

DEDP Parent Handbook

COVID-19 Policies and Procedures

Dear DEDP Families,

Here is our COVID-19 Health and Safety Packet based on the new minimum standards set out by our licensing board and updated as standards are changed. 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.

We're so proud of the way our educators have returned to DEDP and worked so hard to keep themselves and the children in their care healthy and safe. We're also extremely grateful for the cooperation and support from families. We are all trying so hard to stay healthy!

This packet describes the health and safety protocols we engage in daily. 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.

After six long months of closure, we are delighted 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.

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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.

DEDP 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. DEDP 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 DEDP 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, including federal agencies and governmental entities, leading trade associations and industry consultants, and legal firms. 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 DEDP 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, cough, and shortness of breath. 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](#) provides the latest information about COVID-19 transmission.

* The ABOUT COVID-19 section of this plan was copied directly from OSHA's [Guidance on Preparing Workplaces for COVID-19](#).



SAFETY IN CHILDCARE

OVERVIEW

In general, childcare providers must follow strict regulations, particularly health and safety protocols. This focus on health and safety is vital in minimizing the spread of infectious diseases. Even pre-COVID, the high degree of sanitizing, disinfecting and health and safety regulations in childcare prevents the transmission of infectious disease. In order to minimize the spread of COVID-19, the [CDC issued guidelines](#) in March of 2020 (updated April 21, 2020). The Department of Early Education and Care (EEC) issued new minimum standards for health and safety to be followed by all childcare (followed by revisions throughout June, July and an updated version for fall in mid-August).

We recognize that deciding whether to send your child back to group care is complex, and the concerns for their health and safety must be balanced with employment needs. We have had the benefit of being in daily contact with multiple programs around the country and world who have been operating safely throughout the pandemic with new health and safety protocols, and are very reassured to know that families, children and staff have remained healthy. Nearly 45% of childcare programs in the US remained open during the pandemic (including 500 emergency centers in Massachusetts), serving the families of essential workers, and data suggests that safely keeping daycares open does not contribute to the spread of COVID-19, particularly with the implementation of new cleaning and safety protocols. Many countries have either reopened or kept open childcare centers, and none have seen an increase in viral transmission. Since over 5,000 childcare providers have reopened in late June, there have been fewer than 100 cases as of September 1, and – according to the state epidemiologist working with providers – no in-facility transmission.



CHILDREN AND COVID-19

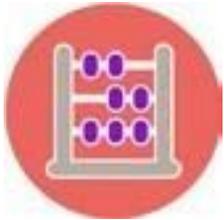
We're very closely monitoring the data and studies regarding children and COVID-19. Typically, when it comes to respiratory infections and flu, children are in the high-risk category. While COVID-19 is a disease that scientists and doctors are still learning about, the past months of data have shown that not only do children not get the virus as often nor spread it as easily as adults, the vast majority of children with the virus will have mild disease or be asymptomatic ([according to the CDC](#), slightly over 100 children in the US have been hospitalized from February-June 2020).

Almost six months into the pandemic, study after study—in [China](#), [Iceland](#), [Australia](#), [Italy](#), and the [Netherlands](#)—has found that children get less sick and are less contagious. There is much in the news lately about children who present with COVID-19 and a Kawasaki-like illness. But as scary as the inflammatory reaction is, it is both very rare and highly treatable. Hayes Bakken, a pediatrician leading the pediatric Covid-19 response at Oregon's Children's Hospital, points out: "This condition is new because we believe it's associated with Covid, but we've already been treating kids with these types of conditions very well." This doesn't mean that kids cannot get very sick, and sadly, there have been a small number of deaths. However,

it's important to keep that information in context as the numbers of seriously ill children with COVID-19 remains much smaller than the amount impacted by seasonal flu. For further information, [read this very informative article](#) about the risks of children and COVID-19.

DECIDING

In making the decision of whether and when to return to group care, parents need to consider their work situation, childcare alternatives, family health situations, and their own tolerance for risk. While we cannot assure you that there is no risk of a child being exposed to COVID-19 in group care, we can reassure you that the new health and safety protocols have proven very effective in centers across the country and overall, transmission in childcare settings is extremely low.



Only you can decide what is best for your family, and there is more to keeping your child healthy than keeping them COVID-free. There is also their social-emotional health to consider, and their opportunities for learning. You can make an informed decision by evaluating your child's health (if your child has a health condition, you'll want to check with your doctor to help you decide). You'll also need to evaluate your family's health risks, your alternatives, and the epidemiological situation where we live (are test results less than 5% positive, do hospitals have enough PPE and is the rate of hospitalization and new cases going down?). Finally, it is extremely important to consider the steps your childcare provider is taking to stop the transmission of illness. At DEDP, we maintain small, stable groups of children; we have a stable group of masked caregivers who can isolate if they get sick; children wash their hands frequently, especially before eating; and we maintain rigorous cleaning practices. Our staff has ample sick leave, and they don't work if they're sick. We have always been an organization that bases our decisions on evidence and data. It's the data and real-life experience from nearly half of the childcare programs that have operated safely these past few months that make us confident that childcare programs can continue to keep children healthy and safe.

HEALTH + SAFETY

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 and indicate changes in green):

KEEPING HEALTHY

ILLNESS: Parents, children and staff must stay home when sick. DEDP will follow PSB guidelines regarding illness, which can be found [here](#). Children must stay home or be sent home if they experience any symptoms of COVID-19. DESE's guidance states that "in order to protect schools from the introduction of COVID, **testing of symptomatic individuals should be the default practice**. Students with acute onset of new symptoms (especially respiratory symptoms such as cough, shortness of breath, sore throat) or fever should almost always receive a negative COVID test before returning to school. Health care providers have clinical discretion to consider chronic illnesses or symptoms such as headache and abdominal or gastrointestinal symptoms and use clinical judgment to defer testing when an alternative cause is firmly established". This would typically require the health care provider to see and evaluate an individual.

LIMITING VISITORS: In order to limit direct contact between parents and staff members and adhere to physical distancing recommendations, DEDP will be suspending our open-door policy for families, visitors, and volunteers until further notice. Pick-up will happen outside, directly from your child's classroom, and parents will no longer be allowed in the building unless there is a legitimate need to enter (in which case, you must notify Directors via email, and you will be screened as outlined below). Vendors will be asked to perform contactless drop-off. *As of September, licensing has allowed for in-person services on a limited basis. Please speak to the Director regarding your child's needs.* We reserve the right to screen any individual seeking admittance to our building.

DAILY HEALTH CHECKS: 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. We suggest you fill out the DEDP Health Attestation when filling out the Driscoll School form for the day. It is imperative that you do not bring your child to school or attend DEDP if you or they are sick. If your child has any sign of illness, you must keep child home until 24 hours has passed 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.

Self-screening includes checking for symptoms included 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. **This Health Attestation must be filled out and submitted digitally by noon on each day.** Any individual with a fever (100.0°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, chills/shaking, or any of the other signs of illness will not be permitted to enter the program.

Parents will be required to answer the following questions about their child and sign an attestation form. If any of the below are yes, the child will not be allowed to enter the building and must return home with their parent or caregiver.

- Today or in the past 24 hours, have you or any household members had any of the following symptoms? Fever (temperature of 100.0°F or above), felt feverish, or had chills? Cough? Sore throat? Difficulty breathing? Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Fatigue (fatigue alone will not exclude a child from participation)? Headache? New loss of smell/taste? New muscle aches? Any other signs of illness? *Fatigue, headache, runny nose and any other sign of illness must be in conjunction with another symptom in order to be excluded.*
- In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? (Close contact is defined as being within 6 feet of an individual who has tested positive for COVID-19 for more than 10 minutes while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends.)

ARRIVAL PROCEDURE: Our program begins at 2:30pm, as soon as the school day ends.

Kindergarteners will be met at their classroom door by a DEDP staff member and accompanied to store their belongings on a hook in the hallway near the cafeteria. Students in grades 1-5 will leave their classrooms and meet their DEDP teachers at their program spaces after they have stored their belongings in the appropriate area (for the first week or as needed, children will be met at their classroom to help them transition into the various changes we will institute).

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 staff member 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, a DEDP staff member will call emergency medical services immediately.)



- Once the child has passed the health screening, your child will wash their hands and begin their day at DEDP.
- Although initially part of the licensing standards, the standards were updated to remove the temperature check screening for children and staff entering programs.
- If you answer yes to any of the screening questions, you must keep your child home symptom-free for 24 hours (without fever-reducing medication).

If a child's parent or caregiver did not fill out the Health Attestation for that day, the parent or caregiver will be contacted for immediate pickup, as EEC regulations state that we cannot permit children or staff without a Health Attestation each day.

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 will also continue to 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.

SYMPTOM MANAGEMENT: We will have a safe space where it is easy to supervise isolated children who may become sick while in care. Children with symptoms of Covid-19 will be isolated with immediate parent pick-up. Self-isolation of any family members or staff exposed to or displaying symptoms of the virus will also be required.

PICK UP PROCEDURE: Each classroom will have their own Google Voice phone number. You will receive your child's classroom's number via email before your child begins DEDP. You must text their number within 5 minutes of your arrival so that the staff member in that classroom can assist your child in gathering their belongings.

Once you arrive, please ensure there are no other parents near your child's classroom door. If it is clear of other adults, please approach the door and let the staff member know you are there to pick up your child. If you need to speak with staff or must enter the program space for any other reason, an appointment is needed. Please email DEDP Directors directly to schedule a meeting (we will not conduct meetings after pickup).

SENT HOME SICK: If the child has symptoms but has not been exposed to COVID-19, they may return to childcare as advised by a physician or the board of health.

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 local board of health 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 board of health 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, DEDP will do the following:

- We will immediately isolate the child from other children and minimize exposure to staff. We have a separate room to isolate children or staff who may become sick, with the door closed. Isolated children will be supervised at all times by a staff member wearing PPE. A separate bathroom will be made available when possible for use by sick individuals only. Others will not enter 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 and send home as soon as possible. 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.
- We have an emergency back-up plan for staff coverage in case a child or staff becomes sick.
- 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 a designated separate exit from the exit used to regularly 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 new symptoms are detected among a staff member, DEDP will follow the requirements above on how to handle symptomatic individuals.



TRAVEL

All travelers must follow [MA travel guidelines](#) for quarantining upon their return. Note that children who have not traveled do not need to quarantine even if the parents have traveled and are quarantined.

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, *as of September, we are no longer required to limit the group size.*

RESTRUCTURED CLASSROOMS: Where needed, classrooms have been restructured to incorporate the larger square footage per child required. The classrooms have been rearranged to facilitate smaller group and individual play, including setting up play activity stations like puzzles and art. The number of children permitted to use any one space or activity center at the same time will be limited to one or two children. Activity areas/learning centers have been placed as far apart as possible.

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 be combined or mixed, either indoors or outdoors. The groups of children using the outdoor space will be alternated so that 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 in bags in their cubbies 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 materials that were placed in their mouth 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 not be used at all. We are exploring options for individual water and sensory play.

ENHANCED HYGIENE PRACTICES



RESOURCES AND SUPPLIES

DEDP 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 at the entry to the building, in each classroom for the children and teachers or in adjacent 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: DEDP 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 will be posted to assist children or 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 (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 a tissue, then the tissue thrown in the trash. They must wash their hands with soap and water immediately afterwards or use hand sanitizer.

FACE MASKS/COVERINGS:

We remind families and staff that all individuals are encouraged to adhere to the CDC’s recommendations for wearing a mask or cloth face covering whenever going out in public and/or around other people. The CDC has extensive information on masks and cloth face coverings [here](#). [The CDC Use of Cloth Face Coverings](#) is included as Appendix D.

STAFF: To slow the spread of COVID-19, DEDP staff must wear a cloth or surgical face covering at all times while serving children and interacting with parents and families. DEDP requires our staff to wear masks or face coverings during the program day.

CHILDREN: DEDP requires children to wear a cloth or surgical face covering at all times throughout the day. We will ensure that frequent, safe mask breaks occur.

- Masks must not be worn while children are eating/drinking, sleeping, and napping. Physical distancing will be practiced during these activities.
- Children 2 years of age and older will be supervised when wearing a mask.
- 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.
- Please send your child to DEDP with two (2) face masks specifically for Extended Day. These can be marked for DEDP or simply in your child’s possession for the day.
- DEDP requires that parents/guardians wear a mask when on the premises and at all times during 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

SCRUB JACKETS AND OTHER PPE: Scrub jackets or loose fitting long sleeve button up shirts will be worn by any staff member entering another classroom and staff may wear them while engaging in first aid or other activities to limit the spread of germs.

GLOVES

DEDP staff will wear vinyl gloves at all times during first aid administration, food preparation, 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.



TOYS FROM HOME: Comfort items such as lovies, blankets, and other soft items brought to child care from a child's 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. Staff has been trained in recognizing symptoms, increased hygiene and disinfection protocols, as well as best practices in physical distancing with young children.

ADDITIONAL PPE: Scrub jackets or loose fitting long sleeve button up shirts will be worn by any staff member entering another classroom and staff may wear them while tending to injuries or if they would like to use extra PPE.

GLOVES: DEDP staff wear vinyl gloves at all times during first aid, food preparation, and sunscreen application.

TOYS FROM HOME: No toys from home will be allowed.

TOOTHBRUSHING: Required toothbrushing has been temporarily discontinued by EEC.

TRAINING: Staff will be trained in recognizing symptoms, increased hygiene and disinfection protocols, as well as best practices in physical distancing with young children.

ENHANCED CLEANING + SANITIZING PRACTICES

DISINFECTANT

- Children are at greater risk from toxic exposures because of their immature and rapidly developing physiology. By playing on floors, sprawling on table surfaces, and engaging in hand-to-mouth behavior, children live in their environments in ways adults do not. Pound for pound, children take in more contaminants than adults, increasing their risk. With this in mind, we take our responsibility very seriously to maintain a clean and sanitary and safe environment at DEDP for children to grow, play, and learn.
- DEDP typically uses a bleach and water solution to disinfect our surfaces. A bleach and water solution, while effective for sanitizing and disinfecting, can be a skin irritant and exacerbate symptoms in those with asthma and breathing issues. For these reasons, we will use a disinfectant that is not an irritant.
- DEDP Staff will clean surfaces first with a soap and water mixture. This allows the materials used to fully disinfect.
- Pump or trigger sprays are used, not aerosols.



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 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 time for all cleaning and disinfection 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.
- We strictly follow directions on the label, ensuring that the disinfectant is approved for that type of surface (such as food-contact surfaces). We follow manufacturer's instructions for application and proper ventilation. Children are never present when mixing solutions. Wait times are in accordance with manufacturer's directions and then surface dried thoroughly or allow to air dry.
- 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

DEDP 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 doorknobs, bathrooms and sinks, keyboards, and banisters.
- 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.
- 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 instruction for cleaning and disinfecting. If 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.
- 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 DEDP 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. 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.

ENHANCED DISINFECTION: To ensure effective cleaning and disinfecting, surfaces will be cleaned and then disinfected using our hospital grade [EPA-approved disinfectant](#) for use against the virus that causes COVID-19. 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 closed and doors to the bathrooms removed where possible.



VENTILATION: The classrooms and spaced in Driscoll School have been evaluated by the facilities team from the Town of Brookline and have assessed that the spaces we will use meet the recommendations by the Healthy Buildings Team from the Harvard T.H. Chan School of Public Health. The Healthy Buildings Team recommended that all indoor rooms should meet at least one of two clean air ventilation targets through a combination of (a) fresh outdoor air, (b) recirculated air filtered at **MERV 13 level or higher** (for rooms with mechanical ventilation), and © use of portable air

cleaners with HEPA filters. Option 1: At least 5.0 air changes per hour of clean air or Option 2: At least 15 liters per second per occupant of clean air.

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 sanitized in the dishwasher. Cloth toys will not be used at all.

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

- DEDP 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 who care for children requiring hands-on assistance for routine care activities, (including toileting, diapering, feeding, washing, or dressing), and other direct contact activities may wear a long-sleeved, surgical scrub jacket over their clothing and wear long hair up or tied back during all activities requiring direct contact with a child. 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.
- DEDP 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, DEDP 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 DEDP 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 contact 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 15 minutes during the infectious period. DEDP’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 DEDP with guidance from the Driscoll school nurse and Brookline Health Department with quarantine instructions. Others (not in close contact) will receive a group email or other communication.

WHAT DEDP WILL DO

ASSIST IN CONTACT TRACING. Identifying close contacts and requiring isolation/testing helps reduce the risk of further exposure. DEDP 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 DEDP 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, DEDP will:

- Determine the date of symptom onset for the child/staff.
- Determine which days, if any, the child/staff was at DEDP 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, DEDP 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, DEDP 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. DEDP 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 AND EMOTIONAL HEALTH

We will work with your family to help ensure that this is an easy transition. 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 and our activities will continue to emphasize the traits of resilience, courage and positive attitude. We know that children and staff will need reassurance and TLC, and our leadership 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 DEDP healthy, we ask families to adhere to the following practices:

- **WE'RE ALL IN THIS TOGETHER:** When we all follow the plan, the chance of transmitting disease is reduced. This plan is specific to COVID-19 and is in addition to our existing policies and procedures, which meet state licensing standards designed to help create a safe environment. Science shows us that when members of a community adhere to the following health and hygiene protocols, we can contain the spread of disease. Please refer to the [CDC recommendations for parents](#).
- **STAY HOME WHEN SICK.** If your child is sick, keep your child home until free of fever without medication or other symptoms for 24 hours or cleared by a medical professional to return. 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 school 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!