecting procedures are programs required to implement?**

A: The Minimum Requirements for Health and Safety includes information on what supplies must be used for cleaning, sanitizing, and disinfecting, as well as information on proper usage, specific guidelines for indoor and outdoor play areas, and other considerations (such as cleaning after a potential exposure in a program).

See Section 8 (“Cleaning, Sanitizing, and Disinfecting”) for additional information.

**Q12: Are there additional guidelines for hygiene and health practices?**

A: Yes. For information on resources and supplies, hand washing, and additional healthy habits, see Section 6 (“Hygiene and Health Practices”).

**Q13: What are the requirements for group transportation?**

A: Group transportation should only be provided when there is no other option to transport children to and from the program. Programs intending to provide transportation services must follow the prescribed guidelines, including but not limited to implementing physical distancing and group size requirements and developing a transportation plan, screening protocol, and routine cleaning procedures.

See Section 10 (“Transportation”) for additional information.

**Q14: What precautions must programs undertake with respect to food safety?**



A: Programs must follow all precautions and infection control practices for the handling, serving, and sanitation of food and food related services. The Minimum Requirements for Health and Safety include food safety guidelines to help minimize potential spread of infection, such as using pre-packaged snacks in individual portions whenever possible, ensuring adequate physical distance during meals, and hand washing prior to and immediately after eating (or meal preparation).

See Section 11 (“Food Safety”) for additional information.

**Q15: Do the Minimum Requirements for Health and Safety address caring for children with special needs and vulnerable children?**

A: Yes, programs must take certain steps to ensure that they are adequately prepared to provide safe and appropriate services to children with special needs and vulnerable children. The requirements include but are not limited to outreach to parents of high-risk children and encouraging parents to discuss with their healthcare provider whether the program is a safe option for the child and if additional protections are necessary. Additionally, programs must ensure adequate staffing and that staff are prepared and properly trained to accommodate children’s needs, as children with special needs will require unique supports that may make it less possible to practice social distancing and will require ample staff support to carry out the necessary hygiene practices.

For additional information, including on caring for infants and toddlers, see Section 12 (“Children with Special Needs, Vulnerable Children, and Infants and Toddlers”).

**Q16: Where do I learn more about reopening requirements for recreational camps and programs?**

A: These health and safety requirements apply to all child and youth serving programs, including recreational summer programs, recreational summer camps, home-based child care, and center-based child care. See Section 13 (“Recreational Camps and Programs”). Please visit the [Department of Public Health](#) for information about reopening.

This document is supplementary to the *Minimum Requirements for Health and Safety* and is subject to change. To read the complete **Massachusetts Child and Youth Serving Programs Reopen Approach**, please visit [here](#).