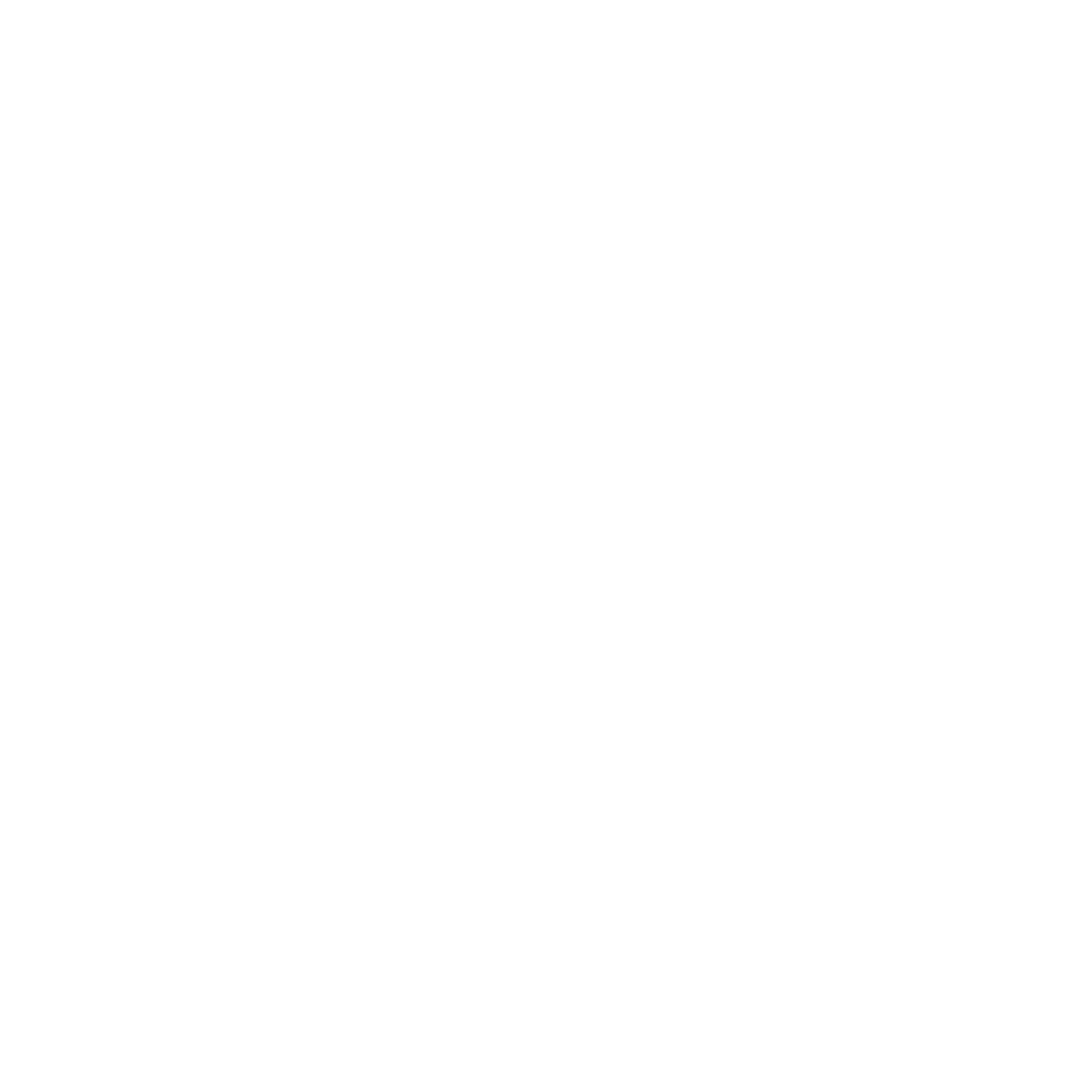
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**Massachusetts Department of   
Early Education and Care Reopen Approach**

Reopening Plan Template for Child Care Programs

June 12, 2020

# GROUP AND SCHOOL AGE (REQUIRED)

**Group and School Age Programs (GSA) must submit Reopening Plans through the Reopening Transaction in LEAD to their EEC licensor prior to reopening.** The template below has been tailored to GSA programs. You are encouraged to adapt or adjust as needed.

## PLAN #1: PROGRAM OPERATIONS PLAN

### Section 1: Program Administration

*In order to protect child care environments from the spread of coronavirus, programs should have a plan in place to ensure preventative measures are taken and there is a clear action plan in case of exposure. All programs should develop plans for ensuring the following goals are achieved within the specific center:*

1. *Minimize the number of individuals with whom any potentially exposed individual is in close contact by limiting contact between groups (e.g., no adults moving in between classrooms or comingling of groups); and*
2. *Minimize prolonged close contacts between individuals within a group to the degree possible.*

Our Redeemer Child Care Center

Elizabeth Molloy

* Please describe your approach to prevent contact between groups, including during beginning/end of day, transitions and outdoor time?
* Please describe how you will minimize prolonged close contact between individuals within a group, to the degree possible, through adjustments to activities, classroom configurations, or other ways of supporting classroom teachers to adjust their daily plans?
* What strategies will you use to ensure that materials and equipment used by children will minimize sharing and promote distancing?

\*The Center will be open from 8-5 M-F

\*Infant parents will enter through main entrance, (One parent will be checked in at a time. Other parents will wait either in cars or in socially distanced line outside of building) and proceed directly into Infant Classroom.

\*Parent and child will complete screening process. Contact will be limited to infant teacher and parent. This procedure will be used for pick-up and drop-off.

\*Infants will not spend time outdoors during the summer months.

\*Every other crib will be used to provide distance.

\*Infant seats at table will be labeled and every other one will be used.

\*Toddler. Preschool and Pre-K children will enter through rear doors which lead directly into each classroom.

\*Parents and children will complete screening process.

\*Children will wash hands upon entering building.

\*Children will remain in same group all day.

\*Groups will not interact during the day.

\*We have one toddler group and they will use their playground.

\*Preschool and Pre-K will take turns on playground.

\*Toys will be sanitized between groups.

\*Furniture in each classroom will be configured to encourage small group distanced play.

\*Centers will be limited to 2 children to an area.

\*Maximum of 3 children eating or doing activities per table.

\*Hula hoops or markers will be used to help children to distance during story time or music/movement time.

\*Children’s belongings will be stored in a bag in their cubby.

\*Cubby use will be staggered (every other cubby will be used).

\*Groups will travel to playground via back entrances (main hallway will not be used).

\*Each classroom has their own bathroom, so the need to line up for bathroom use is minimized.

\*Children will wait socially distanced if whole group is using bathroom ex. prior to outside play.

\*Bathrooms will be sanitized throughout the day.

\*Sleep cots will be socially distanced.

\*Sleep cots will be sanitized each day after use

\*Drop-off and pick-up will be between hours of 8-9, and 4-5. If pick-up or drop-off outside of those hours is necessary, parents may call Center to make arrangements.

\*Supplies and toys will be used only by each group and will be sanitized during nap and at end of each day.

\*All toys that at mouthed will be place in bin on counter for washing and sanitizing later.

\*Toys that cannot be easily sanitized such as cloth toys will not be used (unless for comfort by an individual)

\*Common areas of building will not be used. (Main hallway and meeting room)

\*Infant and Toddler Teachers will wear a large shirt over their clothing during diapering process.

\*Infant Teachers will wear a large shirt during feeding and anytime holding an infant.

\*Clothing of child and/or teacher must be changed if any bodily secretions get on it.

\*If bodily secretions get on the skin of teacher or child, the area will be cleaned with soap and water.

* Please describe your approach to prevent contact between groups, including during beginning/end of day, transitions and outdoor time?
* Please describe how you will minimize prolonged close contact between individuals within a group, to the degree possible, through adjustments to activities, classroom configurations, or other ways of supporting classroom teachers to adjust their daily plans?
* What strategies will you use to ensure that materials and equipment used by children will minimize sharing and promote distancing?

**Staffing Plan:**

* How will you ensure adequate staffing and supervision for the designated groups of children, including during breaks and meal times, while minimizing contact across groups of children?
* How will you ensure that the staff is adequately supported in implementing protocols, including training and supplies?

\*Children will remain with the same three teachers each day

\*One teacher will work the entire day, second teacher will work half the day, third teacher will cover the breaks for that classroom and remain in that room for remainder of the day.

\*All staff will complete the EEC protocol training on Covid-19 safety.

\*The Center will ensure that adequate supplies are on hand.

\*In the event that staff members get sick, Amanda McCarthy, Nina Smith and Emily Spiller will work as substitutes.

All employees working in the program must comply with all BRC requirements and must have a suitable determination. Any individual who does not have suitable background record check, must have started the process. Note: EEC is taking measures to expedite Background Record Check (BRC) processes to ensure programs are able to open in a timely manner. Therefore, we are collecting the names of individuals who do not have a “suitability” determination but are needed to work.

Please list in the below table all individuals who do not yet have a suitable BRC to request expedited review.

|  |  |
| --- | --- |
| **Name** | **Role** |
| *Ashley (Sulham)*  *Selter* | *Pre-K Teacher*  *Asst Director* |
| Melissa Moore | Pre-K Teacher |
| Bonnie Darling | Toddler Teacher |

|  |  |
| --- | --- |
| Amanda Thorpe | Toddler Teacher |

### Section 2: Parent Communication

*The goal of the parent communication plan is to ensure reasonable measures are in place to:*

1. *Communicate with families should an exposure or positive case occur*
2. *Ensure family interactions support prevention of illness and infection at drop off and pick* *up*

* What system or strategies will you use to communicate to families about the preventive practices being put in place to stop the spread of COVID-19 virus, including drop-off and pick-up procedures and staggered start-times?
* How will you communicate with families in case of exposure or illness at your site and who will be designated to perform the communication?

\*We will communicate daily at drop off and pick up with parents.

\*We will also communicate via phone and email.

\*We will share our reopening plan with families.

\* In case of an exposure to COVID-19 we will communicate via phone calls immediately upon discovering the exposure.

\*The Director will be responsible for this communication.

\*The Foxboro BOH will be notified if a staff member or child is COVID -19 positive.

\*The Director will notify EEC if a staff member or child is positive for COVID-19.

\*Staff will monitor children throughout the day for symptoms.

\*Parents will be required to pick up children within 30 minutes if a child exhibits symptoms.

.\*We are minimizing contact among families by utilizing multiple entrances.

### Section 3: Support Services (If Applicable)

*The goal of the support services plan is to ensure reasonable measures are in place to provide a separate or designated space for required services for children with Individualized Education Programs or Individualized Family Service Plans.* *Please Note: EEC is requesting all services be delivered virtually at this time.*

* How will you meet the need for separate or designated space for the delivery of remote services to children with Individualized Education Programs or Individualized Family Service Plans?
* Who will be responsible for ensuring services for children with IEP’s or IFSP’s are coordinated and delivered in accordance with the child’s needs?

\*When services resume, support services will take place in Director’s office.

## PLAN #2: CLEANING PLAN*The goal of the cleaning plan is to ensure reasonable measures are in place for programs to minimize exposure to disease through germs, fluids, and excretions, with a focus on:*

1. *Intensified general cleaning, sanitizing, and disinfecting routines*
2. *Extra attention to high touch or high use surfaces or those specifically touched by symptomatic or ill individuals*

* How will you ensure that all areas, materials, furniture, and equipment used for child care are safely and properly cleaned, sanitized, or disinfected, including a schedule for cleaning all areas of the building?
* Where will items be stored and prepared away from children?

Programs may use the Sample Cleaning Schedule template below or create their own Cleaning Schedule and submit it for review by EEC. **For programs that operate part time programs with multiple shifts, please indicate in your Cleaning Schedule how you will clean between shifts.**

**HANDWASHING/SANITIZING**

\*All staff and children will wash hands upon entering building and upon leaving building.

\*Staff will wash hands before and after food prep.

\* Staff will wash hands before and after administering medication.

\* Staff and children will wash hands before and after eating.

\* Staff and children will wash hands before and after diapering or toileting.

\* Staff and children will wash hands after exposure to body fluids

\* Staff and children

will wash hands after sneezing, blowing nose, assisting child in blowing nose.

\* All staff and children will wash hands after outdoor play.

\*All staff and children will wash hands after touching high contact surfaces.

\*Staff will wash hands after touching face masks.

\*Staff will wash hands prior to putting on gloves and after removing gloves.

\*Gloves will be worn when:

+diapering

+food prep

+screening individuals

+handling body fluids

**Our Redeemer Child Care Center Cleaning Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Item** | **Action** | **Frequency** | **Notes** |
| *Child Care Space* | *Doors and Cabinet Handles* | *Cleaned and disinfected* | *Daily* |  |
| *Toileting/Diapering Area* | *Changing Table* | *Cleaned and disinfected* | *After each use* |  |
| Entryways | Sign in/out pens | *Cleaned and disinfected* | *After each use* |  |
| *Child Care Space* | Counter tops, desk tops, table tops | *Cleaned and disinfected* | *After each use* |  |
| *Child Care Space* | *refrigerators* | *Cleaned and disinfected* | *Daily* |  |
| *Child Care Space* | *Toys that were mouthed* | *Cleaned and disinfected* | *After each use* |  |
| *Child Care Space* | *Hard surface toys, chairs* | *Cleaned and disinfected* | 2x daily | During nap and at closing |
| *Child Care Space* | *Sleep cots* | *Cleaned and disinfected* | *After each use* |  |
| *Child Care Space* | *floors* | *Cleaned and disinfected* | *Daily* |  |
| Bathroom | Toilets, sinks, door handles, soap dispenser, paper towel dispenser | *Cleaned and disinfected* | *3x daily* |  |
| Playground | *Toys, bikes* | *Cleaned and disinfected* | *After each use* |  |
|  | *Tables, gates,* | *Cleaned and disinfected* | *After each use* |  |

## PLAN #3: MONITORING AND RESPONSE PLAN

### Section 1: Screening

*The goal of the screening plan is to minimize the risk that those entering the child care space may be exposed or infected to COVID-19:*

1. *Verbal screening for common symptoms of COVID-19 or known exposures*
2. *Visual screening for signs of illness*

* How will you establish a single point of entry for every grouping of individuals that enters the building, with a designated area for screening and the proper protection?
* Who will conduct screening activities, and how they will be conducted and documented?

\*Only infant parents will enter through main door and proceed directly into infant room.

\*All other parents will use rear entrances

\*One classroom teacher will be assigned to each entrance.

\*Parents and children will be asked screening questions.

\*Parents will sign a form attesting to health status.

\*Forms will be kept on file.

\*Children will be visually screened.

\*Children will enter the building and immediately wash their hands.

\*Teacher will wear a mask.

\*Parent will wear a mask.

\*After signing child in and signing screening form pen will be placed in dirty bin for sanitizing.

### Section 2: Isolation and Discharge

*The goal of the isolation and discharge plan is to minimize the risk of exposure between a child or staff member who may have COVID-19 and others in the child care space, while also ensuring supervision and safety for all children.*

* When isolating sick or symptomatic individuals, what designated area will be used, separate from the child care space? How will you minimize exposure of others to the sick individual?
* How will you ensure appropriate supervision of isolated children while minimizing the risk of exposure?

The program will ensure that there is adequate staff coverage to allow for supervision of sick children while maintaining required ratios in the classroom.

**Elizabeth Molloy**] will develop and maintain an emergency back-up plan for staff coverage in case a staff member becomes sick.

\*Sick children will be isolated in the Director’s office

\*Parents will required to pick up sick children within 30 minutes of being contacted.

\*Parents will be contacted immediately upon identifying child is ill.

\*Director will remain with child at social distance and wearing mask and gloves until pick up.

\* Individuals who test positive but are asymptomatic must not return to Center for 10 days.

\*If staff or child has been exposed to COVID-19 regardless of symptoms, they are not permitted to return to Center for at least 14 days after the contact. The Center will contact the Foxboro Board of Health for guidance on quarantine for other children and staff and what additional precautions will be needed to ensure Center is safe to remain open.

\*If the exposed child or staff subsequently test positive or Dr. says they have confirmed or probable COVID-19 they are not allowed to return to Center for a minimum of 10 days from first day of symptoms appearing AND be fever free for 72 hours without fever reducing medications AND experience significant improvements in symptoms. Release from isolation is under the jurisdiction of the local board of health where the individual resides.

\*If a child’s or staff’s household member tests positive for COVID-19, the child or staff must self-quarantine for 14 days after last exposure.

\*If an exposed child or staff member remain asymptomatic and/or tests negative for COVID-19 they must remain in quarantine for 14 days.

### Section 3: Local Board of Health Engagement

[**Elizabeth Molloy**] will notify the local board of health in the event that a child or staff member is COVID-19 positive. The contact information for the local board of health in the city or town in which **[Our Redeemer Child Care Center]** is located is below:

* Phone Number: **[508-543-1207**
* Email: www.foxboroughma.gov
* Address: **40 South St Foxboro MA**

### Section 4: Program Closures and Absences

*The goal of the program closing and absence plan is to ensure programs have a process for monitoring and communicating with families, the local board of health, and EEC regarding closures and absences related to COVID-19 quarantine or potential spread. Programs must follow existing requirements for attendance tracking.*

* How will you communicate effectively with all relevant audiences regarding program closures and absences due to COVID-19, including to parents, staff, EEC and the local board of health?

\*If the Center must close due to a COVID-19 outbreak, all parents will be called immediately to pick up children.

\*EEC will be notified.

\*BOH will be notified.

\*Confidentially of positive COVID-19 individuals will be maintained.

\*We will follow guidance on reopening and sanitizing set by BOH.

\*Parents will be instructed to keep Director apprised of ongoing health issues.

\*Parents will be updated via phone calls of status regarding reopening.

## PLAN #4: MEDICATION ADMINISTRATION PLAN

*The goal of the medication administration plan is to ensure the program is prepared and staff and children are properly protected during the administration of medication.*

*In addition to 606 CMR 7.11(2)(a), which requires programs must have a written policy regarding administration of prescription and* *nonprescription medication, the Minimum Requirements for Health and Safety outline specific criteria required for medication administration during the COVID-19 recovery. Please provide a medication administration plan that addresses how the program will meet the Minimum Requirements for Health and Safety during medication administration.*

* Are there any COVID-19 specific measures being put in place for the administration of medication due to COVID-19?
* The 5 rights of MA Medication administration policies will be followed.
* Staff will wash hands prior to and after administering medication.
* Use of nebulizers is prohibited

|  |  |  |
| --- | --- | --- |
| **Medical Condition** | **Required Medication** | **Protective Measures for COVID-19** |
| *Asthma* | *Metered-Dose Inhaler* | *Metered-Dose Inhalers with spacers are recommended. Staff should wear a cloth face mask covering.* |
|  |  |  |
|  |  |  |
|  |  |  |

The program will designate the following staff as adequately trained and prepared to support children with health care needs with the necessary provisions of health care such as administration of medication needed throughout the day:

* Liz Molloy
* Ashley Sulham
* Kayla Meek
* Bonnie Darling
* Merry Taylor
* Amanda Thorpe
* Melissa Moore

## PLAN #5: TRANSPORTATION (IF APPLICABLE)

**NA**

The program **[will/will not provide]** transportation for children in their programs.

*In accordance with 606 CMR 7.13(1), programs must have a written plan for the safety and supervision of all children during transport. Additionally, the Minimum Requirements for Health and Safety outline specific criteria required for providing transportation. If you are planning to provide transportation, please provide a transportation plan that addresses each of the items required under 606 CMR 7.13(1) and the following information as to how the program will meet the Minimum Requirements for Health and Safety*.

* How will drivers and monitors be trained on enhanced protocols?
* What strategies will be used to ensure screening of drivers, monitors and children, including how they will require parents to screen children prior to boarding a vehicle?
* What measures will be used for maintaining social distancing and promoting air flow while on board the vehicle?
* What strategies will be used for routine cleaning of vehicles that identify what items must be cleaned, sanitized, or disinfected, and with what frequency?
* How will the program minimize the time children spend in group transportation?

*Sample Transportation Cleaning Schedule – To be completed and submitted by program*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Action** | **Frequency** | **Notes** |
| *Passenger Seats* | *Cleaned and disinfected* | *After each use* |  |
| *Handrail* | *Cleaned and disinfected* | *After each use* |  |
|  |  |  |  |
|  |  |  |  |

The program will designate the following staff to assist children with washing or sanitizing hands upon arrival after exiting the vehicle and again prior to departure before boarding:

* [**insert name of program staff #1**]
* [**insert name of program staff #2, if applicable**]
* [**insert name of program staff #3, if applicable**]