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2. Topic (e.g., safe and healthy environments; providing supports for students; teacher, faculty, and staff well-being, professional development, and supports)

   In February 2020 the University created a Covid Task Force consisting of key administrators from various areas including Health Services, Counseling Center, Student Affairs, Campus Police, Legal Counsel, Plant and Facilities Operations, Residential Life, Food Services, Academics, Human Resources, Public Relations, International Studies, Athletics, and a Student Representative. This group has met twice weekly since then to consider all covid-related concerns and to recommend policies and procedures to support the physical and mental health and safety of all students, faculty and staff. This group has been a strong resource for all the Lasell University community, including students’ parents and the surrounding community.

   The University has followed all CDC, Mass DPH and Local Health Dept guidelines and requirements for testing, contact tracing, isolation and quarantine when indicated. Key elements of Lasell University’s response to the Covid-19 pandemic are:

   - Partnering with the Broad Institute in Cambridge MA for gold-standard PCR testing with results available within 24 hrs (actual average TAT 12-15 hrs)
   - Surveillance testing of all students, faculty and staff starting in late August 2020, up to three times per week based upon the frequency of the individual’s presence on campus
• Contact Investigation (CI) and Contact Tracing (CT) initiated by Health Services immediately upon receipt of a positive test result. Collaborating with MA DPH to monitor those in isolation and quarantine
• Provision of on-campus isolation and quarantine housing to include health monitoring, mental health monitoring, food delivery and academic support
• Utilization of a smart phone app integrated with Broad Institute test results that includes required daily symptom reporting, resulting in a screen indicating compliance or non-compliance. If non-compliant the individual is barred from classrooms and many public areas until resolved
• Masks and physical distancing required everywhere on campus except in student’s residence hall room or employee alone in private office
• All indoor areas arranged to maintain physical distancing, with supportive signage
• All athletic activities in line with NCAA and local athletic conference guidelines and recommendations
• Covid Informational Dashboard on Lasell website updated daily
• Periodic Town Halls and Forums for updates and information sharing

Please see the attach PD’s which describes the measure taken at our childcare centers.

Having a childcare center within the university allows us to continual learning that facilitates the Online Teaching and Learning at Lasell certificate, which certifies faculty to teach online at Lasell (traditionally, this course was to certify graduate faculty, but faculty in the undergraduate program can and do take it as well). Right now, we run it as a 7.5 week course of about 20 hours work overall. Within it, faculty…

• Discuss course learning objectives
• Develop formative and active learning assessments for an online course
• Practice strategies for establishing a motivated, inclusive learning community in an online environment
• Apply best practices in accessible course design
• Apply best practices in integrating external resources

We also participate regularly in the Adjunct Professional Development course, which is facilitated primarily by Sara Large. The APD is a 5-module course primarily focused on new undergraduate instructors at Lasell, familiarizing them with the culture of teaching at Lasell, and providing a forum for them to discuss fundamental teaching needs (e.g. designing syllabi, assessment, etc). And of course, we’re actively developing resources to help meet faculty needs wherever possible.

Professional Development for faculty, both full-time and part-time, is a constant and regular affair at Lasell. The University dedicates a minimum of 50 hours throughout the year to professional development workshops, trainings, etc. This accomplished through three sets of multiday meetings occurring at the start of the fall semester, the start of the spring semester, and at the end of the academic year in May. In addition to these mandatory meetings, the University...
also includes each semester at least one, 2-hour workshop for faculty to work on programmatic assessment and other curricular matters. In addition to these regularly scheduled opportunities for professional development, faculty also can avail themselves of the immediate support of the Rose Mary B. Fuss Teaching & Learning Center (TLC). The TLC team offers daily teaching tips, weekly office hours, and one-on-one consultations. In the last year, their work has focused mightily on the well-being of faculty as many of them confronted not only the trauma caused by the pandemic but also the trauma caused by having to pivot to remote learning. The TLC has curated, and made available to faculty, multiple resources related to “Pandemic Teaching & Learning” that span the broad spectrum from online pedagogy to best practices to self-care to trauma-informed pedagogy to you-name-it. Besides being a daily resource for all university faculty, the TLC also helps organize and plan the aforementioned multiday workshops. Since the pivot last March, the TLC has tried to provide as many supports as possible to the faculty as they have (for the most part) successfully navigated this ongoing crisis.

3. Target audience (e.g., early childhood education, PreK-12, postsecondary)

A Lasell University education is enhanced by the opportunities to learn in settings that best prepare students for their professional careers. The Holway Early Childhood Centers at Lasell serve as laboratory schools for the Early Childhood, Elementary Education and a childcare center for Parents to College Program. The centers include the Rockwell Preschool School and The Barn.

**Holway Early Childhood Centers-Rockwell**
The Rockwell program includes a class of three-year-olds, four-year olds, and a transition class. The school year runs from September – June. A camp program is offered in July and August. Classes are offered 9 a.m.– 12 p.m. (1 p.m. for TK program) daily. Families have flexibility to sign up for early-bird care beginning at 8 a.m. or after-school care until 6 p.m. at an hourly rate.

**Holway Early Childhood Centers-The Barn**
The Barn program consists of one group of infants, two groups of toddlers, and two classes of preschoolers. Hours are 7:30 a.m. to 6 p.m. Yearly contracts may be purchased for three, four or five full days.

4. A short description of materials (two to three sentences)

Our center has used the guideline lead by our state licensure Early Education and Care [https://eeclead.force.com/apex/EEC_ChildCareEmergencyHealthGuidance](https://eeclead.force.com/apex/EEC_ChildCareEmergencyHealthGuidance). These materials include update additional protocol since the COVID-19 pandemic as regulated by federal, state, and local government. This included all staff be tested weekly, participate in PPE training and ensure enough equipment for children, families, teachers, and administration. This included but not limited to staff who have tested positive that a temporary be put in place for the staff person...
to ensure the continual of care and learning for the children. This ensures that child to teacher ratio remain with the state guidelines.

5. What makes the submission a lesson learned or best practice (e.g., it is based on local data regarding number of cases of COVID in the community, State or Federal guidance, research), including a summary of the impact and any evidence of positive outcomes • Please include here the setting in which the practice has been used (e.g., rural/urban/suburban, public/private/proprietary, 2-year or 4-year higher education institution, Historically Black College or University/Tribally Controlled College or University/Minority Serving Institution; other educational settings such as correctional facilities)

In collaboration with our local city and state government based on the practices and recommendation from our licensure Early Education Care (EEC), which outlines PPE for centers and the outline from the office of EEC Workforce and Training of Personal Protection Equipment (PPE) and COVID-19 regular test has become part of the work and learning environment. This includes educating our families of the new policies within the center in their native language, either spoken or in writing, to ensure they also understand the measures taken at the center and what they can do at home.

Part of the center protocol is to have a check-in station upon arrival for drop and pick before entry of the center for staff, children, and families. This protocol includes that the entry check-in includes the support of one-two teacher/s to check the temperature of all who enter the center and have a hand sanitizer station and disposable mask upon entry. Each classroom station has a handwashing station and all the continual licensure requirements and additional PPE station upon entry of each classroom, including hand sanitizer and disposable mask. These steps are repeated upon entry to the center. Due to the center's policy for PPE and COVID-19 weekly testing, we reported from our childcare center:

Number of children with positive cases: 2
Number of children enrolled at the center: 25
Number of Teacher with positive cases: 2
Number of Teacher at the center: 12
Number of Administrator/s with positive cases: 0
Number of Administrator/s at center: 1
6. Whether there is a focus on racial equity and/or another equity focus, such as a focus on historically underserved populations including students with disabilities; English learners; students from low-income backgrounds; first-generation college students; students experiencing homelessness; students in or formerly in foster care; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) students; undocumented students; student veterans and military connected students; student parents; and international students.

Holway Early Childhood Centers Policy for Enrollment:

The Holway Early Childhood Centers enroll children without regard to race, religion, cultural heritage, political beliefs, marital status, sex, age, disability, national origin, or sexual orientation. This nondiscrimination policy applies to the hiring of staff for the Centers, as well.

Lasell University Policy for Hire:

It is the policy of Lasell University to grant equal employment opportunity to all qualified persons without regard to race, color, sex, age, national origin, religion, physical or mental disability, sexual orientation, gender identity, genetic information, veteran status, membership in the uniformed services or any other characteristic protected by applicable laws. It is the intent and desire of Lasell University that equal employment opportunity will be provided in all aspects of employment including, but not limited to, recruiting, hiring, training, transfers, promotions, compensation, benefits, layoffs, terminations and all other privileges, terms and conditions of employment.
COVID-19 Health and Safety Plan
Dear Holway Early Childhood Centers Families,

Here is our new COVID-19 Health and Safety Packet based on the new minimum standards set out by our licensing board. We ask that you take some time to review and if you have any questions or concerns, we will be happy to address them with you at our Parent Zoom or by email or by phone.

We want to THANK YOU for your patience, encouragement, and continued support over the last few months. We have been so humbled, grateful and touched by the support of our families and staff. It is directly because of your support that Holway ECC is able to re-open this fall with our staff and program stronger than ever. Our educators are ready to get back to teaching your little ones. They have worked hard to maintain involvement through at-home learning; we are 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 of any changes.

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 friends and loved ones, and your own worry about health and world events, this crisis has taken its toll on the children. What is the 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 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 routine with old, we are here as always to help your child learn, grow and thrive.

September 8th can’t come soon enough! We’re 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.

August 28, 2020
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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.

Holway ECC 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. Holway ECC 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 Holway ECC 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 Holway ECC 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.

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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 July 23, 2020). On June 1, 2020, the Department of Early Education and Care (EEC) issued new minimum standards for new health and safety to be followed by all childcare programs after the extended closure (followed by revisions on June 8, 12, 19 & August 21).

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. While there were some cases in the MA Emergency Care centers in staff and families, the 64 cases out of 106,000 confirmed cases represents one sixtieth of 1% of the total cases and none resulted in serious illness.

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.

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 Holway ECC, we maintain small, stable groups 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 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: Non-essential staff, parents and visitors are restricted from entering the program. Drop-off and pick-up will occur outside the building. Tours will be virtual or on weekends and vendors will drop off supplies outside the building.

DAILY HEALTH CHECKS: All individuals will be required to self-screen at home before arriving at the program, (including a temperature check) and then screened prior to admittance into the program for temperature and symptoms of infection. They will also need to answer a questionnaire about their health. 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. After a child has settled in the classroom, the teacher will take their temperature with a contactless thermometer.

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 and children exhibiting signs of illness will be separated from the larger group.

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.

SENT HOME SICK: If the child has symptoms but has not been exposed to COVID-19, they may return to childcare following our general schedule (attached).

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.

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**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.

**CLASSROOMS**

**SMALLER CLASSES:** Classes will be broken into smaller groups and group sizes will remain stable.

**RESTRUCTURED CLASSROOMS:** Where possible, classrooms have been restructured to incorporate the larger square footage per child required, as well as the smaller group sizes.

**CONSISTENT STAFFING:** Children will be in consistent groupings with consistent staffing and no 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.

**LIMITED SHARING:** Children’s belongings will be separated, and children will be given individual art/learning supplies to minimize the spread of germs.

**ENHANCED HYGIENE**

**INCREASED HANDWASHING:** All individuals entering the building are required to wash hands immediately. Monitored handwashing and hygiene protocols for children will be built in at all necessary times during the day. 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.

**PERSONAL PROTECTIVE EQUIPMENT:** Holway ECC requires the use of face coverings among all program staff, especially when physical distancing is not possible. 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.

The CDC and EEC encourage the wearing of masks/cloth face coverings for children age two and older who can safely and appropriately wear, remove, and handle masks. Masks should not be worn during mealtime or rest time, or if children are able to physically distance from others.

Scrub jackets will be worn by any staff member entering another classroom and staff may wear them while feeding and holding infants and toddlers.

**GLOVES:** Holway ECC staff wear vinyl gloves at all times during diapering, food preparation, and sunscreen application.

**CARING FOR INFANTS AND TODDLERS:** As part of daily care, infants and toddlers are held. Holway ECC 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.

**TOYS FROM HOME:** No toys from home will be allowed (except a comfort item for sleeping).

**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.
INCREASED SANITIZING + DISINFECTING

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.

VENTILATION: Our AC units have been cleaned and sanitized, and we will have fans and 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 sanitized in the dishwasher. Cloth toys will not be used at all.

PHYSICAL (SOCIAL) DISTANCING

SIX FEET: Children will be kept 6 feet apart as much as feasible and activities that encourage physical contact or close physical proximity will be suspended or held outside. Children will eat meals and snacks spaced out at the table or picnic, and rest maps will be placed head to toe. During the warm weather, we will eat outside when possible.

GROUP ACTIVITIES: All field trips will be virtual and/or with visiting specialists held via zoom, 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 (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.

WHAT YOU CAN DO

WE’RE ALL IN THIS TOGETHER: When we all follow the plan; the chance of transmitting disease is reduced. This plan is specific to COIVD-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 campus 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.

Thank you for your support and cooperation.

**CHANGES TO HEALTH + SAFETY PROTOCOLS**

**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, Holway ECC 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 at our drop-off station, and parents will no longer be allowed in the building unless there is a legitimate need to enter (in which case, you must notify Administration, and you will be screened as outlined below). Vendors will be asked to perform contactless drop-off, and tours will be virtual or held on weekends. Specialists will be asked to meet with children at home (in the case of Early Intervention or other specialized services). Music and movement specialists will meet with children via zoom. We reserve the right to screen any individual seeking admittance to our buildings.

**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. We suggest you screen your child while you are applying morning sunscreen.

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. 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 Holway ECC 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.

**DROP OFF**
Between the hours of 8:15 to 9:15 AM, Holway ECC’s greeter will greet children and parents at our Drop-off station outside, where they will collect the required wellness screening outside the building, and provided no symptoms of illness are identified — a staff member will take the child into the building, wash hands and escort them to their classrooms, and the teacher will help them settle in and then perform a temperature scan.

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In accordance with licensing requirements, Holway ECC will screen anyone 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 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 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 sign written attestations 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. An attestation form is attached to this packet; we plan to have this available to families digitally for the first day of school.
- Once you arrive at the Drop-off station, children will be electronically checked in by a staff member.
- 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.

**DROP OFF/PICK UP**
This year we are using Tadpoles messaging to initiate drop-off and pick-up. Please text 5 minutes before arrival each day for drop-off and pick-up.

- Please createline
- One car at a time
- Pull up to drop-off station
- Your child will be waiting!

**HEALTH SCREENING**
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?
- 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.)
• 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 greeter 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 Holway ECC staff member will call emergency medical services immediately.)

• Once the child has passed the health screening, the staff member will take the child to wash their hands and deliver the child and their belongings to the classroom.

• Although initially part of the licensing standards, the standards were updated to remove the temperature check screening for children and staff entering programs. In an abundance of caution, Holway ECC’s Healthcare Consultant, a position mandated by licensing, has recommended that we take each child’s temperature once they have gotten into the classroom.

• 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).

**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.

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.

**ISOLATION**

If a child becomes symptomatic, Holway ECC 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, Holway ECC will follow the requirements above on how to handle symptomatic individuals.

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.

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.

TRAVEL
Holway ECC will follow the travel guidelines put in place by the state of Massachusetts.

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. For infants, the maximum group size will be 5 (instead of 7) in our infant room, toddlers maximum group size will be 7 (instead of 9) in our toddler rooms, and preschoolers will have a maximum group size of 11 in younger preschool and 13 in older preschool.

**RESTRUCTURED CLASSROOMS:** Where needed, classrooms have been restructured to incorporate the larger square footage per child required, as well as the smaller group sizes for preschool. 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. 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
Holway ECC 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: Holway ECC 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

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• 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.

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

• 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.

CHILDREN: The CDC and MA EEC encourage 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.

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- 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.

- Holway ECC 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

**SCRUB JACKETS:** Scrub jackets will be worn by any staff member entering another classroom and staff may wear them while feeding and holding infants and toddlers.

**GLOVES**

Holway ECC staff will wear vinyl gloves at all times during diapering, 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.

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CARING FOR INFANTS AND TODDLERS
As part of daily care, infants and toddlers are held. Holway ECC 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 surgical scrub jackets 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/scrub jacket 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 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: 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.

ENHANCED CLEANING & DISINFECTING

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 Holway ECC for children to grow, play, and learn. For a number of years, we have used a disinfectant cleaner called Virex II 256. Virex is an EPA-approved cleaner and disinfectant for use against the virus that causes COVID-19. Virex has superior cleaning abilities, kills a variety of bacteria and viruses, and is environmentally sustainable.

- Like many other childcare programs, we will also continue to use bleach and water solutions recommended by MA ECC which are also effective for sanitizing and disinfecting. Throughout Holway ECC, tabletops, diaper areas, toys and school materials used by children are cleaned with
a disinfectant cleaner or bleach and water solutions, laundered in a washing machine, or sanitized in a dishwasher.

- 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

Holway ECC 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 Holway ECC 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.

PHYSICAL 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 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 there is more to keeping healthy than staying COVID-free, and that returning to the joy of playing with friends, of interacting with others, and of feeling safe in a group is also extremely important for children’s mental health.

When possible, Holway ECC educators will maintain at least 6 feet of distance and limit contact between individuals and groups. Program staff will wear masks or cloth face coverings at all times. 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, or kissing).
- 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

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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
- Holway ECC 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.
- Holway ECC 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, Holway ECC 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 Holway ECC 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. Holway ECC’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 Holway ECC. Others (not in close contact) will receive a group email or other communication.

WHAT HOLWAY ECC WILL DO

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

- Determine the date of symptom onset for the child/staff.
- Determine which days, if any, the child/staff was at Holway ECC 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, Holway ECC 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 have tested positive.

SELF-ISOLATING FOLLOWING POTENTIAL EXPOSURE
In the event that a staff member or child is exposed to a sick or symptomatic person, Holway ECC 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. Holway ECC 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 five months have been and extremely difficult global event. 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. 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 administration 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 Holway ECC 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 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 coming back to Holway ECC 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!
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
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<tr>
<td><strong>TRAVEL</strong></td>
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<tr>
<td>1 Child or staff travels out-of-state and returns to MA</td>
<td>⚫ Individual must quarantine for 14 days before returning to the program unless they: ⚫ are coming from a lower-risk state or ⚫ has a negative test for COVID-19 from a test administered not longer than 72 hours before their arrival in MA, or ⚫ meet the exemption criteria ⚫ If their COVID-19 test result has not been received prior to arrival, person must quarantine until they receive a negative test result.</td>
<td>Return after 14 days - provided no symptoms develop - or until negative COVID test has been received.</td>
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| **SYMPTOMATIC BUT NO KNOWN EXPOSURE** | | |
| 2A Child or staff member displays one symptom of Covid-19 while at the program or at home from a known cause (e.g. allergies) | Staff member or child does not need to leave or quarantine unless other symptoms develop | Attend as usual |
| 2B Child or staff member displays one symptom of Covid-19 while at the program or at home not related to a known cause | Individual is isolated, goes home or stays home if symptoms develop at home | Can return 24 hours after symptom abates without medication or with doctor’s note |
| 2C Child or staff member displays two or more symptoms of Covid-19 | Individual is isolated if at Holway ECC and goes home or stays home if symptoms develop at home | Can return with doctor’s note or negative Covid test and symptom-free for 72 hours |

| **DIRECT EXPOSURE +/- SYMPTOMS** | | |
| 3A Household member (staff or child) quarantined due to positive exposure | Staff member or child does not need to quarantine unless symptomatic. | Attend as usual |
| 3B Staff or child had direct exposure, no symptoms | Staff member or family must quarantine for 14 days after the last contact with the person. | Return after 14 days, provided no symptoms. Symptoms or positive test → one of the below categories. Notify Board of Health (per EEC) |
| 3C | Staff or child had direct exposure with at least 1 symptom | Staff member or child must quarantine for 14 days after the last contact with the person. | - 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 |

| **CONFIRMED OR PRESUMED POSITIVE** | 4 | Child or staff member is confirmed or presumed positive with Covid-19, regardless of whether they are symptomatic | 1. **Research & document:** close and incidental contacts  
2. **Notify:** BOH, EEC, families and staff, Kellee  
3. **Sanitize:** classroom, bathroom, common area  
4. **Isolate:** close contacts  
5. **Return:** after 14 days or when cleared by doctor/BOH  
6. **Follow up:** Contact daily | - 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.  
- Release from isolation is under the jurisdiction of the local board of health where the individual resides.  
- 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. |

**Research & Document**
- Determine the date of symptom onset for the child/staff.  
- Determine which days, if any, the child/staff was at Holway ECC while symptomatic or during the two days before symptoms began.  
- Determine who (staff and children) had close contact (within 6 feet for 10-15 minutes) with the individual at the program during those days (close contacts).

**Notify**
1. Contact the local Board of Health to report the presence of COVID-19. Newton: 617-796-1420 Deborah Youngblood dyoungblood@newtonma.gov
2. Have the following information ready:  
- Date the person was last present in the center  
- Date symptoms began  
- Date of testing and positive result was received or doctor presumed positive  
- What classroom(s) and other areas the person was in during their last 48 hours in the center.  
- Individuals the person came into contact with at the center within the last 48 hours. 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 10-15 minutes during the 48 hours before a person becomes or while symptomatic.  
- The BOH will provide recommendations on which classrooms, if any, to close and for how long.
3. Contact EEC through submission in the lead portal (under program information on main page) to report the presence of COVID-19 in your facility and notify them of the decision made based on the recommendation of the Board of Health.

4. Notify people identified as close contact (15 min within 6 feet) by phone on the same day. Medical confidentiality laws restrict how much personal information we can share about the person who tests positive, including their identity. Tell them “I’m calling to let you know that an individual in your child’s classroom is presumed or has been confirmed positive with Covid-19. We’ve spoken to the Board of Health and they are requiring the following: xxx.”

5. Notify incidental contacts by group email or other communication on the same day. Follow “Incidental contact email template”

6. Provide a list of team members who are isolating and the dates of isolation to HR so they can contact employees to discuss paperwork requirements, PTO/FFCRA, etc.

### Sanitize

1. Close off areas used by the person who is sick, in accordance with the BOH guidance. Wait up to 24 hours if possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.

2. Admin will contract to schedule a professional sanitization to include all areas used by the person who is sick, such as offices, bathrooms, and common areas.

3. If more than seven days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

### Quarantine

- Exposed individuals must stay home for at least 14 days after the last day of contact with the person who is sick (consult with Board of Health for guidance on quarantine for other children).
- 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/BOH.
- Release from isolation is under the jurisdiction of the local board of health where the individual resides.
- 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.

### Return

- **Diagnosis, no symptoms:** 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.

- **Diagnosis, with symptoms:** If an exposed child or staff 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

### Follow-up

- Director must contact family or staff member daily to check in
COVID-19 Health Care Policies

Overview

- The following symptoms, if observed are cause for immediate isolation and exclusion from the program:
  - Fever (100 degrees or higher)
  - Cough
  - Sore throat
  - Difficulty breathing
  - Nausea/vomiting
  - Diarrhea
  - New loss of taste or smell
  - New muscle aches

- The following symptoms, *if observed in combination with symptom(s) listed above are cause for immediate isolation and exclusion from the program:
  - Fatigue
  - Headache
  - Runny nose/congestion
  - Any other signs of illness

The duration of time a child will be excluded from the program is based on Pediatrician’s diagnosis and will follow along with Center Protocols:

- **One symptom** – child may return **24-hours** after symptoms have subsided without the aid of medication.
- **Two or more symptoms** – Child can return **72-hours** after symptoms have subsided without the aid of medication AND negative COVID-19 PCR test
- Any illness requiring antibiotics or medication – child must be on medication for 24-hours before return
- Any unexplained rash will require a Doctor’s note to return
Dear Holway ECC Families,

We were notified today of a confirmed positive case of coronavirus within our program. Following our coronavirus response plan, Holway ECC-The Barn has already been in touch with the local Board of Health, and are following their requirements and recommendations. We have started the process of cleaning the facility, and are notifying parents and staff.

As always, our primary focus is on the health and safety of the children and adults at Holway ECC-The Barn. Here are the steps we are taking to address the positive case, protect others at the center, and continue to provide the care and education parents expect.

Who tested positive and who is affected. – Due to laws on medical information confidentiality, we cannot disclose who has tested positive. What we are doing is personally contacting everyone who has been identified as being in close contact with the positive person.

- **Close Contact** – The CDC defines “close contact” as being within six feet of a coronavirus-positive person for longer than 10 minutes.
- **Not everyone in the center was in close contact with the person who tested positive.**
  Due to the coronavirus precautions we take at Holway ECC-The Barn, most children and staff have limited close contact within the center.

Notifying Close Contacts and Their Next Steps. – If your child is a considered a close contact, the steps you should take are listed below. If your child is not a close contact, then normal precautions should continue.

- Students / Staff who are close contacts will be called today / tonight to discuss and answer any questions.
- If children who are close contacts have siblings in our program, the siblings should also quarantine from the program as well.
- Close contact people should quarantine for 14 days and watch for COVID-19 symptoms from the date of last contact with the person who tested positive. The last day of contact was *(Date)*
- All students that are quarantined must have a negative PCR test result, done at the end of quarantine, in order to return to the program
• Information regarding Close Contacts and Contact Tracing can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html
• Any medical concerns you may have should be directed to your health care provider.

Cleaning and Sanitizing the Facility. – Cleaning and sanitizing the facility has always been a part of preventing the spread of COVID-19. Following the advice of the City of Newton’s Board of Health, we will be able to perform the extra deep cleaning of the center (Date).

We will remain open as usual. All required cleaning has already started and will be completed this evening. All parents and staff who need to be contacted will have been contacted as well. We are being as careful and efficient as we are to protect the health and safety of the people at the center, and to support our parents who count on us to be here.

Thank you for your patience and understanding. – I would like to thank everyone for their understanding about the positive case and the steps we have to take in response. We take our responsibility to provide healthy and safe care very seriously and are here when you need us. We continually review our preventative measures and incident response plans. Please don’t hesitate to let us know if you have any questions or concerns.

Thank you.

All the best,

Kellee Miller
Executive Director
Holway Early Childhood Centers
617-243-2289