Mount Greylock Regional School District School Committee
Education Subcommittee
Location: Remote Zoom meeting

Date: Tuesday, June 23, 2020
Time: 3:00 PM

Per Governor Baker's order suspending certain provisions of the Open Meeting Law, M.G.L. c. 30A sec. 20, the public will not be allowed to physically access this School Committee meeting. Please use the following link to join the Open Session of the meeting:
Join Zoom Meeting https://zoom.us/j/5735854953

Please remember to mute your audio. Thank you!

Open Session Agenda

I. Call to order
II. Public comment
III. Approval of minutes
    A. June 8, 2020
IV. Roadmaps to reopening
V. Other business not anticipated by the Chair within 48 hours of the meeting
VI. Motion to Adjourn

Mt. Greylock Regional School District

School Committee Education Sub-Committee Minutes

Date: June 8, 2020
Start: 11:02 AM
Adjourn: 12:16 PM

Location:
Zoom

In Attendance:

Committee Members:	Also Present:
Steve Miller, Chair Christina Conry, Vice Chair Alison Carter, Secretary **Absent:**	Kimberley Grady, Superintendent Mary MacDonald, MGRHS Principal Jake Schutz, MGRHS Assistant Principal and incoming Principal Nolan Pratt, LES Principal Joelle Brookner, WES Principal Kristen Thompson, incoming WES Principal Elea Kaatz, WES Assistant Principal Eileen Belastock, Director of Academic Technology Rob Wnuk, Director of Operations Pat Blackman Stephen Dravis Andrea Malone Rob Matthews Marty Walter

Item	Comments	Motion	Second	Vote
Call to order	Meeting called to order by Steve at 11:02 AM			
Public comment	None requested			
Approval of minutes	May 13 meeting (Ali abstained as she was not present)	Conry	Carter	2-0-1
Reopening road map	Introducing Kristen, eager to have her at WES. Options: Admin team exploring options for all remote learning or a hybrid w/ partial opening/partial remote. Hybrid model would be partial days or weeks. Meeting weekly to discuss. Governor plans to give guidance and directives during the week of June 15. When know these definitively will ensure communities know. Team discussing how we get kids back to school safely, get supplies needed, educational and social-emotional components.			

	Sports: Steve: Have we started looking at extracurriculars and athletics? Kim: Decided by MIAA. If schools don't open they won't occur. Some MIAA guidance already on which sports may be possible; Lindsay is keeping Kim informed about the process. Masks: Christina: Expect mask discussion to come up. Hear comments from parents who worry about lack of social interaction, learning about emotions. Masks made from clear materials could be a possibility. Can we get them made for our students? Kim: Masks also prohibit effective communication in the hearing impaired community. Schools need to make sure all students have access to a mask, but students may provide their own. Recommendation is that masks are disposable.
Discussion and planning teams	Putting together groups to lead on technology, learning, etc. (staff and parents). Remote learning plan is a fluid document. Will be guidance going out to students and parents on remote learning in the region. A lot of conversation still to be had to make learning plan comprehensive, outline graduation requirements, what will be required to teach. Technology: Governor has discussed state adopting common learning platform. MGRSD currently using Google Classroom for K-6, Canvas for 7-12 (+ some GC). Facilities and Operations: Tim Sears leading for all three schools, with custodians. Looking at schools that have reopened in other countries. Preliminary desk setup tried at LES for proposed classroom – separated desks, floors taped off in classrooms and halls, keep same cohort of kids together. Proposed classrooms of 10-11. Waiting for Governor's directive on numbers before discussing schedules. Instruction: Steve: Re-envision how classes are taught? Kim: yes but waiting for guidance. Christina: Has Canvas worked for younger kids? Also, trouble accessing certain assigned videos from district-provided laptops. Eileen: Efforts to make Canvas easier for younger students to navigate. Could be rolled out at elementary schools with some training. Allows you to have grades and roster of students, parent-teacher communication. Finding that YouTube issues are due to Chrome permissions; working to ensure that all students can see videos but has been a learning curve. Christina: Parents going back to work and will need advanced warning and information. Teachers will need two different learning plans. Incredibly challenging. Kim: Teachers are not being asked to switch platforms. Committed to Google Classroom at elementary schools with transition into Canvas. Kim: Students on IEPs and 504s have individualized remote learning plans that align to goals and objectives in IEPs. Need to discuss how we can do assessments. Discussing providing services in school setting as much as possible. Will not have full classrooms of students. Will be a portion of total enrollment.

	Ali: Survey results show that a significant number of students are not participating or accessing curriculum. Just over half are participating in virtual classrooms at least 75% of the time, not even 30% completing ¾ of the assigned work. Numbers could go down, or up. What's the current thinking? Kim: Teacher survey done late April/early May; will do an exit survey as well. Elea: Have form on student well-being and student work completion to track concerns and reach out. Notes last contact, what teacher has done to be in touch. Elea screens at WES, Jake and Mary at Greylock, Nolan at LES. Phone calls, texts, emails, show up at house or send police for well-check. Many parents just juggling work and school – how to best support families? Want 100% work completion but know we need to support parents in helping at home. Vast majority of missed work completion is younger students. Joelle: Engagement and work completion are priorities and concerns for teachers. How to help kids be as independent as possible and limit screen time, especially for little ones. Mary: Has made faculty rethink not just how they are teaching but what they are teaching. Not necessarily replicating what has been done in class; may reorganize curriculum and shift content esp in high school. Eileen: Opportunity to not necessarily duplicate brick and mortar but have more personalized learning. Want every student K-12 to have a school-issued Chromebook at beginning of year. Steve: Summer lessons to prep for fall? Kim: Elementary schools sending home workbooks and MG has summer reading, but not giving instruction unless for remediation. Mary: Have long had summer reading programs, both required and self-selected. Joelle: Parents of elementary school students have really been partnering with schools to help teach; everyone looking forward to summer. Steve: Mostly worried about material at higher grades and making sure it's all covered. Kim: Still waiting for guidance on power standards. Teachers may be doing more review than normal at beginning of school year, but always start with some review. <u>Cafeteria, transportation</u>: No final plans yet. Will need to purchase plexiglass, etc.
Addressing racial inequality	Kim: Hosted community discussion this morning [June 8], the first of many discussions that need to happen. What are we doing to help children feel safe, engage with the curriculum, track discipline around inequality issues? Transferred code of conduct to a restorative-based rubric. Have goals around implicit bias, diversity. Will continue to have PD for staff and training for community. Continue to have dialogue. Putting up additional resources. Ali: A lot of people looking for this good dialogue to translate into action. PD is important, but clear we need more than PD and optional/infrequent training. How to embed in curriculum and daily culture of schools in a way that is not optional? Really interested in curriculum review Mary noted during the forum around what is being taught and diversifying texts. Would like to see more opportunities for students to discuss and dig into issues. Ensuring that our students of all colors are represented in texts. Kim: Having a curriculum director will help. Reviewing policy. Libraries are linked to common system and we can see who has what available. Teaching Tolerance at WES. Not sure we are

	communicating everything that goes on. Aware of students enrolling in private schools for diversity reasons; can have principals start to do outreach so can understand root causes. Steve: Echo that we need action. It's not acceptable for students to not feel comfortable in our schools. Next meeting in ~2 weeks			
Business not anticipated	None			
Adjourn	**MOTION** to adjourn at 12:16 PM	Conry	Carter	3-0-0

Respectfully Submitted,
Alison Carter
Education Sub-Committee Secretary

Governance

Essential actions that will foster a shared understanding of goals, responsibilities, and accountability.

District Leaders

Do First

- ☐ **Launch a Return to School Committee** and name a leader with single-point accountability, meaning there is one person who is ultimately responsible.
  - ☐ The Return to School Committee should include staff with oversight of the essential workflows detailed in the roadmap (this may include the Chief Operating Officer, Chief Academic Officer, Head of Facilities, Head of Human Resources, and Head of Student Health, among others).
  - ☐ The Return to School Committee should have a representative from each school in the district.
- ☐ **Articulate a vision in line with local values and community needs** relative to the Return to School Committee's work and communicate this vision with all district stakeholders.
- ☐ **Define and assign roles and responsibilities of Return to School Committee** work. This may include creating subcommittees relative to essential actions within each workflow.
- ☐ **Institute a regular virtual meeting schedule.**
- ☐ **Assess where additional capacity and support may be needed** from external partners to support the Return to School Committee's work. Subsequently, develop strategies, including procurement considerations, for securing assistance.

Do Before School Opens

- ☐ **Establish/Reestablish a district-level Pandemic Response Committee < https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>** and name a leader with single-point accountability, meaning there is one person who is ultimately responsible.
  - ☐ The Pandemic Response Committee should include representative stakeholders, such as administrators, teachers, and parents, in addition to subject matter experts.

- [ ] **Define/Redefine the core structure of the Pandemic Response Committee** including, operations, planning, logistics, and finance/administration.

- [ ] **Create or amend any existing District Pandemic Response Plans and Emergency Recovery Plans based on lessons learned from the SARS-CoV-2 outbreak to date** that will help inform responses to a second wave in school year 2020-2021, should it materialize.

- [ ] **Scenario plan < https://www.mckinsey.com/~/media/McKinsey/dotcom/client_service/Corporate%20Finance/MoF/Issue%2055/MoF55_Overcoming_obstacles_to_effective_scenario_planning.ashx> with Pandemic Response Committee and Return to School Committee.** Multiple scenarios should include:

  - [ ] School begins on time and remains open
  - [ ] School begin on time and closes due to a second wave of SARS-CoV-2
  - [ ] School opening is delayed

- [ ] **Meet with key stakeholders to understand their expectations** for return to school across issue areas (e.g., teacher and administrator unions).

- [ ] **Refine and update communication protocols** and tools for information sharing between local and state public health agencies and policy leaders as well as district stakeholders relative to return to school.

- [ ] **Socialize the work of both the District Return to School Committee and District Pandemic Response Committees broadly** to facilitate communication and shared understanding.

Do When Schools are Open and Operating

- [ ] **Continue District Pandemic Response Committee workflows** based on community **pandemic-response alert level < https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>**.

- [ ] **Provide consistent updates on return to school work** and pandemic response planning with district stakeholders.

- [ ] **Conduct a post-mortem of the Return to School Committee's work** and codify recommendations for future improvement.

- [ ] **Update the Return to School Committee's procedures and processes** based on post-mortem conclusions and recommendations.

Wellness

Essential actions to keep staff and students safe and healthy

District Leaders

Do First

- [ ] **Establish a crisis response team** focused on student and staff mental health and wellness.
- [ ] **Assess natural resources** (personnel, existing partners) to determine if there is a need for external supports, and reach out to existing vendor community to assess the potential for expanded work.
- [ ] **Evaluate staff mental health readiness** utilizing questionnaires, surveys, direct outreach.
- [ ] **Provide resources for staff self-care**, including **resiliency strategies < https://storage.trailstowellness.org/trails-2/covid-19-resources/self-care-during-covid-19-for-student-support-professionals.pdf>** .

Do Before School Opens

- [ ] **Liaise with State Education Agency (SEA)** to understand and access newly available resources for student and staff mental health and wellness support.
- [ ] **Develop and staff a direct communication channel** for district stakeholders to address mental health concerns resulting from SARS-CoV-2 (this may be a telephone hotline, designated email, etc.).
- [ ] **Communicate with parents**, via a variety of channels, return to school transition information including:
    - [ ] **De-stigmatization of SARS-CoV-2 < https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>**
    - [ ] Understanding normal behavioral response to crises
    - [ ] General best practices of talking through trauma with children
    - [ ] **Resilience strategies for children < https://storage.trailstowellness.org/trails-2/covid-19-resources/tips-for-supporting-student-wellness-during-covid-19-with-mi-and-national-resources.pdf>**
- [ ] **Mandate school-level outreach to at-risk students** (those with previously identified mental health issues).

- [ ] **Consider procurement of additional mental health assessment** services including crisis management support.
- [ ] **Set district-wide health guidelines**
  - [ ] At a minimum, any child or school staff who develops respiratory symptoms should be provided and wear a surgical mask, be transported and quarantined in a health isolation area that the district identifies, and sent home until cleared to return to school by a qualified health professional.
- [ ] **Provide guidance to schools for changes to school-based health screening** (hearing, vision, etc.).

Do When Schools are Open and Operating

- [ ] **Encourage schools to implement a mental health screening for all students.**
- [ ] **Establish ongoing reporting protocols for school staff to evaluate physical and mental health status**. At this time, there is no guidance indicating that students would submit to a physical examination before entering the school building.

Instruction

Essential actions to achieve a comprehensive understanding of students' academic and social-emotional well-being when they return and to effectively transition back to instruction in the classroom

District Leaders

Do First

- ☐ **Build a Return to Instruction working group**, potentially led by the Director of Curriculum, Chief Academic Officer or the equivalent, and composed of diverse and representative stakeholders on the district and school-level, such as school leaders and teachers.
- ☐ **Set an ambitious goal to ensure that every student is on track for success academically and socially and emotionally** by the end of the 2022 school year. This could include developing a process for schools to create and implement individualized plans for each student based on their needs.
- ☐ **Develop a plan for assessing students' learning progress and loss** when students return that includes multiple forms of assessment (e.g., diagnostics, formative assessments, student work, conferences, advisories, parent feedback).
- ☐ **Inventory all intervention programs and services** that are available to students when they return to school, through the district, and on the school-level, and identify any gaps.
- ☐ **Identify the most vulnerable students** (students with disabilities, English-language learners, students who are homeless or live in temporary housing, migrant students, and students who live in poverty or whose families face other challenges, and students directly affected by SARS-CoV-2 due to a death or job loss in their family) to recognize and prioritize their needs.
- ☐ **Connect with your State Education Agency (SEA) about changes to testing, grading, report cards, and promotion policies**, and outline decision points.
- ☐ **Ensure that schools and teachers are engaging in intentional curriculum planning** and documentation, inclusive of curriculum maps, pacing plans and calendars, and lesson plans, to ensure continuity of instruction during a second wave in school year 2020 -2021, should it materialize.
- ☐ **Secure resources and plan restorative supports and professional learning offerings for teachers** around SARS-CoV-2 and trauma, equity and implicit bias, Social Emotional Learning ,

inclusion and appropriate use of digital and online learning tools and systems, and Culturally Responsive Education.

Do Before School Opens

- ☐ **Solidify and communicate an overall plan for assessment** for when students return to school that includes timelines for giving assessments, analyzing data, and making adjustments to curriculum and academic goals based on the data.
- ☐ **Share a comprehensive account of academic interventions and social-emotional and mental health support services** available through the district.
- ☐ **Assess the capacity of structures outside of the regular school day**, such as summer learning options, extended day, and after school programming, to potentially be leveraged to support students in need of learning recovery.
- ☐ **Communicate decisions and guidance around grading, report cards, and promotion policies** with school leaders, teachers, and parents.
- ☐ **Align expectations around onboarding school communities**, including students, teachers, school leaders, and parents, that prioritize the whole child, and emphasize a tone of safety, togetherness, and empathy.

Do When Schools are Open and Operating

- ☐ **Review assessment data gathered by schools** to identify overall trends and specific gaps in student learning to design targeted supports and match appropriate interventions (potentially maintain the Return to Instruction working group to do this work).
- ☐ **Conduct checkpoints with school leaders** around curriculum pacing and ongoing monitoring of student progress, specifically honing in on the progress of the most vulnerable students or student populations.
- ☐ **Develop targeted intervention plans** to stopgap learning loss for the most vulnerable students.
- ☐ **Assess the efficacy of all academic and social-emotional interventions** against the goal of ensuring that every student is on track by the end of the 2022 school year, and report out the results on a quarterly basis.
- ☐ **Evaluate the effectiveness of any remote learning experiences** by surveying school leaders, teachers, and parents to gather their feedback and input, to make improvements in case of any additional disruptions to school time.

Facilities

Essential actions necessary to ensure district and school assets are, and remain, safe for students and staff to inhabit

District Leaders

Do First

- ☐ **Audit necessary materials and supply chain** for cleaning, disinfecting, and preventing spread of disease.
- ☐ **Provide guidance for cleaning and disinfecting all core assets, < https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>** including school buildings and playgrounds commensurate with the **alert level < https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>** when school resumes.
- ☐ **Alert school-based janitorial and infection control staff of any changes in recommended cleaning guidelines < https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>** issued by OSHA and CDC. It is expected that this guidance will be updated in real-time based on circulating levels of the virus in local geographies.

Do Before School Opens

- ☐ **Establish procedures for the first day of school based on alert level < https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>** **:** Guidance for return to school procedures must be based on recommendations by the CDC and local health officials. These recommendations will be based on community risk.
  - ☐ Limit access to a small number of fixed entrances to ensure that persons entering are required to be present.
  - ☐ Where possible, parents of young children should remain in vehicles or outside of the building where their students will be brought to them.
  - ☐ If parents must enter the building, require hand washing.
  - ☐ Any person with cough or respiratory symptoms should wear a mask and maintain current social distancing guidelines.

Do When Schools are Open and Operating

- [ ] **Issue updated guidance** to schools on infection control relative to **alert level. <** **https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>**

Privacy Policy < **https://returntoschoolroadmap.org/privacy-policy/>**

School Operations

Essential actions to ensure operations support a safe and organized transition back to classroom instruction

District Leaders

Do First

- ☐ **Assess and update** student enrollment and attendance policies.
- ☐ **Communicate any student enrollment or attendance policy changes** with school leaders and families.
- ☐ **Liaise with State Education Agency (SEA)** to understand and access new resources.
- ☐ **Liaise with State Education Agency (SEA)** to understand the ability to amend school schedules.
- ☐ **Provide** guidance and best-practices to school leaders for **recruiting, interviewing, and hiring staff remotely < https://tntp.org/assets/documents/Virtual_Talent_Guide-TNTP.pdf>** .

Do Before School Opens

- ☐ **Provide staffing guidance** to schools.
  - ☐ For example: will there be short-term flexibility with associated resources to hire additional intervention specialists, social workers, or guidance counselors).
- ☐ **Consult legal counsel** to preemptively address liability questions, related concerns, or vendor issues relative to SARS-CoV-2 and socialize with school leaders.
  - ☐ For example: review current technology vendor contracts to understand support, repair, and replace obligations and subsequently contact the vendors to determine flexibility and additional support they can provide.
- ☐ **Engage school leaders in a budgeting exercise** to help them plan for changing enrollment patterns, new staffing needs, and resource constraints or additional dollars.
- ☐ **Establish policies for extracurriculars and athletics** including the allowance of spectators, close-contact sports, and equipment sterilization based on CDC guidance.
- ☐ **Evaluate whether new food vendors need to be sourced** if there is a change in requirements (e.g., individually packaged items) based on CDC guidance.

- [ ] **Collaborate with transportation vendors** to implement a bussing plan that meets social distancing requirements, if necessary (including pick-up, in-transit, and drop off) and **cleaning and disinfection protocols < https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>** .

Do When Schools are Open and Operating

- [ ] **Update extracurricular and athletic policies** based on CDC guidance.

Technology

Essential actions to ensure technology infrastructure, assets, and guidance support an organized transition to classroom instruction.

District Leaders

Do First

- [ ] **Survey families to collect information about the numbers, types, and condition of devices used in their homes to support remote learning**. Consider asking about use of external displays, game consoles, smart watches, and electronic toys. Follow-up this survey with another about software and apps.
- [ ] **Assign technology process leaders to key efforts and publish their contact information on the district intranet and/or internet**. Only the vendor management lead roles require any technology knowledge. All other lead roles are primarily communication and process roles, including:
  - [ ] Family device return leader
  - [ ] Staff device return leader
  - [ ] Device vendor management leader
  - [ ] Internet/Intranet communication leader
  - [ ] Technology Infrastructure evaluation leader
  - [ ] Infrastructure vendor management leader
- [ ] **Select an issue tracking tool**. Technical processes are dependent on good documentation. If your district does not have an issue tracking tool, there are many free options and Google sheets can also work. Without issue tracking, management of device and technology infrastructure issues will be difficult.

Do Before School Opens

- [ ] **Appoint family technology liaisons** to support communication regarding the use of technology (the existing parent organization may be able to fulfill this role).
- [ ] **Develop district-wide procedures for return and inventory of district owned devices** as part of a return to school technology plan. The procedures should include:

- ☐ safely bagging devices collected at schools.
- ☐ transporting them to a central location.
- ☐ **sanitizing the devices < https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>** prior to a repair or replacement evaluation.
- ☐ Conducting prepared maintenance routines to remove malware and fix standard issues including, screen, keyboard, or battery replacement.

☐ **Identify an asset tracking tool for device processing**. Although it may seem less important now, it will be nearly impossible to do an inventory after school has restarted. Because devices will have been purchased with local, state, federal, or grant money, eventually an inventory will be demanded.

☐ **Identify a vendor to assist with processing returning devices**, if needed.

☐ **Develop on-site triage of staff devices** to minimize the time that staff may be without a device.

☐ **Stage device processing areas as needed to run procedures**. Supplies, instructions, and equipment should be moved to areas where work will take place to make school opening as smooth as possible. The device return lead should oversee this work.

☐ **Place orders for replacement devices.** Utilize industry published device failure rates to estimate the number of devices that will need to be replaced.

☐ **Share return to school technology plan** including device processing with school leaders and key stakeholders. Collect feedback and revise the plan to reflect the feedback.

☐ **Prepare the Infrastructure Evaluation process**. Every WiFi access point and wired network device should be tested.

Do When Schools are Open and Operating

☐ **Organize and centralize online resources** that were created, published or distributed by teachers and others during the closure period.

☐ **Begin staff feedback processes** described in your return to school technology plan.

☐ **Compile technology-facing lessons learned for inclusion in your district's updated learning continuity plan.**

☐ **Review issue tracking and inventory results frequently** as a way of understanding the quality and progress of technology processes in your district.

- [ ] **Continue to run the family device return process** until all district devices are accounted for and repaired, replaced, or otherwise dispatched.
- [ ] **Continue infrastructure evaluations** until all issues are resolved.
- [ ] **Identify chronic technology issues** that arose during the school closure period and use them to begin the development of a long term technology maintenance plan.

Governance

Essential actions that will foster a shared understanding of goals, responsibilities, and accountability.

School Leaders

Do First

- [ ] **Launch a school-level Return to School Committee** and name a leader with single-point accountability, meaning there is one person who is ultimately responsible.
    - [ ] The Return to School Committee should be composed of leaders with oversight of the essential workflows in the roadmap. This may include deans, department heads, guidance counselors and social workers, as well as janitorial and maintenance staff.
- [ ] **Assert a vision for the Return to School Committee's work.**
- [ ] **Assign a series of subcommittees** within the Return to School organization that define critical operational roles and responsibilities for getting essential functions reconstituted at the school level.
- [ ] **Institute a regular virtual meeting schedule.**
- [ ] **Assess where additional capacity and support may be needed** from external partners and develop strategies for securing assistance.
- [ ] **Meet with key stakeholders to understand their expectations** for return to school across issue areas (e.g., parent-teacher association).
- [ ] **Establish a consistent check-in schedule between school and district-level Pandemic Response Committees.**

Do Before School Opens

- [ ] **Establish/Reestablish a school-level Pandemic Response Committee** to help operationalize district level instructions.
- [ ] **Amend any existing District Pandemic and Emergency Recovery Plans** based on lessons learned from the outbreak to date that will help shape responses to a second wave of SARS-CoV-2 in school year 2020-2021, should it materialize.

- [ ] **Understand updated communication protocols** with district leadership and both state and local public health system leaders.
- [ ] **Socialize the work of both the School Return to School Committee and School Pandemic Response Committees broadly,** to facilitate communication and shared understanding.

Do When Schools are Open and Operating

- [ ] **Continue School Pandemic Response Committee workflow**s based on **pandemic response level < https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>** and district instructions.
- [ ] **Provide consistent updates on return to school work and pandemic response planning with district stakeholders.**
- [ ] **Conduct a post-mortem of the Return to School Committee's work** and codify recommendations for future improvement.
- [ ] **Update the Return to School Committee's procedures and processes** based on recommendations.

Wellness

Essential actions to keep staff and students safe and healthy

School Leaders

Do First

- [ ] **Designate a mental health liaison (school-based)** who will work with the district, local public health agencies, and community partners. A good candidate to serve as the mental health liaison is the school social worker or school psychologist.

Do Before School Opens

- [ ] **Develop site-specific communication resources** to help students understand changes to normal operating procedures.
- [ ] **Finalize health screening protocols** based on district guidance.

Do When School is Open and Operating

- [ ] **Maintain mental health supports via on-going wellness assessments of staff and students.**
- [ ] **Normalize feelings** through forums and spaces for compassionate listening where students and school staff can share, discuss, and process their common experiences relative to SARS-CoV-2.
- [ ] **Prevent the spread of infection:**
  - [ ] Encourage students and staff to stay away from school when sick.
  - [ ] Teach students and staff to use masks and protective equipment appropriately, covering a cough, and using/discarding tissues appropriately.
  - [ ] Stress the importance of keeping hands away from the eyes, nose, and mouth.
  - [ ] Teach students and staff how to keep surfaces clean and disinfected.
- [ ] **Introduce hand washing best practices:**
  - [ ] Utilizing and posting signage.
  - [ ] Using soap and water and scrubbing for approximately 20 seconds before rinsing.
  - [ ] Using paper towels to turn sink handles and open doors before discarding.

- [ ] Using alcohol-based sanitizer when hands are not visibly soiled.
- [ ] Developing fixed schedules for hand washing (particularly, for younger students).
- [ ] Ensuring that adequate supplies are available and in good functional condition.

- [ ] **Institute limited contact policies:**
  - [ ] It will be challenging to minimize personal contact between students of younger age, but efforts should be made to limit close contact between older students.
  - [ ] Spread desks and seating arrangements to conform with social distancing guidelines.
  - [ ] Amend schedules to conform with social distancing guidelines (e.g. stagger lunches).
  - [ ] Employ virtual meetings to conform with social distancing guidelines.

- [ ] **Review and Amend vaccinations planning:**
  - [ ] School officials should not plan on a vaccine being available for the start of school in fall 2020, and the return to school will take place with a body of students unprotected from infection.
  - [ ] School officials should expect to receive guidance on the timing and availability of teacher and student vaccines from public health officials.

- [ ] **Update and Finalize student and staff health records:**
  - [ ] Once vaccination begins, it is possible that SARS-CoV-2 immunization status will fall under state "school entry" laws wherein states can prohibit student attendance unless there is proof that a student has been immunized through a verified health record. Schools should expect that a requirement for such evidence will be forthcoming from public health officials.
  - [ ] It should also be considered, however, that prior SARS-CoV-2 status may be protected under current privacy laws. Certain diseases, including acquired immune deficiency syndrome (AIDS) and mental health, for example, are considered protected health information that students, parents, and employees cannot be forced to disclose involuntarily. Because immunization statutes are enforced at the state level, there may be some inter-state variability around SARS-CoV-2 requirements and school leaders should seek guidance from their district.

Instruction

Essential actions to achieve a comprehensive understanding of students' academic and social-emotional well-being when they return and to effectively transition back to instruction in the classroom

School Leaders

Do First

- [ ] **Maintain regular communication with district leadership** to understand and inform the district's approach to instruction, assessment, and eventual onboarding of the school community.
- [ ] **Establish virtual structures for teacher teams** to continue collaborating on curriculum planning and assessing student academic and social-emotional well-being when they return to school. Encourage teacher teams to:
  - [ ] Continually assess and analyze student work that is submitted from remote learning assignments, if available.
  - [ ] Engage in intentional curriculum planning for now and the return to school that is clearly documented with curriculum maps, pacing plans and calendars, and lesson plans, in case of any additional disruptions to school time.
  - [ ] Evaluate and share knowledge around the use and effectiveness of digital tools and online programs for remote learning.
  - [ ] Identify the most vulnerable students and design targeted intervention plans for when they return.
  - [ ] Select the most appropriate assessments to assess students' academic and social-emotional health when they return.
- [ ] **Strengthen intervention programming and social-emotional supports** by working closely with intervention specialists, guidance counselors, and school social workers and psychologists.
- [ ] **Support teachers to create feedback loops with parents and families** about students' academic and social-emotional health and well-being, through use of virtual conferences and/or surveys to parents about their child's experience and learning while out of school.
- [ ] **Create a technology use survey** to assess the number and types of technologies teachers are using to conduct remote learning and begin to assess their effectiveness.

Do Before School Opens

- [ ] **Meet with staff to align expectations around instruction** and learning for the rest of the school year and/or upcoming school year, with students' academic and social-emotional health at the forefront. Explicitly acknowledge equity and addressing the needs of the most vulnerable students as a priority.
- [ ] **Analyze data from any student work** that was submitted during remote learning, along with feedback from parents, to support teachers to make adjustments to curriculum and instruction to meet students where they are.
- [ ] **Revisit students' Individualized Education Plans (IEPs)** in partnership with teachers and parents to reflect each student's evolving needs based on time away from associated services including OT, PT, and Speech while schools were closed.
- [ ] **Develop a parent communication strategy** to inform parents about their child's assessment data and progress, which could include grade-level and standards-specific activities they can use to support their child at home.
- [ ] **Share information and guidance on grading, report cards, and promotion policies** with teachers and parents.
- [ ] **Survey teachers about their needs** around restorative and social-emotional supports and professional learning on topics, such as SARS-CoV-2 and trauma, equity and implicit bias, Social Emotional Learning, inclusion and appropriate use of digital and online learning tools and systems.
- [ ] **Assess the effectiveness, appropriateness, and sustainability of certain digital and online tools** for supporting instruction and meeting students' instructional needs.
- [ ] **Communicate with teachers about their plans to onboard students and reestablish the classroom environment** through emphasizing relationships with students and parents and resetting routines.

Do When Schools are Open and Operating

- [ ] **Understand every student's academic health** by using assessments and assessment methods, including formative assessments, diagnostics, conferences, advisories, and parent feedback. Maintain systems to continually monitor learning progress and loss.
- [ ] **Analyze data to design instruction and adjust curriculum**, potentially in teacher teams, to meet students where they are and address learning progress and loss.

- [ ] **Identify additional students in need of intervention and/or services**, whether academic or social-emotional and prioritize support for the most vulnerable students.
- [ ] **Procure any additional programs, tools, or materials** to support differentiation, intervention, and remote learning, based on students' needs.
- [ ] **Communicate with families and parents about every student's progress** and plans for students in need of additional support.
- [ ] **Explore the inclusion and integration of select digital and online learning tools and practices** at certain grade levels and classrooms where they can be used appropriately, effectively, and sustainably.
- [ ] **Integrate best practices in Social Emotional Learning and Culturally Responsive Education** to ensure high-quality instruction and ongoing support for all students.

Facilities

Essential actions necessary to ensure district and school assets are, and remain, safe for students and staff to inhabit

School Leaders

Do First

- [ ] **Convene janitorial and facilities staff** to review and make actionable district guidance regarding cleaning and disinfection.

Do Before School Opens

- [ ] **Plan** first day of school based on district recommendations.
- [ ] **Prepare** facilities for the resumption of school:
  - [ ] Air filters should be changed regularly.
  - [ ] Janitorial services should distribute wastebaskets, tissues, and CDC approved soap to every office and classroom so that these materials can be used upon entry and exit into any discrete location and during transit between sites.
  - [ ] Signage about frequent **handwashing, cough etiquette, and nose blowing <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>** should be widely posted, disseminated, and encouraged through various methods of communication.
  - [ ] Janitorial staff should follow guidance from the CDC about the use of face masks and special respirators at use when performing cleaning duties.
- [ ] **Conduct a facility walkthrough** with your janitorial services team to ensure that the classrooms, common spaces, and the exterior are ready for staff and students.

When Schools are Open and Operating

- [ ] **Implement ongoing facility access control:**
  - [ ] Visitors should still be required to report through a single access point as standard school safety procedures remain critical.

- [ ] After-school egress and exit points may be opened based on the pandemic **alert level <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>** and in concert with local health official recommendations.

- [ ] **Maintain infection control procedures based on pandemic alert level <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>** and public health guidance:

  - [ ] At a minimum, school nurses should don surgical masks and maintain six feet of distance from potentially infected staff or students.

  - [ ] If closer contact is required, N95 respirators and contact gowns should be used if available to help minimize any spread of disease to nursing staff.

School Operations

Essential actions to ensure operations support a safe and organized transition back to classroom instruction

School Leaders

Do First

- [ ] **Conduct a staff assessment** to understand who is coming back.
- [ ] **Develop a plan to replace teachers and staff** who are not returning.
- [ ] **Assess need for new or additional positions** with a specific focus on student and staff wellness, but also including technology support.
- [ ] **Recruit, interview and hire** new staff.
- [ ] **Consider repositioning underutilized staff** to serve core needs n (e.g., physical education serving as case managers post-secondary related processes).

Do Before School Opens

- [ ] **Build and send back to school communications** to all relevant stakeholders (e.g., parents, school staff) and include updates across all workflows.
- [ ] **Create master teaching schedules, student and faculty arrival/dismissal schedules, bus schedules, lunch schedules for staff and students, and bell schedules with social distancing guidelines and facility access control in mind.**
- [ ] **Orient new school staff** to any operational changes.
- [ ] **Prepare a 2020-2021 school budget** based on district guidance.
- [ ] **Verify that student and staff handbooks and planners are printed and ready** for distribution. Create a master list of any changes to distribute at the first staff meeting.
- [ ] **Collaborate with cafeteria staff** to ensure any necessary food handling changes are implemented.

Do When Schools are Open and Operating

- [ ] **Adjust all schedules as needed** based on public health guidance.

Technology

Essential actions to ensure technology infrastructure, assets, and guidance support an organized transition to classroom instruction.

School Leaders

Do First

- [ ] **Designate a single point of contact** in your building to plan and communicate with district technology teams.
- [ ] **Develop a return to school technology plan for your school aligned to the district plan**. If possible, include training and support for teachers to adapt remote learning skills for the classroom.
- [ ] **Identify a device and or general technology support person for your building**. You may already have a tech savvy staff member who informally supports your team. Consider elevating that position to a more formal role and providing additional support potentially with parent volunteers.

Do Before School Opens

- [ ] **Align school website with district website** to avoid confusion.
- [ ] **Review district family technology survey results** and present results to your staff.
- [ ] **Identify space in your building for device return** and modify traffic flow to improve safety.

Do When Schools are Open and Operating

- [ ] **Communicate frequently with families regarding technology use in the building**. If students are using their own devices make sure that communication includes the district's bring-your-own-device policy (if you don't have one, create it).
- [ ] **Review issue tracking and inventory results frequently** as a way of understanding the facts regarding the quality and progress of technology processes in your building.

Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Jeffrey C. Riley
Commissioner

MEMORANDUM

To:	**Superintendents, Charter School Leaders, Assistant Superintendents, Leaders of Special Education Schools, Collaborative Leaders, and Leaders of Private Schools**
From:	**Jeffrey C. Riley, Commissioner**
Date:	**June 5, 2020**
Subject:	**Guidance on Required Safety Supplies for Re-Opening Schools**

With key health metrics continuing to improve in the Commonwealth and the Governor's four-part overall economic reopening plan underway, this short guidance document is focused on one important aspect of re-opening schools: key safety supplies.

This is another piece of school re-opening guidance that we are continuing to issue on a rolling basis. As you know, yesterday evening, we released initial guidance for summer programs. More comprehensive guidance on special education programs will come early next week. And final summer school guidance as well as initial guidance on fall re-opening will be released in the coming weeks.

We are issuing this guidance on key safety supplies now so that districts can begin the ordering process for critical items that may be harder to procure and/or have longer potential delivery times. In this document, we provide specific information that will allow districts and schools to make these key safety purchases as soon as possible.

Below, we outline required supply items and initial recommended ordering quantities for the first 12 weeks of school based on our best estimates at this time. We also detail the support that the Department of Elementary and Secondary Education (DESE) and partner state agencies can provide to assist you with your acquisition work.

This guidance has been informed by consultation with state agency partners, professionals in the preparedness field, and district and school leaders. We will provide updated guidance as needed.

Overview of Current Health and Safety Guidelines

We are operating with the best information we have as of early June about how to maintain the health and safety of our students and staff in any in-person school programs and limit the risk of COVID-19 transmission. Based on federal and state guidance and recommendations available at this time, safely re-opening schools will require that the following components are in place:

Staying home if sick: As part of the social compact of re-opening, students and staff must stay home if they are feeling sick or have any symptom associated with COVID-19. This means that schools will need to have enhanced protocols in place for managing staff and student absences.

Face coverings and masks: Students and staff must wear face coverings or masks, with exceptions only for those students or staff for whom it is not safe to do so due to age, medical conditions, or other considerations. In cases in which face coverings or masks are not possible, social distancing of 6 feet is required, unless not feasible due to the personal situation. Parents will be responsible for providing students with face coverings or masks. Schools must have backup disposable masks available for students who need them. Staff may choose to wear their own mask or one provided by the school.

Frequent hand washing and hand sanitizing: All students and staff must engage in frequent handwashing, including upon arrival, before and after meals, after bathroom use, after coughing or sneezing, and before dismissal. Protocols must be established for effective handwashing in which individuals use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly, and dry with an individual disposable towel. If handwashing is not available, hand sanitizer with at least 60 percent alcohol content can be used.

Maintaining 6 feet of separation at all times: All students and staff must maintain a social distance of 6 feet to the greatest extent possible. Desks must be spaced at least 6 feet apart and facing the same direction, and protocols must be developed to maintain this distance when students are entering and exiting the building and moving through the school (including to and within restrooms) when feasible.

Isolation and discharge protocols for students who may become ill during the day: Schools must develop protocols for isolation and discharge of students who become sick during the school day. A specific room must be maintained for students with COVID-19 symptoms that is separate from the nurse's office or other space where other ailments are treated.

Smaller, isolated groups of students assigned to one teacher: Successfully implementing 6 feet of social distancing will require significantly smaller class sizes and reduced staff-to-student ratios. Furthermore, where feasible, programs should isolate individual groups of students with one consistently assigned teacher, and groups should not mix with other students or staff. At this time, group sizes are restricted to a maximum of 10 students, with a maximum of 12 individuals, including students and staff, in each room.

Regular cleaning, sanitizing, disinfecting, and disposal protocols: Schools will need to undertake new protocols and routines to ensure that facilities and surfaces are regularly cleaned, sanitized, and disinfected in accordance with health and safety guidelines and that hazardous materials are disposed of properly.

Entry screening and other facility operations: While additional information about symptom screening and other facility operations will be provided in the coming weeks, after discussions with the COVID-19 Command Center's Medical Advisory Committee, it is not recommended to temperature check students at entry due to the significant number of both false positive and false negative results.

Specifically for this document, we used the following basic assumptions to develop the required supply items and initial recommended ordering quantities:

- Students will bring their own face coverings or masks to school, but schools will have a backup supply of masks on hand for students who do not have them, or if their masks become otherwise not useable during the school day.
- Schools will provide face coverings or masks for all teachers and staff who do not bring their own.
- Students and staff will engage in frequent hand sanitizing.
- Custodians will need to be equipped with appropriate masks, gloves, and a proper waste disposal medium.
- Nurses and health providers will need additional specialized supplies to properly isolate and discharge suspected COVID-19 positive students.

Please note: This is not an exhaustive list of all COVID-19-related supplies. Schools will need to consider additional supply categories – such as hand soap and building cleaning supplies – for which they may need to increase current purchasing quantities. However, these items are not the focus of the lists below, as we are not aware of any supply constraints that would limit the ability of districts or schools to purchase these items on typical timelines.

Purchasing Responsibility

It is each school district's responsibility to acquire the supplies needed to safely and responsibly re-open their school buildings consistent with forthcoming state guidance. The Department will provide technical assistance on ordering the types and volume of supplies outlined in this document, facilitate access to suppliers on state contracts, and offer a dedicated help desk.

The Department's issuance of the federal Elementary and Secondary School Education Relief Fund (ESSER), http://www.doe.mass.edu/federalgrants/esser/, provides districts with immediate access to grants to fund the cost of supplies.

Required Long Lead Time Supplies and Volumes

The Department is providing the following required supply list with initial recommended volumes to enable school districts to calculate their individual school needs for an initial 12-week operating period. The replacement rate for the listed items is based on informed estimates from our subject matter experts. Districts should plan to measure actual usage rates during the first 30 days of building operations and adjust their reorder levels accordingly.

DISPOSABLE MASKS

Initial recommended quantities per 100 individuals per group per school

Group	Quantity per 100 per group	12-week Supply at 100% Attendance	12-week Supply at 50% Attendance	12-week Supply at 25% Attendance	Assumptions
Students	100 masks per week	1,200	600	300	1 disposable mask per week per student (to supplement the cloth masks provided by parent/guardian).
Teachers and other staff	500	6,000	3,000	1,500	5 disposable masks per week per teacher.
School nurses and health providers	1,000	12,000	6,000	3,000	10 disposable masks per week per school nurse.

MATERIALS FOR STAFF MEMBERS WILL WHO MAY BE IN HIGH-INTENSITY CONTACT WITH STUDENTS OR HANDLING WASTE MATERIALS

Initial recommended quantities calculated per 1 staff
(e.g. nurses, custodians, and some special education teachers and other staff)

Item	1-week Supply for 1 Staff	12-week Supply	Assumptions
Disposable Nitrile Gloves	10	120	10 pairs disposable nitrile gloves per week, per staff.
Disposable Gowns	10	120	10 disposable gowns per week, per staff.
Eye Protection	2	n/a	2 re-usable eye protection per staff total.
Face Shields	2	n/a	2 reusable face shields per staff total.
Waste Disposal Medium	1	n/a	1 unit per staff total.
N-95 Ventilating Masks* Note: N-95 masks are recommended ***only*** if staff will be in contact with a suspected COVID-19 positive case and/or performing aerosol-generating procedures	10	120	10 N-95 masks per week, per staff.

*KN-95 Ventilating Masks can be substituted for N-95 masks if they have been tested for filtration effectiveness (MDPH Comprehensive Personal Protective Equipment (PPE) Guidance, May 21, 2020)

BUILDING SUPPLIES

Item	1-week Supply for one building	12-week Supply at 100% Attendance	12-week Supply at 50% Attendance	Assumptions
Hand Sanitizer	1/3 gallon/ classroom	4 gallons/ classroom	2 gallons/ classroom	1/3 gallon of hand sanitizer per classroom, per week at 100% attendance.
Disposable Nitrile Gloves	20	240	240	20 disposable nitrile gloves (pair) per week, per custodial staff member at 100% attendance.
Waste Disposal Medium	1	n/a	n/a	1 disposal medium per school building.

These items and volumes are based on current existing federal and state guidance (see links below), with support from DESE's consulting experts.

- https://www.mass.gov/doc/comprehensive-personal-protective-equipment/download *(download)*
- https://www.mass.gov/doc/eea-covid-19-cleaning-of-restrooms-best-practices-5-18-20/download *(download)*
- https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

DESE/OSD State Purchasing Assistance

As we work to integrate our K-12 return to school guidance with the Commonwealth's overall multiphase reopening plan, DESE and the Operational Services Division (OSD) are committed to providing support to districts in their acquisition of required supplies.

Use of State Contracts: The Operational Services Division can support K-12 public education purchasing needs by providing guidance and access to OSD's Statewide Contracts (SWCs). To assist in these efforts, a comprehensive list of vendors *(download)* and the PPE supplies they sell is posted on mass.gov and the COMMBUYS homepage. The SWC vendors are a great resource for supplies and equipment. Utilizing state contracts is normal business practice for our municipal colleagues, but should questions arise on how to access vendor quotes, DESE and OSD staff are available to provide assistance.

The Operational Services Division will continue its work with SWC vendors to understand their supply chains so they are ready to fulfill supply orders from individual public buying entities. The supplies schools will need continue to be in demand from all sectors, and OSD is taking steps to enable buyers to find stock from one of the many SWC vendors able to provide these products.

The Department and OSD are in the process of setting up other possible forms of acquisition support. This includes the concept of DESE aggregating individual district orders and executing a "Big Buy" order, with districts responsible for paying for their individual order.

More information about how districts can join the Big Buy will be released no later than Wednesday, June 10. If districts do not wish to participate in the Big Buy, we urge you to move forward and place your key supply orders immediately.

Available Technical Assistance: The OSD Help Desk is available to answer questions, help buyers access the SWC vendor list, and advise them on where to find specific products. In addition, Jonna Willis, DESE Procurement Director, is available to support districts with questions. You may contact her at Jonna.T.Willis@mass.gov.

Reference Materials for Supplies Purchasing

- List of SWC vendors *(download)* on mass.gov and on COMMBUYS.com. The list identifies SWC vendors that are able to fulfill needed supply orders. The list will be updated weekly.

- Here is a link to supply guidance to ensure buyers understand the products and their intended uses.

Reopening and Reimagining Our Public Schools

Directives for the State and Guidelines for Educators and Their Unions

Preamble: The Massachusetts Teachers Association is committed to engaging in an inclusive and intentional change process in order to win full funding of our public schools, deconstruct institutional racism and use this moment to reimagine teaching and learning. Over the summer and beyond, we will engage in a collective process involving educators, families and students to build a shared vision and expectation for what our schools can and must be. The following directives for reopening our schools result from the thousands of conversations and dozens of public forums with educators, parents and other community members that have already taken place. A more detailed set of directives will follow in the weeks ahead. Both this statement and the fuller report are **living documents, designed to be reflected upon and revised with educators, families and students so that they fully encompass our collective hopes and dreams for our schools. The values and principles they set forth will serve as our North Star as we build our movement to reimagine our public schools.**

Reopening and Reimagining Our Public Schools

Educators, students and parents know that the foundation of learning is built on the relationships they develop with and among each other. The best way to educate our students is when we are together in our school buildings. MTA members want to be back in our public schools with our students and their families. But we can only do so if we create safe conditions for returning, in accordance with the recommendations of our public health institutions.

The state and local school districts have an obligation to make our school communities safe for reopening. The state also has a constitutional obligation to fund public education adequately and equitably. The Fund Our Future campaign and the COVID-19 pandemic have brought into sharp focus the fact that our education system — as it is currently structured — manifests and reinforces the racism and classism that pervade our society. The *Student Opportunity Act* was the starting point — not the endpoint — for fully funding our public schools to begin to address the inequality caused by systemic racism. What is clear is that our public schools need more, not less, in the aftermath of the pandemic.

Ensuring that the state lives up to its constitutional funding obligation is one part of dismantling a system of institutionalized racism — including decades of de facto segregation and disinvestment — wherein students of color attend schools with significantly less funding, collapsing buildings that are often infested with rodents and mold, and an intense focus on hyperdiscipline and "security." Our schools are harmed by a lack of support for multilingual students and families, a wholly inadequate number of educators of color, and a limiting, test-driven, Eurocentric curriculum that serves far too often as a pipeline to prison instead of to college or to employment in well-paying jobs. This system also turns our public schools over to privatization in far too many

MTA HEADQUARTERS | 2 HERITAGE DRIVE, 8TH FLOOR, QUINCY, MA 02171-2119 | 617.878.8000 | 800.392.6175 | Fax 617.742.7046 | *www.massteacher.org*

instances. Now more than ever, we must transform public education to show — through structures, policies and practices — that black and brown lives matter.

We also can only return if we know that we as a Commonwealth are using the frightening upheaval of this moment to think critically and collectively about the goals we have for our public schools and what it means to keep our students safe. Now more than ever, we must transform public education and recapture our central mission — educating the whole child and cultivating thinking, caring and creative adults who are ready to protect rights and liberties in a democratic society. We cannot go back to the status quo, which was actively harming many of our youth, families, and educators of color, as well as people from other marginalized groups, including our LGBTQ+ students. We must instead be bold and create free and equitable schools where education liberates and empowers our youth so a brighter future is possible for all of us.

Educators will continue their heroic efforts from this spring and will work hard to make our schools ready for our students this fall. Educators, through their unions and in collaboration with students and families, must play a central decision-making role in the return-to-school plan, district by district. Ultimately, we will decide if these directives have been met by the state and the districts.

Key Directives for the State and Guidelines for Educators and Their Unions

1. Full Funding for Public Schools

- Full funding of the *Student Opportunity Act* by the Legislature and the governor is a baseline expectation. More funds are needed across all districts for the myriad needs of our students — especially those from the most vulnerable and most marginalized groups — and to pay a living wage to Education Support Professionals, who are critical to the education of our students.
- Progressive revenues are necessary to make reopening possible. Student and staff needs will not be sacrificed due to artificial funding constraints.
- Resources must be moved away from security and policing and directed toward social, emotional, mental health and public health solutions.
- Personal protective equipment, testing and all necessary materials for maintaining safety must be provided by the state.
- Families and educators alike need child care to be able to return to work.

2. More Staff, Not Fewer

- The increase in student needs — health, safety, social and emotional and academic — will require additional staff. *Disinvestment before the COVID-19 pandemic left too many districts making do with unreasonably large class sizes, a lack of counselors, and insufficient resources, particularly in schools that largely serve students of color and low-income students.*

MTA HEADQUARTERS | 2 HERITAGE DRIVE, 8TH FLOOR, QUINCY, MA 02171-2119 | 617.878.8000 | 800.392.6175 | Fax 617.742.7046 | *www.massteacher.org*

- Layoffs are destructive to our students and our schools and are unacceptable. All educators now working with students — and more — need to be there when our schools reopen.
- We must prioritize hiring, retaining and promoting educators of color.
- All available staff — including paraeducators and other Education Support Professionals — must have meaningful roles in school reopening plans and crisis learning plans.
- Every school must have a core of multilingual staff and interpreters so that families can be full participants in their children's education.

3. Public Schools Must Be Made Safe for Educators, Students and Families

- Personal protective equipment must be provided by the state.
- Educators and students with compromised immune systems and those statistically more likely to contract the coronavirus, such as our older educators, must be provided with alternative ways to work and/or medical leave.
- It is time to redefine safety. Districts must change how they meet the emotional health and safety needs of students and identify and obtain the necessary resources to keep students, educators and communities safe. We must end the presence of police in our public schools and instead invest in social support systems.
- State funds and mandates must support districts as they engage in antiracist education for administrators, faculty, staff and students.
- Trauma-informed discipline policies and practices must be put in place for all students.

4. Reimagine Curriculum, Instruction and Assessment: No MCAS

- **Eliminate MCAS and reevaluate the ways our public schools are assessed.**
- Educators demand the freedom to work with students and families to develop curriculum that is reflective of what the school community values.
- Curriculum must be actively antiracist to reflect and affirm students of color, their cultures and their histories — and fight against xenophobia in all of its forms.
- Curriculum must reflect and affirm our LGBTQ+ students.
- Educators need more — not less — common planning time and more time to build relationships with students and families.
- Educators must be supported with professional development on project-based learning; trauma-informed and antiracist pedagogy, curriculum and practice; and effective practices for crisis learning remotely.

MTA HEADQUARTERS | 2 HERITAGE DRIVE, 8TH FLOOR, QUINCY, MA 02171-2119 | 617.878.8000 | 800.392.6175 | Fax 617.742.7046 | *www.massteacher.org*

5. Materials and Technology for All While Keeping Public Schools Public

- Every student — and every educator — deserves access to the basic tools of a modern society: a computer and reliable internet access.
- Technology must be informed by pedagogy and used for communication, collaboration, creativity and critical thinking.
- Technology will not substitute for or replace in-person education. It must not be a starting point for the destruction of in-person education and the privatization of public education.
- Privacy protection is essential for students, educators and families.
- Districts must provide support for all families, with particular attention to multilingual families, to make use of technology as part of students' regular education — and if we are again forced to return to crisis learning remotely.

MTA HEADQUARTERS | 2 HERITAGE DRIVE, 8TH FLOOR, QUINCY, MA 02171-2119 | 617.878.8000 | 800.392.6175 | Fax 617.742.7046 | *www.massteacher.org*

MASSACHUSETTS
Department of
Early Education and Care

MASSACHUSETTS CHILD AND YOUTH SERVING PROGRAMS REOPEN APPROACH

Minimum Requirements for Health and Safety

May 28, 2020

Developed in partnership with the Department of Early Education and Care (EEC), Executive Office of Health and Human Services (EOHHS), Department of Public Health (DPH), Department for Children and Families (DCF), and Department of Elementary and Secondary Education (DESE).

MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

MASSACHUSETTS DEPARTMENT OF Children & Families
Supporting Children • Strengthening Families

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Background and Document Purpose

On March 10, 2020, Governor Charlie Baker declared a State of Emergency in the Commonwealth in response to the COVID-19 pandemic (Executive Order No. 591: Declaration of a State of Emergency to Respond to COVID-19). Subsequent orders called for extended K-12 school closures and the suspension of non-emergency child care programs. On March 18, 2020, the Department of Early Education and Care (EEC) made Exempt Emergency Child Care Programs (EECCP) available, with priority access for vulnerable children and the families of essential workers, with an emphasis on those in health care, public health, human services, law enforcement, public safety, and first responder fields. The EECCP will continue to operate until further notice. On May 18, 2020, the Baker-Polito Administration announced Reopening Massachusetts, a comprehensive phased plan to safely reopen the Massachusetts economy, get people back to work, and ease social restrictions while minimizing the health impacts of COVID-19.

Child care and youth-serving programs are a critical component in getting the Commonwealth back to work. To prepare for reopening, the EEC assembled a Health and Safety Working Group with members representing the Executive Office of Health and Human Services (EOHHS), Department for Children and Families (DCF), Department of Elementary and Secondary Education (DESE), and Department of Public Health (DPH). The Health and Safety Working Group has established the Massachusetts Child and Youth Serving Programs Reopen Approach: *Minimum Requirements for Health and Safety* for child care programs, recreational camps, and municipal or recreational youth programs not traditionally licensed as camps that are seeking to operate during the phased plan of Reopening Massachusetts.

In developing these requirements, the Health and Safety Working Group has sought to keep the health and safety of the Commonwealth's children and program staff at the forefront. The Working Group has sought to build upon existing guidance from leading health experts, including the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics. Additionally, these requirements have been reviewed by medical experts at Boston Children's Hospital. Unless specifically noted, these requirements apply to all child and youth-serving programs. EEC looks forward to engaging extensively and collaboratively with program staff and others to receive feedback, insights, and guidance to ensure supports are in place for programs and providers to meet the *Minimum Requirements for Health and Safety*. In addition, the Working Group anticipates developing supplementary materials (e.g., sample templates, frequently asked questions) to complement these requirements and provide support through all phases of reopening..

The Commonwealth recognizes that COVID-19 has presented significant, unexpected challenges for the child and youth-serving program community. Further, EEC understands that it may be challenging for child care programs to meet the requirements for reopening in the earlier phases and is cognizant that some programs may have to remain temporarily closed as a result. EEC is also aware that the proposed requirements may present particular challenges for family child care providers and is continuing to consider ways to support these critical providers as they prepare to reopen. On behalf of the Baker-Polito Administration and its interagency partners, EEC thanks the field for their continued dedication, partnership, and patience as we all work together to reopen safely while protecting the health and welfare of all children, families, and staff.

Table of Contents

Background and Document Purpose....2
Definitions....4
Minimum Requirements for Health and Safety....6
1. **Preparedness and Planning**....6
2. **Staffing and Operations**....8
3. **Group Sizes and Ratios**....9
4. **Screening and Monitoring of Children and Staff**....10
5. **Isolation and Discharge of Sick Children and Staff**....12
6. **Hygiene and Health Practices**....13
7. **Personal Protective Equipment (PPE) and Face Masks and Coverings**....15
8. **Cleaning, Sanitizing, and Disinfecting**....17
9. **Strategies to Reduce the Risk of Transmission**....20
10. **Transportation**....21
11. **Food Safety**....23
12. **Children with Special Needs, Vulnerable Children, and Infants and Toddlers**....23
13. **Recreational Camps and Programs**....25
References....31

Definitions

Center-Based Care – Child care provided in a non-residential setting.

Clean – Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Communicable Disease – A disease that is spread from one person to another in a variety of ways, including travel through the air, contact with bodily fluids, contact with a contaminated surface, object, food or water, and certain animal or insect bites.

Coronavirus – Any of a family (Coronaviridae) of large single-stranded RNA viruses that have a lipid envelope studded with club-shaped spike proteins, infect birds and many mammals including humans, and include the causative agents of MERS, SARS, and COVID-19.

COVID-19 – A mild to severe respiratory illness that is caused by a coronavirus (severe acute respiratory syndrome coronavirus 2 of the genus betacoronavirus), is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.

DESE – The Massachusetts Department of Elementary and Secondary Education.

Disinfect – Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces. Changing tables should be ***cleaned and then disinfected after each use***.

DPH – The Massachusetts Department of Public Health.

EEC – The Massachusetts Department of Early Education and Care.

Exposed – Having had close contact with someone symptomatic of COVID-19 from the period of 48 hours before symptom onset until 10 days from when they first had symptoms.

Fever – A measured or reported temperature of $\geq$ 100.0° F.

Group – Two or more children who participate in the same activities at the same time and are assigned to the same educator for supervision, at the same time.

Health Care Consultant – A Massachusetts licensed physician, registered nurse, nurse practitioner, or physician's assistant with pediatric or family health training and/or experience.

Health Care Practitioner – A physician, physician's assistant or nurse practitioner.

Health Care Supervisor – A person on the staff of a recreational camp for children who is 18 years of age or older and who is responsible for the day to day operation of the health program or component. The Health Care Supervisor shall be a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

Family Child Care – Child care provided in a professional caregiver's home.

Fixed Age Group – A group of children within the same age range, such as infants, toddlers, preschoolers, kindergarteners, and school age children.

Infant – A child who is younger than 15 months old.

Kindergarten Child – A child who is five years old or who will attend first grade the following academic year in a public or private school.

Multi-Age Group – A group of children from birth through 13 years (or 16 years, if such children have special needs) assigned to a single group. Multi-age groups may include no more than three children younger than two years old, including at least one toddler who is walking independently. Additional children must be older than 24 months.

Parent – Father or mother, guardian, or person or agency legally authorized to act on behalf of the children in place of, or in conjunction with, the father, mother, or guardian.

Personal Protective Equipment (PPE) – PPE is used to minimize exposure to hazards that cause serious illness or injury. Gloves, masks, and gowns are all examples of PPE.

Premises – The facility or private residence that is used for the child or youth serving summer program and the outdoor space on which the facility or private residence is located.

Preschooler/Preschool Child – Any child that is at least two years and nine months old (33 months of age), but not yet attending kindergarten.

Program – An organization or individual that provides early education and care services to children or youth. Programs may include family child care, center-based child care, school age child care, recreational day camps and municipal or recreational youth programs not traditionally licensed as camps.

Program Staff – All individuals working with children and/or youth in early education and care or summer camp programs, including municipal or recreational youth programs not traditionally licensed as camps. Staff may include directors, administrators, family child care providers, approved assistants, group leaders, camp counselors, nurses, educators, and other individuals employed by the child or youth serving program who may have contact with children.

Recreational Camp - A program that is required to be licensed as a Recreational Camp for Children under 105 CMR 430.000.

Recreational Program - Municipal or recreational youth programs not traditionally licensed as camps or as child care facilities.

Sanitize – Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by cleaning and then sanitizing surfaces or objects to lower the risk of spreading infection. Surfaces used for eating and objects intended for the mouth (food service tables and highchair trays, pacifiers, mouthed toys, etc.) must be ***cleaned and then sanitized both before and after each use.***

School Age Child – A child age 6 or older who is attending a public or approved private elementary school. The upper age limit for each program shall be consistent with the regulations currently set by each regulatory agency or body.[1]

Toddler – A child who is at least 15 months of age, but younger than 33 months of age.

[1] EEC regulated child care programs can serve youth up to age 14, or age 16 for children with special needs. DPH regulated camp programs can serve youth up to age 18 as campers.

Minimum Requirements for Health and Safety

The following requirements apply to all child and youth-serving programs, including recreational summer programs, recreational summer camps for children, municipal or recreational youth programs not traditionally licensed as camps, family child care, and center-based child care. Specific requirements for recreational camps and recreational programs only are included in Section 13. In addition to these requirements, it is recommended that programs frequently check the CDC website to ensure they are implementing the most current CDC guidance. These minimum requirements may be amended as the Commonwealth's COVID-19 status evolves over time and public health experts learn more about the virus.

The Commonwealth recognizes that it will be very challenging for programs to reopen, given the significant requirements and federal and state mandates. While we recognize that the requirements place additional burdens on many programs, the following requirements must be implemented in order to protect the health and safety of all children, families, and staff. Programs that are unable to adhere to the following requirements must remain closed and reopen at a later date.

1. Preparedness and Planning

A. Planning: Programs must develop plans prior to reopening (and maintain them once reopened) to address how they will meet the new health and safety requirements. Programs must identify all the ways reopening during the COVID-19 pandemic might affect the program and develop a plan of action. Elements of this planning **must** include the following:

(1) A cleaning plan that identifies what items must be cleaned, sanitized, or disinfected and with what frequency. This must include a daily cleaning schedule for staff (before, during, and after programming) to ensure that all areas, materials, furniture, and equipment used for child care are properly cleaned, sanitized, or disinfected. Programs must also have a plan in place to obtain and maintain inventory of essential cleaning supplies.

(2) A plan for identifying and handling sick, symptomatic, and exposed children and staff that includes but is not limited to daily screening checks, location of screening activities, staff responsible for screening, and barriers for screening.

(3) A plan for the isolation and discharge of sick, symptomatic, and exposed children or staff, including procedures for contacting parents immediately, criteria for seeking medical assistance, transportation of children or staff who have developed symptoms related to COVID-19 mid-day and who rely on program transportation, and mitigation of transmission until a sick individual can safely leave the program.

(4) A plan to work with their local and state health departments to ensure appropriate local protocols and guidelines are followed, such as updated/additional guidance for cleaning and disinfection and instructions and availability of COVID-19 testing.

(5) A plan for safe vendor deliveries, if applicable. Non-contact delivery protocols must be arranged whenever possible.

(6) A plan for transportation that includes how to implement infection control strategies during transportation, including during boarding and disembarking, and a plan to maintain physical distancing and hand hygiene practices.

(7) A plan for handling program closings, staff absences, and gaps in child attendance. The plan must include procedures to alert local health officials about large increases in child and staff absences or substantial increases in respiratory illnesses (like the common cold or the "flu," which have symptoms similar to symptoms of COVID-19). Programs must determine how the facility will communicate with staff and parents and identify who will be responsible to inform the funding agency, local board of health, and other appropriate audiences.

(8) A plan for the administration of medication including a plan for the treatment of children with asthma and other chronic illness. Nebulizer use must be prohibited as it can increase risk of the virus being aerosolized.

(9) A plan for coordinating space and facilitate support services for children, including when identified on an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). A space should be made available to allow for service delivery to occur, whenever possible.

(10) A plan for sharing information and guidelines with parents that includes the following:

(a) A system to check with parents daily on the status of their children when children are dropped off at the facility.

(b) Ensuring information and communication can be provided in the primary languages spoken by the parents.

(c) Obtaining email addresses and home, work, and mobile phone numbers from parents of children at the program so that the program can reach them at any time.

(d) Creating and testing communication systems with parents, children at the program, all staff, facility and/or grounds management, and emergency medical services.

(e) Providing parents with information on COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. Encouraging parents to share the information with their children as appropriate.

(f) Providing parents with guidance on how to share information with their children in developmentally appropriate ways and encouraging parents to share the information with their children, as appropriate.

(g) Providing parents with information on the program's policies for preventing and responding to infection and illness.

(h) Identifying a person responsible for sharing information to parents if and when an exposure occurs, and how that information will be communicated.

B. Preparing: Programs must prepare the program environment to promote the new health and safety requirements and to facilitate infection control activities.

(1) Prepare the materials and equipment to be used by children to minimize sharing and promote distancing. Remove items that cannot be easily washed (e.g., stuffed animals, pillows) or that encourage children to put the toy in their mouths (e.g., play food, pretend utensils). If programs allow children to bring in items from home, they should have a plan in place to ensure the cleanliness of these items and should carefully monitor use to ensure that these objects are not shared between children. Shared items that cannot be cleaned or disinfected at all (e.g., playdough) must be removed from activity rotation. Remove all water, sand, and sensory tables and activities.

(2) Prepare all cleaning, sanitizing, and disinfecting solutions and identify a safe place for storage that is accessible to staff in each area of the program, but out of reach of children. Ensure that supplies for hand hygiene are adequate and placed appropriately throughout the program space, including in all group, transition (e.g., hallways), and common spaces.

(3) Prepare the program space to promote physical distancing. Programs must consider the physical building capacity limitations and the total number of children anticipated to be in any one area. Decisions about organization of the program space must be guided by the program's ability to implement adequate and consistent physical distancing, especially in terms of utilization of common spaces that need to be shared by all children. Areas occupied by individual groups must be defined by permanent walls, movable walls, or other partitions. Programs with large spaces must consider using barriers to create clearly defined and separate areas for small groups of children. Program staff must

review the physical distancing requirements for children in the program and be prepared to support children with adjustment to new systems and routines.

(4) Ensure that there are adequate provisions for the storage of child and staff belongings so that they do not touch.

(5) Close drinking fountains that require contact for use. Motion activated or touchless drinking fountains are acceptable for use only when filling cups, water bottles, or other receptacles.

(6) Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans (must be inaccessible to young children), and other methods. Do not open windows and doors if doing so poses a safety or health risk (e.g., allows pollen in or exacerbates asthma symptoms) to children using the facility. In rooms located above the first floor, windows must be either inaccessible to children or protected with a window guard.

(7) Take steps to ensure that all water systems and features (e.g., decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

2. Staffing and Operations

A. Daily Operations: Programs must make the following changes to their operations.

(1) Cancel all field trips, inter-group events, and extracurricular activities.

(2) Avoid holding activities involving multiple groups attending at the same time and strictly enforce the restrictions on non-essential visitors.[2] This includes parent volunteers, coaches and consultants. Non-essential adults must be prevented from entering the premises.[3]

(3) For each child enrolled, programs must maintain on file a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current DPH's recommended schedules.

(4) For each child with a chronic medical condition that has been diagnosed by a licensed Health Care Practitioner, programs must maintain an individual health care plan (IHCP). The plan shall describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

B. Staffing: All programs must meet the following staffing requirements to respond to the COVID-19 crisis.

(1) Programs must meet all staffing requirements per the authorizing entity for their specific program type.[4] Staffing requirements for child and youth-serving summer programs may be relaxed for reopening under the authority of the authorizing entity.

(2) Provide staff with information about COVID-19, including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or employees.

(3) Have a system to monitor absenteeism to identify any trends in employee or child absences due to illness, as this might indicate spread of COVID-19 or other illness.

(4) Have a plan for securing trained back-up staff in order to maintain sufficient staffing levels.

[2] Non-essential visitors will be defined by each agency in a separate policy.
[3] This applies to family child care programs, with the understanding that family members will be present in the home. Family child care programs should limit household members' presence in the same spaces used for child care.
[4] This includes assistants in family child care programs where the staff-to-child ratio requires more than 1 adult.

(5) Ensure that their sick leave policies are flexible and promote the importance of staff not coming to work if they have a frequent cough, sneezing, fever, difficulty breathing, chills, muscle pain, headache, sore throat, or recent loss of taste or smell, or if they or someone they live with has been diagnosed with COVID-19.

(6) Designate a staff member to be responsible for responding to COVID-19 concerns. Employees must know who this person is and how to contact them.

(7) Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

(8) Encourage all staff age 65 or older or with serious underlying health conditions to talk to their healthcare provider to assess their risk and to determine if they must stay home or follow additional precautions.

(9) Train staff in all areas to ensure protocols are implemented safely and effectively in all programs.

(10) Develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training must include when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.

(11) Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with Occupational Safety Hazard Administration (OSHA)'s Hazard Communication standard (29 CFR 1910.1200).

(12) Educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms. At a minimum, any staff must immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.

3. Group Sizes and Ratios

A. Group Sizes: Group sizes must be restricted to a maximum of 10 children, with a maximum of 12 individuals including children and staff in each room. Guidance to maintain these group sizes includes the following:

(1) Children must remain with the same group each day and at all times while in care.

(a) When suitable to children's ages and developmental level, siblings in attendance at the same time must be kept in the same group.

(b) Groups must not be combined at any time.

(2) The same staff must be assigned to the same group of children each day for the duration of the program session (if weekly or monthly) and at all times while in care. Staff must not float between groups either during the day or from day-to-day, unless needed to provide supervision of specialized activities such as swimming, boating, archery, firearms, etc.

B. Required Ratios and Maximum Group Sizes: In order to provide the level of supervision required to adhere to the following health and safety requirements, the following child-to-staff ratios must be maintained at all times during the program day**.** Guidance for ratios and group sizes for care of children with special needs are included in Section 12.

Age	Staff to Child Ratio	Maximum Group Size (Children)	Maximum Group Size (Children & Staff)
Infant *Birth – 14 months*	1:3 2:7	7	9

Toddler *15 – 32 months*	1:4 2:9	9	11
Preschool *≥33 months, but not yet attending Kindergarten*	2:10	10	12
Kindergarten *Attending Kindergarten*	1:10	10	11
School Age* *Attending First Grade +*	1:10	10	11
Family Child Care and Multi-Age** *All Age Groups*	1:6 2:8	8	10

***Please see the definition of School Age in the definition section to see upper age limits for programming.**

**** Multi-age groups may include no more than three children younger than two years old, including at least one toddler who is walking independently. Additional children must be older than 24 months. Please see the definition of School Age in the definition section to see upper age limits for programming.**

4. Screening and Monitoring of Children and Staff

A. Daily Screening: Programs must screen all staff and children before they are permitted to enter the child care space following the requirements below.

(1) Establish a single point of entry to the program to ensure that no individual is allowed to enter the building until they successfully pass the screening.

(2) Designate specific program staff to conduct all screening activities and thermometer checks, and establish a designated screening area (e.g., a side room or enclosed area close to the point of entry) that will allow for more privacy in order to ask questions confidentially or conduct a temperature check. Unless a physical barrier, such as a plexiglass screen, is used, the space used for screening must allow for social distancing of childcare staff from child/family while screening is being conducted (i.e. at least 6 feet of separation).

(3) Health check responses and individual temperature check results must be recorded and maintained on file.

(4) Verbally screen children and parents asking the following questions. If any of the below are yes, the child must not be allowed to enter the building. The child must return home with their parent or caregiver.

(a) 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)?
- Abdominal pain?
- Unexplained Rash?
- Fatigue?
- Headache?
- New loss of smell/taste?
- New muscle aches?
- Any other signs of illness?

(b) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? [5]

(5) Staff must 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. 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, call emergency medical services immediately.

(6) Programs must include non-contact temperature checks (using a scanning or temporal thermometer), conducted by designated staff, as part of their screening protocols. To ensure that staff conducting temperature checks are able to do so safely, the following protocol must be followed:

(a) Perform hand hygiene.

(b) If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) including eye protection (goggles or disposable face shield) that fully covers the front and sides of the face, in addition to mask and gloves, should be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control than maintaining social distancing during screening.

(c) Check individual's temperature using a non-contact or temporal thermometer. **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check, in accordance with CDC recommendations for infection control.**

(d) Remove and discard gloves and other PPE, in accordance with CDC guidance. To reduce the risks of contamination when using PPE, staff must be adequately trained on appropriate donning and doffing of required PPE. Programs must have adequate space to safely don/doff PPE, designated space for clean PPE supply that is separate from dirty/contaminated/disposed PPE, and consideration should be given for ongoing shortages and unreliable supply of PPE nationally.

(7) All staff, parents, children, and any individuals seeking entry into the program space must be directed to self-screen at home, prior to coming to the program for the day. If the program is a family child care program, all household members must self-screen before coming into the child care space.

(a) Self-screening shall include checking temperature (temperature of 100.0°F or above is considered a fever), and checking for symptoms included fever, cough, shortness of breath, gastrointestinal symptoms, abdominal pain, unexplained rash, new loss of

[5] 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.

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 must not be permitted to enter the program.

(b) 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.

(c) Individuals who decline to complete the screening questionnaire or have temperature checked will not be permitted to enter the program space.

B. Regular Monitoring: Staff must 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 signs of illness must be separated from the larger group and isolated until able to leave the facility. Programs must have a non-contact or temporal thermometer on site to check temperatures if a child is suspected of having a fever (temperature above 100°F). Special care must be taken to disinfect the thermometer after each use.

(1) If any child or staff appears to have severe symptoms, call emergency services immediately. Before transferring to a medical facility, notify the transfer team and medical facility if the individual is suspected to have COVID-19. 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.

5. Isolation and Discharge of Sick Children and Staff

A. Planning for Isolation and Discharge: Programs must take the following actions to prepare for a potential exposure.

(1) Designate a separate space to isolate children or staff who may become sick, with the door closed (or a solid barrier) if possible. Isolated children must be supervised at all times. A private or separate bathroom must be made available for use by sick individuals only. Others must not enter isolation room/space without PPE appropriate to the care setting. A location with an open window and/or good air circulation is optimal. In family child care settings with one adult, staff should isolate children who may become sick using a barrier to maintain adequate supervision of all children.

(2) If your facility does not have designated isolation rooms/spaces, determine a pre-specified location/facility to which you will be sending patients presenting with COVID-19 symptoms.

(3) Have an emergency back-up plan for staff coverage in case a child or staff becomes sick.

(4) Know the contact information for the local board of health in the city or town in which the program is located.

(5) Have masks other cloth face coverings available for use by children and staff who become symptomatic, until they have left the premises of the program.

(6) Designate a separate exit from the exit used to regularly exit for those being discharged due to suspected infection.

B. If a Child Becomes Symptomatic: If a child becomes symptomatic, programs must follow the protocols below:

(1) Immediately isolate from other children and minimize exposure to staff.

(2) Whenever possible, cover children's (age 2 and older) noses and mouths with a mask or cloth face covering.

(3) Contact the child's parents and send home as soon as possible.

(4) Follow the program's plan for the transportation of a child who has developed symptoms and who relies on program transportation.

C. If a Staff Becomes Symptomatic: If a staff member becomes symptomatic, they must cease child care duties immediately and be removed from others until they can leave. Staff must regularly self-monitor during the day to screen for new symptoms. If new symptoms are detected among a staff member, follow the requirements above in Section 5A-B on how to handle symptomatic individuals.

D. If a Child or Staff Contracts COVID-19: Sick children or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 must not return until they have met the criteria for discontinuing home isolation and have consulted with a health care provider. Determine the date of symptom onset for the child/staff. Determine if the child/staff attended/worked at the program while symptomatic or during the two days before symptoms began. Identify what days the child/staff attended/worked during that time. Determine who had close contact with the child/staff at the program during those days (staff and other children).

(1) 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.

E. Notifying Required Parties: In the event that a program experiences an exposure, programs must notify the following parties.

(1) Employees and families about exposure but maintain confidentiality.

(2) Local board of health if a child or staff is COVID-19 positive.

(3) Funding and licensing agencies if a child or staff member has tested positive.

F. Self-Isolating Following Exposure or Potential Exposure: In the event that a staff member or child is exposed to a sick or symptomatic person, the following protocols must be followed.

(1) If a child or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff must not be permitted to enter the program space and must be sent home. Exposed individuals must be directed to stay home for at least 14 days after the last day of contact with the person who is sick. The program must consult 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 child care services.

(2) If an exposed child or staff subsequently tests positive or their doctor says they have confirmed or probable COVID-19, they must be directed to stay home for a minimum of 10 days from the 1st 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.

(3) 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 the last time they could have been exposed.

G. If an Exposed Child or Staff Remains Asymptomatic and/or Tests Negative for COVID-19: If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.

6. Hygiene and Health Practices

A. Resources and Supplies: Plan ahead to ensure that the program has adequate supplies to promote frequent and effective hygiene behaviors. Programs must have the following materials and supplies:

(1) Handwashing facilities with soap and water must be readily accessible to all children and staff. Post handwashing instructions near every handwashing sink and where they can easily be seen by children and staff.

(2) Hand sanitizer with at least 60% alcohol may be utilized at times when handwashing is not available, as appropriate to the ages of children and only with written parent permission to use.[6] Hand sanitizer must be stored securely and used only under supervision of staff. Staff must make sure children do not put hands wet with sanitizer in their mouth and must teach children proper use.

(3) Hand hygiene stations must be set up at the entrance of the premises, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets and allow use in accordance with the guidelines above. If hand sanitizer use is not appropriate or not approved and there is no soap and water at the entrance, children must be instructed to go to the nearest handwashing station upon entry. Keep hand sanitizer out of children's reach and supervise use.

(4) If possible, place sign-in stations outside the program space and have contactless sign in, such as application or web based. If pens are required, they must be disinfected between uses or must be provided for individual only use.

B. When to Wash Hands: Children and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers). Reinforce to staff and children that they must be regularly washing their hands with soap and water for at least 20 seconds when the following criteria are met:

(1) Upon entry into and exit from program space;

(2) When coming in to the program space from outside activities;

(3) Before and after eating;

(4) After sneezing, coughing or nose blowing;

(5) After toileting and diapering;

(6) Before handling food;

(7) After touching or cleaning surfaces that may be contaminated;

(8) After using any shared equipment like toys, computer keyboards, mouse, climbing walls;

(9) After assisting children with handwashing;

(10) Before and after administration of medication;

(11) Before entering vehicles used for transportation of children;

(12) After contact with facemask or cloth face covering; and

(13) Before and after changes of gloves.

C. Cover Coughs or Sneezes: Children, families, and staff must avoid touching their eyes, nose, and mouth. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available and with parental permission and careful supervision as appropriate to the ages of the child).

D. Additional Healthy Habits: Programs are encouraged to teach, model, and reinforce the following healthy habits.

[6] While hand sanitizer may be used by children over 2 years of age with parental permission, handwashing is the preferred and safer method.

(1) Staff must know and follow the steps needed for effective handwashing (use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly and dry with individual disposable towel).

(2) Build in monitored handwashing for children at all necessary times throughout the day (e.g., upon arrival, before and after meals, after toileting and diapering, after coughing and sneezing, after contact with bodily fluids). Post visual steps of appropriate handwashing to assist children or cue them to sing the "Happy Birthday" song TWICE (approx. 20 seconds) as the length of time they need to wash their hands.

(3) Assist children with handwashing.

(4) Keep hand sanitizer out of the reach of children and monitor use closely. Due to its high alcohol content, ingesting hand sanitizer can be toxic for a child. Supervise children 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.

(5) Explain to children why it is not healthy to share drinks or food, particularly when sick.

(6) Teach children to use tissue to wipe their nose and to cough inside their elbow. They must wash their hands with soap and water immediately afterwards.

(7) Ask parents and caregivers to 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.

7. Personal Protective Equipment (PPE) and Face Masks and Coverings

A. Face Masks and Coverings: Programs must encourage the wearing of masks or cloth face coverings during the program day. Whenever 6 feet of physical distancing is not possible, masks must be worn.

(1) To slow the spread of COVID-19, program staff are encouraged to wear a cloth face covering while serving children and interacting with parents and families. Program staff are required to wear a cloth face covering whenever 6 feet of physical distancing is not possible. Programs are encouraged to consider the use of transparent face coverings to allow for the reading of facial expressions, which is important for child development.

(2) When possible and at the discretion of the parent or guardian of the child, programs should encourage the wearing of masks or cloth face coverings for children age 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:

(a) Children under the age of 2 years should not wear face coverings or masks.

(b) When children can be safely kept at least 6 feet away from others, then they do not need to be encouraged to wear a mask.

(c) Masks must not be worn while children are eating/drinking, sleeping, and napping. Strict and consistent physical distancing must be practiced at all times 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.

(d) Children 2 years of age and older must 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.

(3) Families should 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 room number, if applicable, and clearly distinguish which side of the covering should be worn facing outwards so they

are worn properly each day. If families are unable to provide masks, programs should provide a masks for children and youth, as necessary. Masks and face coverings must be routinely washed (at least daily and any time the mask is used or becomes soiled) depending on the frequency of use. When possible, masks must be washed in a washing machine in hot water and dried fully before using again. If a washing machine is unavailable, masks must be washed with soap and hot water and allowed to dry fully before using again.

(4) If using a disposable mask, follow CDC guidance on proper daily removal. Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front. Discard in a waste container and wash hands or use an alcohol-based hand sanitizer immediately.

(5) Programs must enforce the wearing of face masks by **parents or guardians** when on the premises and at all times during drop-off and pick-up. Programs must regularly 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.

(6) Programs must teach and reinforce use of cloth face coverings among all program staff. Face coverings are most essential at times when social distancing is not possible. Staff must be frequently reminded not to touch the face covering and to wash their hands frequently. Information must be provided to all staff on proper use, removal, and washing of cloth face coverings.

B. Exceptions to Use of Face Masks/Coverings: 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:

(1) Children under the age of 2 years;

(2) Children who cannot safely and appropriately wear, remove, and handle masks;

(3) Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;

(4) Children with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;

(5) Children where the only option for a face covering presents a potential choking or strangulation hazard;

(6) Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe;

(7) Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely; and

(8) Individuals who need to communicate with people who rely upon lip-reading.

C. When to Use Gloves: Program staff must wear gloves when appropriate and at all times during the following activities. Programs should consult with a child's medical records and identify any allergies when determining type of gloves to use. Handwashing or use of an alcohol-based hand sanitizer before and after these procedures is always required, whether or not gloves are used.

(1) Diapering;

(2) Food preparation; and

(3) Screening activities requiring contact.

D. Additional Guidance on Using Gloves: To reduce cross-contamination, disposable gloves should always be discarded after the following instances. After removing gloves for any reason, hand hygiene should be performed with alcohol-based hand sanitizer or soap and water.

(1) Visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs.

(2) Any signs of damage (e.g., holes, rips, tearing) or degradation are observed.

(3) Maximum of four hours of continuous use.

(4) Removing gloves for any reason. Previously removed gloves should not be re-donned as the risk of tearing and contamination increases. Therefore, disposable glove "re-use" should not be performed.

(5) In addition, gloves should be removed following activities where glove usage is required including diapering, food preparation, and screening activities requiring contact.

8. Cleaning, Sanitizing, and Disinfecting

A. Resources and Supplies: Below is information about what supplies must be used for cleaning, sanitizing, and disinfecting.

(1) Programs must use EPA-registered disinfectants and sanitizers for use against COVID-19. Follow directions on the label, including ensuring that the disinfectant or sanitizer is approved for that type of surface (such as food-contact surfaces).

(2) When EPA-approved disinfectants are not available, a bleach solution can be used (for example, 1/3 cup of household bleach added to 1 gallon of water OR 4 teaspoons bleach per quart of water, or 70% alcohol solutions).

(3) All bleach and water dilutions must be freshly mixed every 24 hours. Bleach solutions must be prepared daily to ensure their ability to safely sanitize or disinfect. When preparing sanitizing or disinfecting dilutions always add bleach to water. This helps to avoid bleach splashes caused by adding water to bleach. Use either the sanitizing or the disinfecting dilution as specified above.

(4) Many cleaning agents can be irritants and trigger acute symptoms in children with asthma or other respiratory conditions. Programs must not prepare cleaning solutions in close proximity to children.

(5) Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Unexpired household bleach will be effective against COVID-19 when properly diluted. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.

(6) Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.

(7) Programs shall use child-safe cleaning, sanitizing, and disinfecting solutions and children should never be present when mixing solutions.

(8) Only single use, disposable paper towels shall be used for cleaning, sanitizing, and disinfecting. Sponges shall not be used for sanitizing or disinfecting.

(9) All sanitizing and disinfecting solutions must be labeled properly to identify the contents, kept out of the reach of children, and stored separately from food items. Do not store sanitizing and disinfecting solutions in beverage containers.

(10) Avoid aerosols, because they contain propellants that can affect breathing. Pump or trigger sprays are preferred.

B. Proper Usage: Proper guidelines must be followed when cleaning, sanitizing, and disinfecting.

(1) All sanitizing and disinfecting solutions must be used in areas with adequate ventilation and never in close proximity to children as to not trigger acute symptoms in children with asthma or other

respiratory conditions. Do not spray chemicals around children. If possible, move children to another area or have someone distract them away from the area where a chemical is being used.

(2) To ensure effective cleaning and disinfecting, always clean surfaces with soap and water first, then disinfect using a diluted bleach solution, alcohol solution with at least 70% alcohol, or an EPA-approved disinfectant for use against the virus that causes COVID-19. Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.

(3) Use all cleaning products according to the directions on the label. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.

(4) Surfaces and equipment must air dry after sanitizing or disinfecting. Do not wipe dry unless it is a product instruction. Careful supervision is needed to ensure that children are not able to touch the surface until it is completely dry.

(5) Keep all chemicals out of the reach of children both during storage and in use.

(6) Keep chemicals in their original containers. If this is not possible, label the alternate container to prevent errors.

(7) Do not mix chemicals. Doing so can produce a toxic gas.

C. General Guidelines for Cleaning, Sanitizing, and Disinfecting: Programs must follow these general guidelines for cleaning, sanitizing, and disinfecting.

(1) Intensify the program's routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including doorknobs, bathrooms and sinks, keyboards, and bannisters.

(2) Clean and disinfect toys and activity items, including sports and specialty camp activity equipment (e.g. and climbing walls), 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.

(3) While cleaning and disinfecting, staff must wear gloves as much as possible. Handwashing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used.

D. Cleaning, Sanitizing, and Disinfecting Indoor Play Areas: Programs must follow these guidelines for cleaning, sanitizing, and disinfecting indoor play areas.

(1) 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. Programs should conduct regular inspection and disposal of books or other paper-based materials that are heavily soiled or damaged.

(2) Machine washable cloth toys cannot be used at all.

(3) Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions must be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered sanitizer, and air-dry or clean in a mechanical dishwasher.

(4) For electronics, such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present. Consider putting a wipeable cover on electronics. Follow manufacturer's instruction for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Wait in accordance with manufacturer's directions and then dry surface thoroughly or allow to air dry. Provide cleaning materials for older children to clean their own electronics.

E. Cleaning, Sanitizing, and Disinfecting Outdoor Play Areas: Programs must follow these guidelines for cleaning, sanitizing, and disinfecting outdoor play areas.

(1) Communal parks and playgrounds must not be utilized. This includes public offsite playgrounds as well as playgrounds shared by multiple programs or houses. Playgrounds shared by multiple programs and houses may be used provided there is a plan for proper cleaning and disinfection between each group's use.

(2) High touch surfaces made of plastic or metal, including play structures, tables and benches, should be frequently cleaned and disinfected.

(3) Cleaning and disinfection of wooden surfaces or groundcovers (mulch, sand) is not recommended.

(4) Communal pools must not be utilized. Programs may use their own indoor and outdoor swimming pools in accordance with guidance. All pools must meet the regulatory requirements of 105 CMR 435.00: Minimum Standards for Swimming Pools, State Sanitary Code: (Chapter V). as well as any additional more restrictive MA state or local requirements or orders in response to COVID-19. Handrails and pool ladders must be disinfected frequently throughout the program day.

F. Cleaning, Sanitizing, and Disinfecting After a Potential Exposure in Day Programs: If a program suspects a potential exposure, they must conduct cleaning and disinfecting as follows.

(1) Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection. Programs must plan for availability of alternative space while areas are out of use.

(2) Cleaning staff must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the ill persons, focusing especially on frequently touched surfaces.

G. Additional Considerations: Programs must also consider the following precautions.

(1) Staff clothing must not be worn again until after being laundered at the warmest temperature possible.

(2) Programs must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste and PPE (29 CFR 1910.132).

(3) Programs shall follow CDC infection control guidelines designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease. Health precautions include, but are not limited to, the use of PPE, proper disposal containers for contaminated waste, handwashing and proper handling of bodily waste.

(a) Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids;

(b) Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Only material saturated/dripping with blood is considered medical waste and must be stored and disposed of pursuant to the regulations. Materials such as band-aids, tissues and others with minimal blood are not considered medical waste;

(c) Contaminated clothing shall be sealed in a plastic container or bag, labeled with the child's name, and returned to the parent at the end of the day; and

(d) Sharps waste shall be stored and disposed of in appropriate sharps containers with the word biohazard and the universal biohazard symbol.

9. Strategies to Reduce the Risk of Transmission

A. Physical Distancing: Programs must maintain at least 6 feet of distance at all times and limit contact between individuals and groups, whenever possible. When 6 feet is not possible, individuals must wear masks or cloth face coverings.

(1) In order to maintain a distance of 6 feet between individuals, programs must have a minimum of 42 square feet per child, with 144 sq. ft. per child being the ideal to maintain proper physical distancing.

(2) Physical distancing must be practiced by children and staff at all times, including but not limited to:

(a) During transitions (e.g., waiting for bathrooms)

(b) During meal times (e.g., if a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils. If classroom must be used, clean and disinfect tables between meal shifts.)

(c) While traveling to and from the outdoors

(d) During all activities

(e) During sleep, rest, or quiet play time (i.e. space out seating and bedding)

(f) While using transportation (e.g., buses)

(3) Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing), as well as by mediated contact.

(4) Stagger drop offs/pick-ups.

(5) Store children's belongings in a manner where they do not touch. Individually labeled storage containers, cubbies, or separate; designated areas must be used.

(6) Stagger recess and play outside one group at a time.

(7) Refrain from games and activities that encourage physical contact or proximity of less than 6 feet, like tag or circle time.

(8) Spaces for children must be organized in a way that allows staff to enforce and maintain consistent physical distancing guidelines. Physically rearrange the room to promote individual play, including setting up individual play activity stations like puzzles and art. Space activity areas/centers as far apart as possible.

(9) Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses. If possible, touchless trash cans should be utilized and located throughout the program space.

(10) Limit gatherings, events, and extracurricular activities to those that can maintain social distancing. Support proper hand hygiene. Do not host events that encourage non-essential adults to visit the program.

(11) Close communal use spaces, such as game rooms or dining halls, if possible. If this is not possible, stagger use and disinfect in between uses or divide into two rooms. Programs may have multiple groups of ten, provided social distancing is maintained between and within groups. When dividing rooms, create a clear barrier with cones, chairs, tables, etc. to ensure a minimum six feet of distance.

(12) Where possible, arrange for administrative staff to telework from their homes.

(13) Programs must limit travel off the premises for all children and staff. Programs must limit travel outside of the program, including canceling all field trips and inter-agency, or program, groups and activities. Hiking and outdoor activities may be conducted on program grounds.

(14) Activities that require or may require direct staff support, close contact, or rescue must not be conducted, except where necessary to support participation for children with special needs.

(15) Limit the number of children permitted to use pool facilities at the same time. Determinations must consider how many people can be at the pool facility and still maintain 6 feet distancing.

10. Transportation

A. Transportation Usage: Group transportation should only be provided during the phased reopening when there is no other option to transport children to and from the program. Programs intending to provide transportation services shall follow the guidance below.

(1) Parents must screen their children prior to boarding a vehicle, including checking symptom and temperature.

(2) Parents must provide car seats or booster seats as appropriate, clearly labeled with the child's name in order to prevent the sharing of car or booster seats.

(3) Social distancing and group size requirements outlined above must be maintained while in transit. Because close seating on vehicles makes person-to-person transmission of respiratory viruses more likely, programs providing transportation to child care facilities must maximize space between riders (e.g., one rider per seat in every other row) and follow requirements for wearing masks or face coverings. Windows must be kept open.

(4) If not possible nor comfortable to open windows, set ventilation system to high. Do not recirculate conditioned air.

B. Developing a Transportation Plan: Programs intending to provide transportation must develop a transportation plan for following health and safety protocols. Additional requirements are as follows.

(1) Plans must include protocols for screening drivers, monitors, and/or children.

(2) Plans must include strategies for transporting children that may have become sick but rely upon transportation provided by programs.

(3) Plans must include strategies for minimizing the time children are in group transportation.

(4) Plan must include schedule for routine cleaning of vehicles, detailed below.

(5) Drivers and monitors must be trained on the transportation plan prior to reopening.

(6) Prior to sending kids by bus, staff must perform at a minimum a visual wellness check and symptom screen.

(7) Staff should assist children with washing or sanitizing hands upon arrival after exiting the bus, van, or vehicle and prior to departure before boarding the bus, van, or vehicle.

C. Screening Protocols: Designated staff must screen each driver and monitor before entering the vehicle following the screening protocols included in Section 4A.

D. Routine Cleaning of Vehicles: The interior of each vehicle must be cleaned and either swept or vacuumed thoroughly after each morning and evening route and disinfected at least once each day.

(1) Clean the area prior to disinfection to remove all surface matter.

(2) Use EPA-Registered Products for Use Against Novel Coronavirus SARS-SoV-2 (the cause of COVID-19) to clean high-touch surfaces, including buttons, handholds, pull cords, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions.

(3) Dust- and wet-mop vehicle floors.

(4) Remove trash.

(5) Wipe heat and air conditioner vents.

(6) Spot cleaning walls and seats.

(7) Dust horizontal surfaces.

(8) Clean spills.

(9) If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2.

(10) Staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.

E. Precautions for Transportation Operators: Transportation operations shall take the following precautions when transporting children.

(1) For transit operators, potential sources of exposure include having close contact with a vehicle passenger with COVID-19, by contacting surfaces touched or handled by a person with COVID-19, or by touching your mouth, nose, or eyes.

(2) Request passengers avoid standing or sitting within 6 feet of the vehicle driver, wherever possible.

(3) Drivers and monitors must wear masks or face coverings. Riders over the age of 2 should be encouraged to wear masks or face coverings following the guidance included in Section 5.

(4) Avoid touching surfaces often touched by vehicle passengers.

(5) Use gloves if required to touch surfaces contaminated by bodily fluids.

(6) Proper hand hygiene is an important infection control measure. Wash your hands regularly with soap and water for at least 20 seconds, especially:

(a) After going to the bathroom;

(b) Before eating;

(c) After blowing your nose, coughing, or sneezing; and

(d) Upon entering and exiting the vehicle.

(e) If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.

(7) Practice routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the driver.

(8) Ensure drivers and monitors have adequate supplies of soap, paper towels, tissues, hand sanitizers, cleaning supplies, and garbage bags.

F. If a Driver/Monitor is Sick: If driver and/or monitor are sick, they must stay home and not come to work. Do not schedule them to work if they are sick.

G. Transportation for Children with Special Needs and Vulnerable Children: To ensure that children with special needs and vulnerable children who rely on transportation will be able to access program services, the following transportation protocols must be followed.

(1) Screenings must be conducted before children, vehicle drivers, and vehicle staff board the bus.

(2) Transportation practices must adhere to social distancing guidelines, as discussed above.

(3) Vehicle drop off must be adjusted to meet social distancing guidelines. Vehicles must off load and load one vehicle at a time, unless the location allows for enough distance between vehicles.

11. Food Safety

A. General Regulations: Programs must follow the food safety guidelines below.

(1) Whenever possible, snacks must be pre-packaged or ready to serve in individual portions to minimize handling and preparation. Meals shall not be served family style.

(2) To minimize potential spread of infection and to promote physical distancing, cafeterias and group dining rooms must be avoided. If there are no alternatives, programs must adequately social distance during meals and add extra meal shifts.

(3) Multiple children shall not use the same serving or eating utensils. Each child must have an individual cup to use.

(4) Sinks used for food preparation must not be used for any other purposes.

(5) Staff must ensure children wash hands prior to and immediately after eating.

(6) Staff must wash their hands before preparing food and after helping children to eat.

(7) Tables, chairs, high chairs, and high chair trays used for meals need to be cleaned and sanitized before and after use.

(8) All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of food products must be washed, rinsed, and sanitized before each use. Additionally, programs must frequently clean non-food contact surfaces, such as doorknobs, tabletops, and chairs. Use sanitizers approved by the EPA for use against COVID-19 and for food-contact surfaces.

(9) When disinfecting for coronavirus, EPA recommends following the product label use directions for enveloped viruses, as indicated by the approved emerging viral pathogen claim on the master label. If the directions for use for viruses/viricidal activity list different contact times or dilutions, use the longest contact time or most concentrated solution. Be sure to follow the label directions for FOOD CONTACT SURFACES when using the chemical near or on utensils and food contact surfaces.

12. Children with Special Needs, Vulnerable Children, and Infants and Toddlers

A. Understand Child's Healthcare Needs: To ensure that programs are adequately prepared to provide safe and appropriate services to children with special needs and vulnerable children, the following steps must be taken.

(1) Review medical information submitted by parents and determine whether and how many high-risk children are in attendance.

(2) 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.

(3) Discuss with the parent any concerns they have with the new protocols and how you can best help their child understand and adhere as close as possible to the health and safety requirements.

B. Supporting Children with Special Needs in Programs: Children with special needs will require unique supports in programs that may make it less possible to practice social distancing and will require ample staff support to carry out the necessary hygiene practices. Programs must ensure that the program is adequately staffed and that staff are prepared and properly trained to accommodate children's needs.

(1) Staff must be 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 must wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back during all activities requiring direct contact with a child. Staff must change outer clothing if body fluids from the child get on it. Staff must change the child's clothing if body fluids get on it. Soiled clothing must be placed in a plastic bag until it can be sent home with the child to be washed.

(2) Staff must be 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, tube feedings, blood sugar checks, and allergies to certain foods. For more invasive procedures, staff must protect themselves by wearing a gown or other body covering (e.g., an oversized button-down, long sleeved shirt, etc.), eye protection, and mask.

(3) Children with special needs may be unable to comply with face covering because of intellectual, behavioral, or sensory issues. To minimize the risk of infection for children who are unable to wear a face covering, physical distancing must be maintained whenever possible and staff must wear a face covering at all times, including when working with a child who is unable to wear a face covering. Programs serving children who are deaf or hard of hearing are encouraged to consider the use of transparent face coverings to facilitate the reading of lips and facial expressions.

(4) Staff-to-child ratios must be higher for programs serving children with special needs, given their need for more individualized attention. Groupings for children with special needs must be assigned based on the developmental level of the child and the impact of the disability on the child with regard to their ability to adhere to PPE requirements and social distancing rather than their chronological age. Smaller groups must be formed where the child requires more hands on assistance and a higher number of staff required to care for the children. Some children with special needs will require 1:1 assistance. Programs must refer to individual treatment plans or IEPs when assessing required ratios.

C. Caring for Infants and Toddlers: Infants and toddlers will need to be held. Staff must practice stringent hygiene and infection control practices to keep themselves and the young children they care for healthy and safe while in care.

(1) To protect themselves, staff who care for infants and toddlers must wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back during all activities requiring that a toddler is held.

(2) Staff must change outer clothing if body fluids from the child get on it.

(3) Staff must change the child's clothing if body fluids get on it.

(4) Soiled clothing must be placed in a plastic bag until it can be sent home with the child to be washed.

(5) All staff must follow safe and sanitary diaper changing procedures. Procedures must be posted in all diaper changing areas, and must include:

(a) Prepare (includes gathering all supplies, washing hands, and putting on gloves).

(b) Clean the child.

(c) Remove trash (soiled diaper, wipes, and gloves).

(d) Put on clean gloves.

(e) Replace diaper.

(f) Wash child's hands.

(g) Clean up diapering station.

(h) Remove and dispose of gloves.

(i) Wash hands.

(6) During washing and feeding activities, staff must protect themselves by wearing a gown or other body covering (e.g., an oversized button-down, long sleeved shirt, etc.) and eye protection where available. Staff with long hair must tie their hair back so it is off the collar and away from the reach of the child.

(a) Child care providers must wash their hands, neck, and anywhere touched by a child's secretions.

(b) Child care providers must change the child's clothes if secretions are on the child's clothes. They must change the button-down shirt, if there are secretions on it, and wash their hands again.

(c) Contaminated clothes must be placed in a plastic bag or washed in a washing machine.

(d) Infants and toddlers and their providers must have multiple changes of clothes on hand.

(7) As infants and toddlers are not able to verbalize when they don't feel well, staff must 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 must notify the parent to determine whether the child's pediatrician must be contacted. If a toddler is showing signs of respiratory distress and having difficulty breathing, staff must call 911 and notify the parents immediately.

13. Recreational Camps and Programs

A. General Guidance for Recreational Camps and Programs: Recreational Camps and Programs must operate under the following guidance as well as the sections above, where appropriate, excluding Sections 1, 2, and 3. **Residential Camps and other overnight stays are not permitted until further notice.**

(1) Recreational Camps and Programs may operate with Massachusetts campers and staff with activity restrictions and limited opening for groups ≤12. Camps may have multiple groups of 12 campers and counselors, provided social distancing is maintained between and within groups. Camps may not exceed the camper to counselor ratios in in Camp Regulations 105 CMR 430.101.

(2) Visitors (including parents) and volunteers are not permitted.

(3) Massachusetts residency is required for campers and staff at Recreational Camps and Programs at this time. Additional guidance will be issued by the DPH regarding residency requirements for future phases.

(4) Recreational Camps must comply with 105 CMR 430 Minimum Standards for Recreational Camps for Children: State Sanitary Code Chapter IV as well as any additional more restrictive MA state or local requirements or orders in response to COVID-19. Camps are responsible for ensuring their operations are updated to comply with new guidance and orders.

B. Planning for Recreational Camps and Programs: All camps that are allowed to operate during the current phase must meet the following planning requirements

(1) Recreational Camps and Programs plans must be updated to address how they will meet the new health and safety requirements associated with COVID-19. For Recreational Camps, plans must be included into Staff Training and Orientation and provided in writing and included in or in addition to the written camp Health Care Policy and other relevant procedures (105 CMR 430.159). Elements planning for Recreational Camps and Programs must include the following:

(a) A plan to address cleaning, disinfecting, sanitizing and frequency. This must include a daily staff cleaning schedule (before, during, and after activities) to ensure that all areas, materials, furniture, and equipment are properly cleaned, sanitized, or disinfected.

(b) A plan for identifying and handling sick, symptomatic, and exposed children and staff that includes but is not limited to daily screening checks, temperature screenings, location of screening activities, and staff responsible for screening. All staff conducting screenings should be trained to do so by the Health Care Consultant.

(c) A plan for the isolation and discharge of sick, symptomatic, and exposed children or staff, including procedures for contacting parents immediately, criteria for seeking medical assistance, transportation of a child/staff who has developed symptoms related to COVID-19 mid-day and who rely on camp transportation, mitigation of transmission until the sick individual can safely leave the camp, and immediately notifying the local board of health.

(2) Recreational Camps and Programs must ensure that their sick leave policies are flexible and promote the importance of staff not coming to work if they have a frequent cough, sneezing, fever, difficulty breathing, chills, muscle pain, headache, sore throat, or recent loss of taste or smell, or if they or someone they live with has been diagnosed with COVID-19.

(3) Recreational Camps and Programs must designate a senior camp staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.

(4) Recreational Camps and Programs must develop a plan for food service. Snacks and meals should be brought from home, be pre-packaged, or be ready to serve in individual portions to minimize handling and preparation. Where this is not feasible, staff must prepare and serve meals. Meals should not be served family style.

(5) Recreational Camps and Programs must develop a plan for safe vendor deliveries, if applicable. Non-contact delivery protocols must be arranged whenever possible.

(6) Recreational Camps and Programs must develop a plan for handling camp closings and staff absences. Determine how the facility will communicate with staff and parents. Determine who will inform local board of health, the Department of Public Health Community Sanitation Program, and other appropriate audiences.

(7) Recreational Camps and Programs must have a plan for sharing information and guidelines with parents that includes the following:

(a) A system to check with parents daily) on the health status of their children when children are dropped off at the facility.

(b) Email addresses and home, work, and mobile phone numbers from parents of children at the camp so that staff can reach them at any time.

(c) A tested communication system with parents, children at the camp, all staff, facility and/or grounds management, and emergency medical services.

(d) Information on COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. Encouraging parents to share the information with their children as appropriate.

(e) Provide parents with information on the camp's policies for preventing and responding to infection and illness. This must be given to the camper's parents/guardians and not just provided on a website. Provide information in the primary languages spoken by the parents, if possible

(8) Recreational Camps and Programs must develop safe pickup/drop off procedures to maintain social distancing and prevent the mixing of campers.

(a) Encourage the same family member to be pickup/drop off person.

(b) Explain new procedures with parents prior to the first drop-off.

(c) Confirm the pickup person is camper's parent, legal guardian, or other individual designated in writing to have permission to pick up the camper.

(9) A transportation plan for limited camp transportation, if needed, provided that transportation conforms with the guidance in Section 10, Transportation.

(10) Camps must have contingency plans for arranging for transportation for a sick camper, in the case that parents are unable to pick up their children, and for staff, in case they are unable to transport themselves.

C. Preparing for Recreational Camps and Programs: Recreational Camps and Programs permitted to operate during the current phase must prepare the camp environment to promote the new health and safety requirements and to facilitate infection control activities.

(1) Contact facility management and other programs sharing facility space to discuss if and how new requirements can be implemented and plan to address any challenges.

(2) Prepare the materials and equipment to be used by children to minimize sharing and promote physical distancing. Shared items that cannot be cleaned or disinfected must be removed from activity rotation.

(3) Prepare all cleaning, sanitizing, and disinfecting solutions and store them in a locked closet or compartment that is accessible to staff in each area of the camp, but inaccessible to campers. Ensure that supplies for hand hygiene are adequate, accessible, and placed appropriately throughout the camp space.

(4) Prepare the camp space to ensure physical distancing required by the phase are met.

(a) Camps must consider physical building capacity limitations and the total number of children anticipated to be in any one area throughout the day and during inclement weather.

(b) Decisions about organization of the camp space must be guided by the camp's ability to implement adequate and consistent physical distancing, especially in terms of utilization of common spaces that need to be shared by campers and staff.

(c) Camp enrollment must be based on the number of individuals that may be housed in an emergency. Emergency shelter occupancy shall provide 30 sq. ft per individual in order to ensure room and enforce 6-ft separation between individuals.

(5) Recreational Camps and Programs must increase staffing to ensure supervision of campers in the case of potential need for quarantine of staff with symptoms or illness as well as supervising youth with symptoms. Refer to Healthcare Personnel: Occupational Exposure & Return to Work Guidance for requirements on quarantine and returning to employment. Camps will also need increased staff to accommodate the rigorous cleaning requirements. Camps must make sure they are adequately staffed with health care professionals or trained healthcare supervisors to supervise symptomatic campers while also managing their other health care responsibilities.

(a) At a minimum, camps must ensure 2 properly trained Health Care Supervisors are present at all times at camp in the event a camper becomes symptomatic while at camp.

(6) Staff members age 65 or older or with serious underlying health conditions should assess their risk to determine if they should stay home or follow additional precautions.

(7) Ensure that there are adequate provisions for the storage of children and staff belongings so that they do not touch.

(8) Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods unless doing so creates a hazard.

(9) Ensure water systems and features (e.g., cooling systems) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

D. Additional Strategies to Reduce the Risk of Transmission for Recreational Camps and Programs: In addition to the guidance included in Section 9, Recreational Camps and Programs must follow the guidance below.

(1) Camp cohorts may not exceed maximum group size in place at the time of operations. Cohorts must not be combined at any time.

(b) The same staff member must be assigned to the same group of children each day for the duration of the program session (if weekly or monthly) and at all times while in care.

(2) Staff must not float between groups either during the day or from day-to-day, unless needed to provide supervision of specialized activities such as swimming, boating, archery, firearms, and in these situations must adhere to social distancing requirements.

(3) Camps may not congregate staff/campers in a way that does not allow for six feet of social distancing between individuals.

(4) Staff should limit their contact with one another unless they are in the same cohort. Staff meetings should be conducted remotely, when possible.

(5) Camps may need to stagger the use of communal spaces in order to ensure physical distancing requirements. For example, camps must add extra meal shifts if necessary to maintain social distancing and maximum group sizes in the dining hall or dining area.

(6) Camps must monitor all individuals that staff and children come into contact with during the course of the camp day in the potential case of exposure.

(7) While all camps serving youth and children must designate an isolation room or space, camps must prepare for the possibility of needing to isolate multiple campers. If possible, camps must create multiple, separate isolation rooms and spaces so symptomatic individuals can also social distance from each other.

E. Activity Limitations for Recreational Camps and Programs: All activities must be conducted in accordance with social distancing, masking and sanitation requirements and following the guidance below.

(1) Minimize equipment sharing, and clean and disinfect shared equipment (such as balls and pucks) and at the end of each activity by products recommended by the CDC. Personal equipment, such as helmets and pads, shall not be shared.

(2) Activities should be outside when possible.

(3) Camps can use own swimming pools and beach front in accordance with guidance. Camps may not use community pools or beaches.

(4) Campers must use their own dedicated personal floatation devices which camps may provide. Camp operators that supply Personal Floatation Devices (PFD) to campers must clean and disinfect the PFD in accordance with US Coast Guard guidance.

(5) Camps may not take campers on field trips or for other offsite travel.

Considerations for Future Phases

We understand that these requirements limit many providers from reopening in earlier phases and appreciate the continued commitment in the field to health and safety. As the Commonwealth prepares for a phased reopening, there are several considerations with respect to child and youth serving summer programs. It is critical that health and safety protocols are in alignment with the latest guidance from public health experts and informed by data. Prior to any changes in protocols, localities must meet the required thresholds as determine by public health experts to ensure a safe transition to lessened restrictions.

While most states are still considering what a phased reopening of child care looks like and what public health indicators can trigger relaxing of restrictions, initial guidance has been issued. This guidance suggests lessened restrictions in future phases could be structured as follows:

1. Allow minimal mixing between groups within programs.
2. Increase maximum group size.
3. Resume use of some toys and materials within programs, including cloth toys, if programs are able to clean and sanitize them daily.
4. Allow for activities with limited contact and with shared equipment that can be cleaned / disinfected between users
5. Allow offsite travel if social distancing, handwashing and cleaning/disinfecting requirements can be met.
6. Allow for use of community pools, beaches, parks and playgrounds that meet sanitation and social distancing requirements.
7. Allow Recreational Day Camps and Programs to operate with expanded activities.
8. Allow residential camps to operate with specific guidelines. See below for additional considerations.
9. Allow programs to operate with expanded activities and adjusted group sizes. (May be considered in Phase 4.)
10. Allow offsite travel and field trips. (May be considered in Phase 4.)

The following protocols must continue in future phases, per CDC guidance:

1. Promoting healthy hygiene practices.
2. Intensifying cleaning, disinfection, and ventilation.
3. Limiting sharing.
4. Checking for signs and symptoms.
5. Planning for when a staff member, child, or visitor becomes sick.
6. Maintaining healthy operations.

Note: Residential camps and overnight stays may be permitted to open in a later phase as more data becomes available. Residential camps will be required to adhere to all requirements outlined in this document, as well as to the requirements below, which may be updated and expanded.

(1) Pre-camp screening should be conducted for all campers and staff and must include a pre-screen of health history forms to identify who may be at higher risk for communicable diseases, including COVID-19. Opening Day and daily screening at the beginning of each day of both campers and staff must be conducted including an assessment for symptoms and fever.

(2) Each cohort of campers and staff should share the same sleeping areas and remain together for all activities in order to reduce the number of contacts.

(3) Residential camps must make sure camper beds are at least 6 feet apart, and youth and staff are able to remain at least 6 feet apart while sleeping. Bunk beds are not permitted unless only one camper (one of the bunks is empty) is in each bunk bed.

(4) Residential camps must provide laundry services. The CDC recommends cleaning bed sheets, pillow cases, mattresses, and cots weekly. Cloth face coverings must be cleaned at least daily and whenever soiled. Children's belongings, including clothes, bed linens, electronics, toys and other items must be regularly cleaned.

(5) Residential camps must plan for the possibility that in the case of exposure, they will need to clean affected area(s), which could include sleeping cabins, bathrooms, and dining halls, including having additional space to safely keep individuals while the area is closed off for 24 hours and then being cleaned.

(6) Residential camps must prohibit non-essential visitors opting for video conferencing and telehealth options as much as possible.

(7) Designate one central point of entry to the residential camp and maintain a record of all individuals, including any employees, staff, and contracted service providers who provide care. Post signage at all entrances and leave notice that anybody with fever or other potential COVID-19 symptoms must not enter.

(8) Residential camps must ensure that campers and staff are aware of infection control practices, including proper handwashing, wearing and removing masks, and that personal supplies (e.g., hats, brushes, hair ties, contact solutions) and drinking containers must never be shared with others.

(9) Requirements for counselors to remain on camp grounds during days off is under consideration.

References

Cleaning and Disinfecting Your Facility. (n.d.). Retrieved May 8, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Cleaning and Disinfection for Community Facilities. (n.d.). Retrieved May 8, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Cleaning, Sanitizing, and Disinfecting Funded Programs. (2019, October 1). Retrieved May 8, 2020, from https://www.mass.gov/doc/cleaning-sanitizing-and-disinfecting-for-funded-programs/download

Compliance Requirements for Center-Based Funded Programs. (n.d.). Retrieved May 8, 2020, from https://www.mass.gov/doc/eec-center-based-funded-compliance-requirements/download

COVID-19 Information for Local Boards of Health. (n.d.). Retrieved May 8, 2020, from https://www.mass.gov/info-details/covid-19-information-for-local-boards-of-health#frequently-asked-questions-

COVID-19 Resources for School Bus Personnel. (2020, March 23). Retrieved May 8, 2020, from https://www.aft.org/sites/default/files/covid19_info_buscleaning.pdf

Guidance for Child Care Programs that Remain Open. (n.d.). (2020, April 12). Retrieved May 8, 2020, from http://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Guidance Related to Childcare During COVID-19. (n.d.). Retrieved May 8, 2020, from https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-related-to-childcare-during-covid-19/

Interim Guidance for Child Care Programs. (n.d.). Retrieved May 8, 2020, from https://context-cdn.washingtonpost.com/notes/prod/default/documents/5c0a7b41-2997-4a9a-ad3a-7d2ff788fc8e/note/8c6cbafb-bc04-4d78-9f15-cf27fc7c4b4d.#page=1

Key Messages and Actions for COVID-19 Prevention and Controls in Schools. (2020, March). Retrieved May 8, 2020, from https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4

Safe Practices: Being Mindful of Cleaning Chemicals During COVID-19. (2020, May 5). Retrieved May 8, 2020, from https://info.childcareaware.org/blog/safe-practices-being-mindful-of-cleaning-chemicals-during-covid-19

Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities. (2020, April 7). Retrieved May 8,2020, from https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf

Virginia Department of Social Services COVID-19 Frequently Asked Questions. (2020, April 9). Retrieved May 8, 2020, from https://www.dss.virginia.gov/cc/covid-19-docs/Child Care COVID-19 FAQ.pdf

What Bus Transit Operators Need to Know About COVID-19. (2020, April 14). Retrieved May 8, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html

Youth Camp Guidance. (2020, April 23). Retrieved May 8, 2020, from https://www.ctoec.org/wp-content/uploads/2020/04/COVID-19-Memo-18-Youth-Camp-Guidance-Final.pdf

American Camp Association, Camp Operations Guide Summer 2020 Field Guide for Camps on Implementation of CDC Guidance. (n.d.). Retrieved May 19, 2020, from https://www.acacamps.org/resource-library/coronavirus-information-camps

Published: June 10, 2020

The Socially Distanced School Day

—Stephanie Shafer for Education Week

By **Madeline Will**

Classrooms. Hallways. Buses. Schedules. Extracurriculars. Every facet of the school day will have to be fundamentally altered when students eventually return to school.

To prevent the spread of the coronavirus, school leaders must ensure social distancing—limiting group sizes, keeping students six feet apart, restricting non-essential visitors, and closing communal spaces. Those measures run counter to how schools usually operate, with teachers and students working together in close quarters, children socializing throughout the day, and the buildings serving as a community gathering space.

Anyone who's been to a school knows it will be difficult, if not impossible, to guarantee "absolute compliance with any social distancing measure," said Mario Ramirez, the managing director of Opportunity Labs who was the acting director for pandemic and emerging threats in the U.S. Department of Health and Human Services during the Ebola epidemic.

The goal, he said, is to "drive as much of the risk down as you can."

About this Project

First in a series of eight installments.

These times are unprecedented. Through these eight installments, we will explore the steps administrators need to take to ensure the safety of students and faculty.

> Up next: Scheduling and Staffing

To help district and school leaders navigate decisions and planning, Education Week spoke to numerous experts, from public health officials to superintendents, about ways that schools can adjust their operations to allow for a safe return to in-person schooling as the pandemic continues.

In the first installment on how to go back to school, we take a detailed look at social distancing and safety protocols, the starting place for every decision that school leaders must make. We outline recommendations, present different strategies, and weigh some pros and cons.

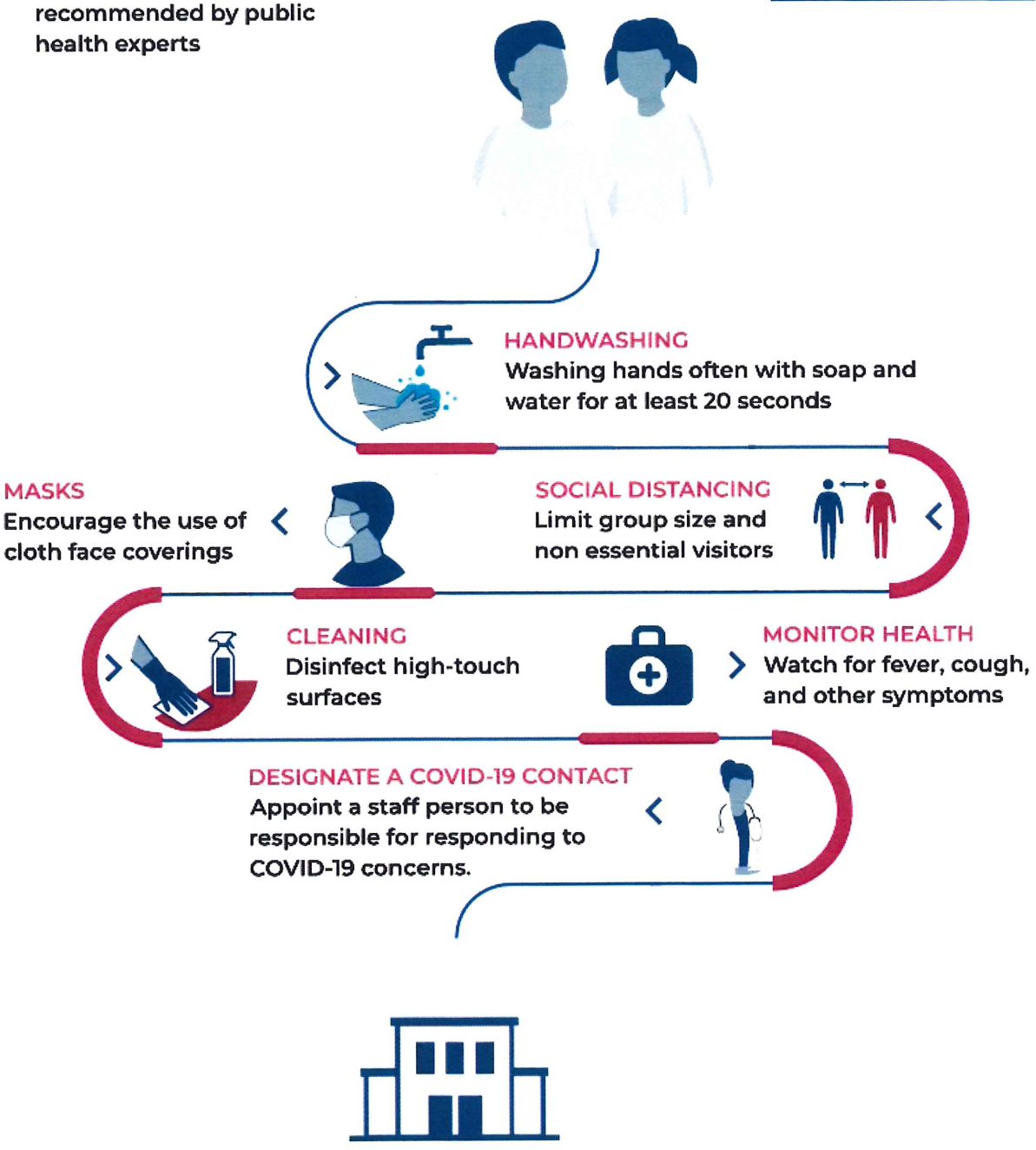
There are no easy solutions. Many of the recommended changes will come with new, sometimes hefty, costs.

SAFETY

How to Protect Students and Staff

CDC RECOMMENDED STRATEGY

Follow these safeguards, recommended by public health experts



SOURCE: U.S. Centers for Disease Control and Prevention, Education Week reporting

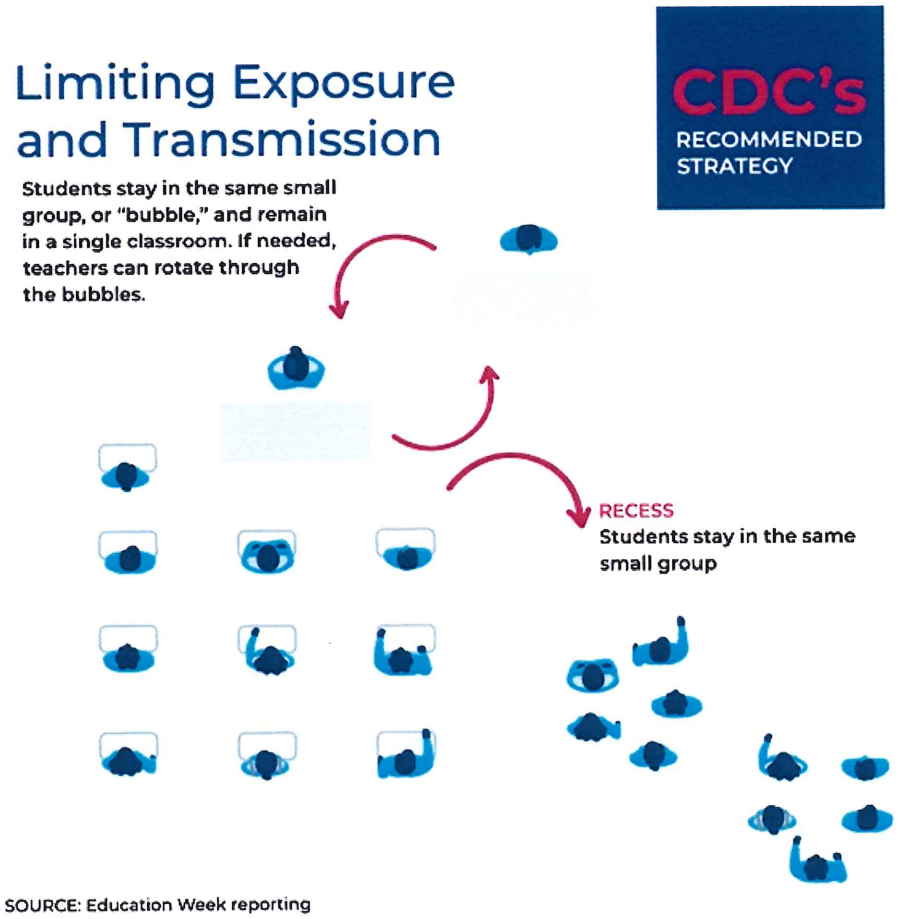
The first step is protecting students and staff as much as possible from transmission of the coronavirus. That starts with deep cleaning buildings on a regular basis and making sure students and staff are frequently washing and sanitizing their hands.

Then, school and district leaders will have to make more complex decisions: Will teachers and staff be required to wear a mask? Will students? Should schools screen for fevers before letting people into the buildings? How will high-risk staff members—including those over the age of 65—be protected? Education Week talked to experts about what school leaders need to do.

- **Deep Dive:** Keeping Students and Staff Healthy and Safe When Schools Reopen

---

SCHEDULES



SOURCE: Education Week reporting

Maintaining six feet of social distancing in classrooms, buses, and common areas, such as hallways and cafeterias, will be nearly impossible if the entire student body is in the school building at once. District and school leaders will have to make significant adjustments to the schedule.

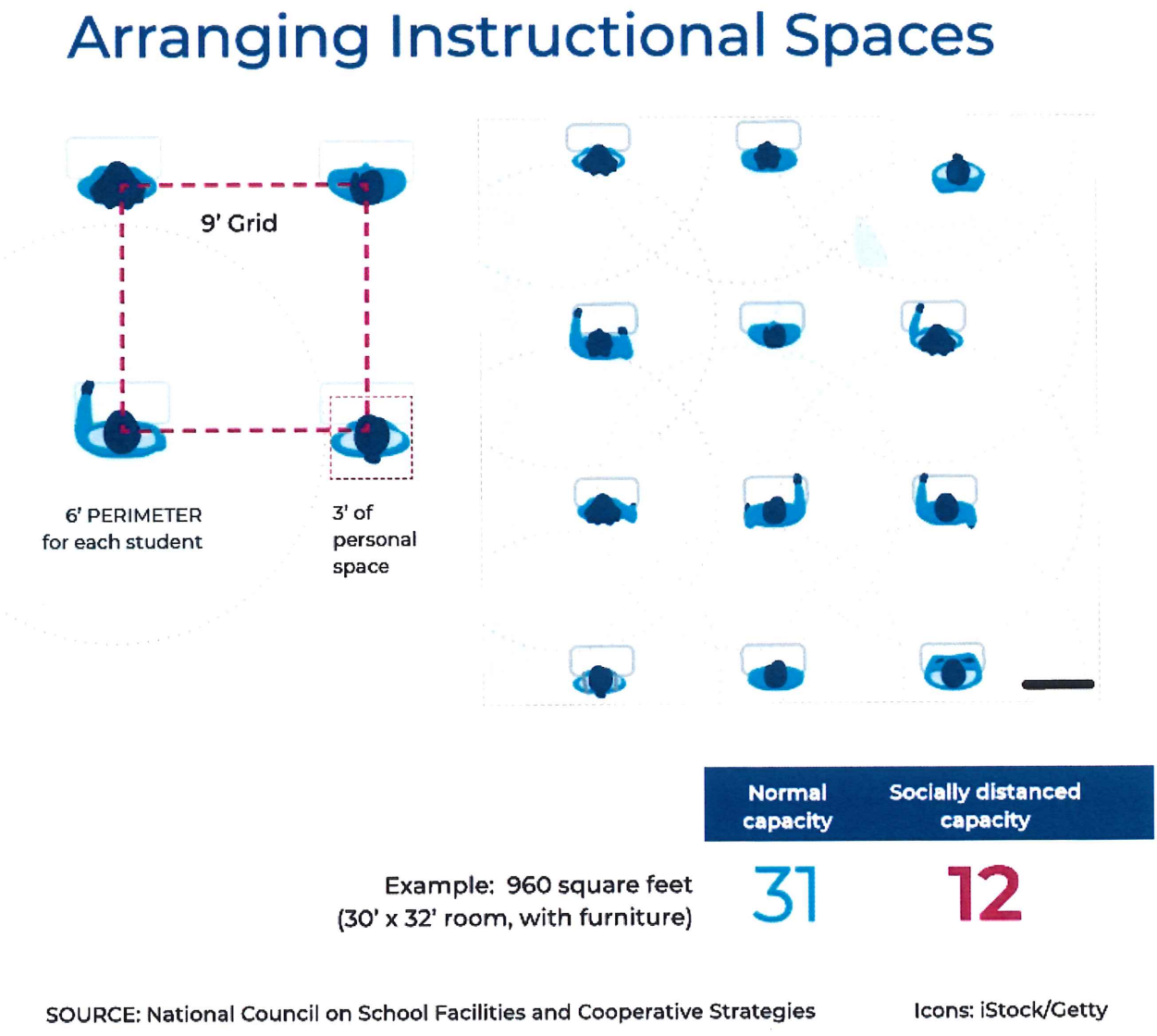
Planning for a hybrid approach of both in-person and remote instruction is necessary, but there are many ways that could work. Experts helped Education Week identify a list of a half-dozen potential models, some of which could be used simultaneously. They

are: a phased reopening, a multi-track system, a staggered school day, a "bubble" method that keeps students in the same groups, a cyclical lockdown strategy, and converting to a year-round schedule.

- **Deep Dive:** 6 Ways to Bring Students and Staff Back to Schools

---

STUDENTS

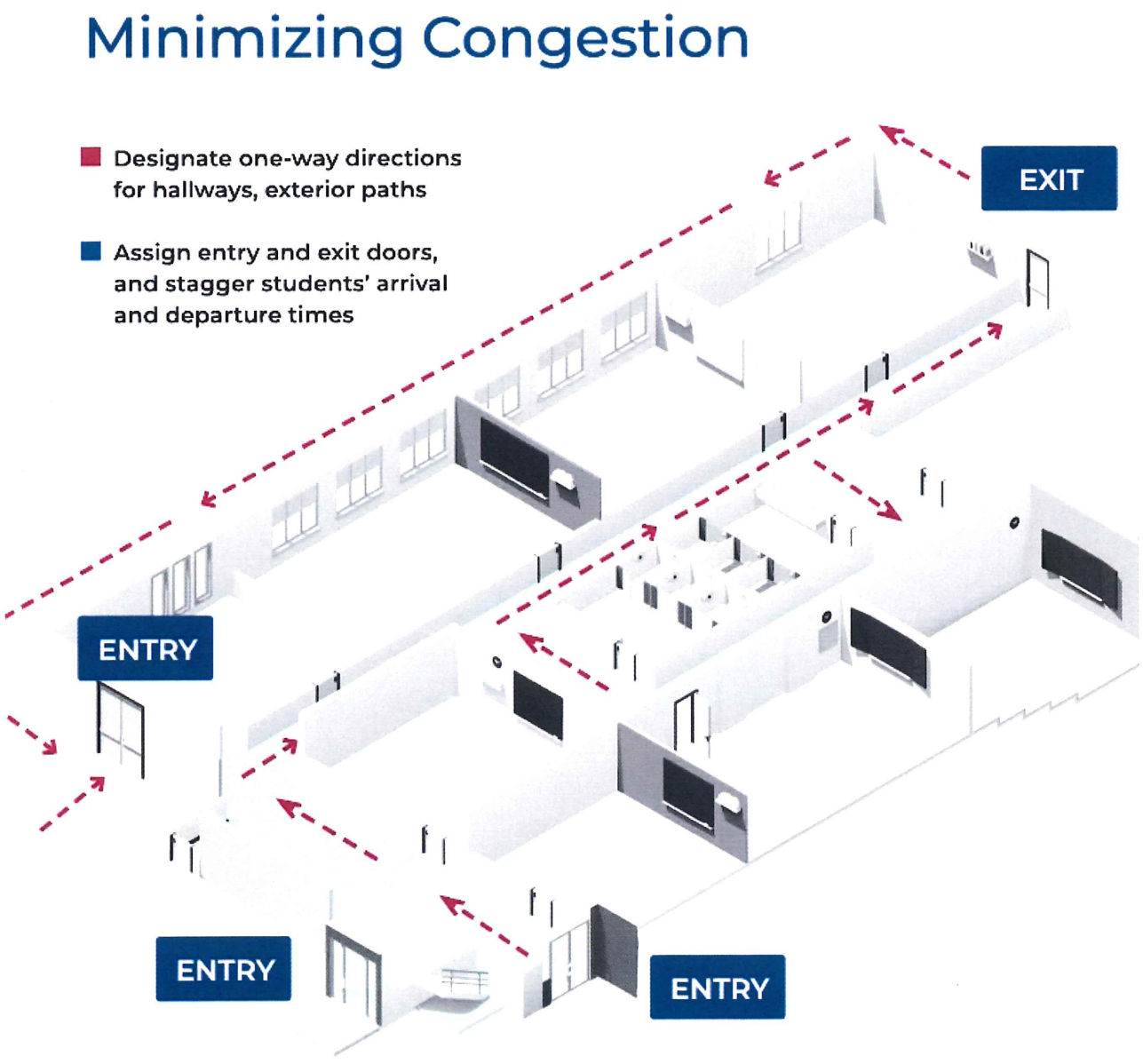


School buildings are typically set up to foster student collaboration, opportunities for socializing, and a sense of community. But now, students' day-to-day experiences will be dictated by social distancing rules and recommendations from public health authorities.

That means school leaders will have to consider—and adjust—the morning rush, classroom setups, school supplies, lunchtime, recess, and extracurriculars. They will also have to pay special attention to the most vulnerable students.

- **Deep Dive:** The New Routines for Students When Schools Reopen

BUILDING LAYOUTS



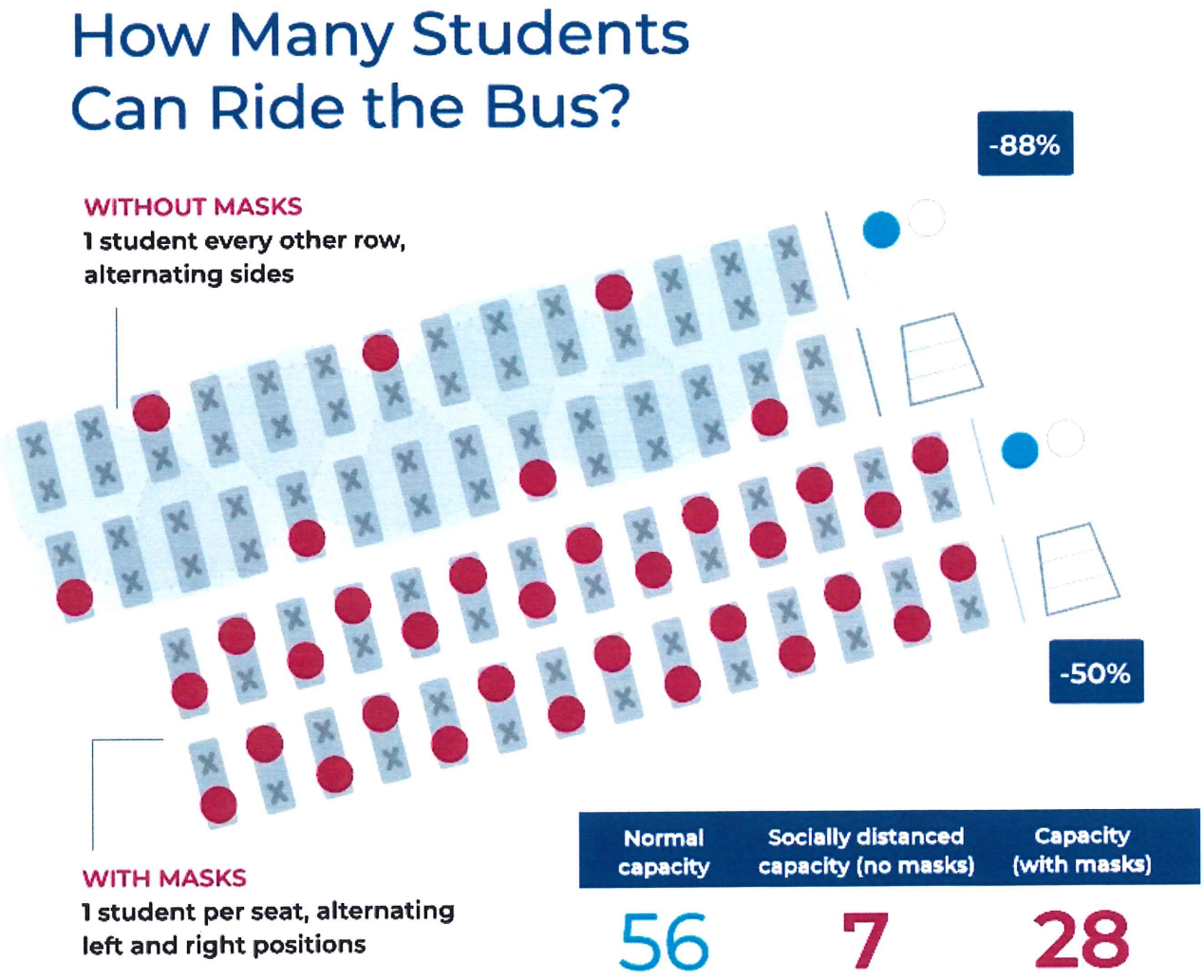
SOURCE: National Council on School Facilities and Cooperative Strategies
Image: iStock/Getty

Retrofitting schools to accommodate six feet of distance between students and staff and sanitizing them at the levels that health experts recommend to guard against transmission of COVID-19 will be a massive and costly challenge for education leaders. They will have to rethink every space inside and outside their buildings.

With help from the National Council on School Facilities and Cooperative Strategies, Education Week identified the major areas education leaders will have to address, as well as the estimated new costs.

- **Deep Dive:** What Needs to Change Inside School Buildings Before They Reopen
- **Downloadable Guide:** School Buildings and Social Distancing

TRANSPORTATION



SOURCE: National Council on School Facilities and Cooperative Strategies

Maintaining six feet of distance between students on a school bus may be the most complicated roadblock when reopening schools. The U.S. Centers for Disease Control and Prevention has suggested limiting ridership to one child per seat, every other row.

That would require significant modifications to the bus schedule. District leaders will have to consider how to put fewer students on the bus at once, as well as how to adequately sanitize the buses and protect the drivers.

- **Deep Dive:** Managing Buses May Be the Hardest Part of Reopening Schools
- **Downloadable Guide:** School Buses and Social Distancing

LESSONS FROM OVERSEAS

—Photo courtesy of Dustin Rhoades/Taipei American School

Schools around the world have already reopened, giving education leaders in the United States a sense of the challenges—and opportunities—ahead.

Education Week spoke to educators in Australia, Denmark, and Taiwan to learn about the measures and precautions they are taking as students return to school. They range from reopening school buildings for just one day a week to requiring all students, even the youngest learners, to wear masks throughout the school day.

- **Deep Dive:** How Schools in Other Countries Have Reopened
- **Photo Gallery:** A School Play in a COVID World

Education Week spoke to many experts for this installment. In alphabetical order, they are:

Elizabeth Allan, the president of the National Science Teaching Association; John Bailey, a visiting fellow at the American Enterprise Institute; Nathaniel Beers, a pediatrician at Children's National Hospital in Washington; Andrew Buher, the founder and managing director of Opportunity Labs; Grace Cheng Dodge, the deputy head of school for the Taipei American School; Sharon Danks, the CEO and founder of Green Schoolyards America; Dan Domenech, the executive director of AASA, the School Superintendents Association; Mary Filardo, the executive director of 21st Century School Fund; Georgina Harrisson, the deputy secretary of educational services at the New South Wales Department of Education; David Hornak, the executive director of the National Association for Year-Round Education; Larry Kraut, the chief operating officer of the Taipei American School; Sandy Mackenzie, the director of the Copenhagen International School; Curt Macysyn, the executive director of the National School Transportation Association; Rob Miller, the superintendent of Bixby Public Schools in Tulsa, Okla.; Ali Mokdad, a professor at the Institute for Health Metrics and Evaluation at the University of Washington; Scott Muri, the superintendent of Ector County Independent school district in Odessa, Texas; Mario Ramirez, an emergency medicine physician and the managing director of Opportunity Labs; L. Oliver Robinson, the superintendent of Shenendehowa Central Schools in Clifton Park, N.Y.; Monica Rogers, the information systems manager for the Tulsa Health Department

Contributors

Reporters: Denisa R. Superville, Madeline Will

Designers/Visual artists: Laura Baker, Emma Patti Harris

Illustrator: Stephanie Shafer for Education Week

Photo editor: Jaclyn Borowski

Web producers: Mike Bock, Stacey Decker, Hyon-Young Kim

Project editor: Lesli A. Maxwell

https://www.westernmassnews.com/news/springfield-superintendent-addresses-questions-over-preliminary-fall-plans/article_dd87cab8-ac0b-11ea-a422-43c5b4442378.html

Springfield superintendent addresses questions over preliminary fall plans

Morgyn Joubert, Kayla Burton

Posted Jun 11, 2020

SPRINGFIELD, MA (WGGB/WSHM) -- Springfield Public Schools are preparing for students to return to classrooms this fall and this raises many questions, such as how many students can be in a class at once or how will lunchtime work?

Kept physically out of school for months now, Springfield Public Schools announced on Wednesday plans to have students back in classrooms in the fall and it's stirring up plenty of questions.

"Is the school going to be able to keep my children safe? Where are they going to get the hand sanitizer?" said Springfield parent Dawn Holland.

Jack Olier of Springfield added, "How would the kids handle eating their lunch? How far apart are they going to be?"

Another concern parents have is exercise.

"Kids involved in sports, how is that going to occur?" Olier noted.

Further questions, like how students will be able to keep their distance going in and out of school, are also a concern.

"We plan to continue with all of our programs, but they're all going to have to be modified to keep social distancing in mind, so the kind of activities you can engage in is going to change," said Springfield Public Schools Superintendent Dan Warwick.

Working closely with a re-opening team, Warwick told Western Mass News they plan to rotate having 50 percent of students working from home, while the others are in the classrooms.

"They would be assigned and what we will try and take into account, we're going to work hard at this, is siblings. Even if they're not at the same school, they'd be coming in the same days," Warwick explained.

While typically fitting 50 to 60 kids on a bus, Warwick told us transportation will look different too.

"Right now, with the social distancing piece, we're probably down to 10 to 12 students, and our special-ed buses where we usually do 10-15, we'll probably be able to do only four or five," Warwick said.

Spending a lot of money on sanitation and protective products, Warwick also said students and teachers will be required to wear face coverings. Wrapped lunches will also be distributed in classrooms.

The district saying there could be additions to this preliminary plan and despite all the lingering questions, Warwick said the main priority is to keep everyone safe and meet the students where they're at.

"We know there's going to be a learning loss for some of our population...so we'll know exactly where they're at, we'll design the instructions to meet the kids' needs," Warwick explained.