

# LMACCC REOPENING PLAN

## 1. PREPAREDNESS AND PLANNING

### A. Planning:

#### (1) Cleaning Plan

*LMACCC will follow the below cleaning plan that identifies what items must be cleaned, sanitized, or disinfected and with what frequency:*

**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.

**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.

**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.

Location	Item	Action	Frequency	By Whom?
Center Wide	Doors and Cabinet Handles, stairwell banisters, sinks and toilets, push lids on all trash receptacles	Cleaned and disinfected	Every 2 hours and by our evening cleaning vendor	Support staff and teachers as assigned
All classrooms, staff rooms, screening stations and offices	Pens and writing instruments, keyboards, phones and electronics	Cleaned and disinfected	After each use	By individual after use
All classrooms	Tables	Cleaned and sanitized	Before and after each use	Teacher assistants and teachers
All classrooms	Utensils, plates, cups	Cleaned and sanitized	After each use	Teachers, Assistants and Support staff
All classrooms	Manipulatives, play materials	Cleaned and sanitized	Daily; removed from play area immediately if mouthed	Teacher assistants and teachers
All classrooms	Climbers, gross motor equipment (including stored in hallways)	Cleaned and disinfected	Three times daily: morning, midday and afternoon	Support staff when available; otherwise classroom teachers

Infant and Toddler Classrooms	Diaper changing tables	Cleaned and disinfected	After each use	Teacher assistants and teachers
Playground	Climber and equipment (clubhouse areas, cars, bikes)	Cleaned and disinfected	Three times daily: morning, midday and afternoon	Support staff when available; otherwise classroom teachers
Playground	Manipulatives and materials (balls, trucks, blocks, etc.)	Cleaned and sanitized	Daily; not shared between classroom groups	Teacher assistants and teachers
All classrooms	Countertops	Cleaned and sanitized	Before and after each food prep	Teacher assistants and teachers
Center Wide	Sinks, toilets, countertops, faucet and toilet handles, all tiled/linoleum flooring, interior windows and mirrors, mops, cloths and cleaning equipment	Cleaned and disinfected	Nightly	Cleaning vendor
All classrooms	Cribs and mats	Cleaned and sanitized	Weekly	Teacher assistants and teachers

## (2) Identifying and Handling Sick Children and Staff

*LMACCC will follow the below plan for identifying and handling sick, symptomatic, and exposed children and staff that weather:*

### Daily Screening

All individuals seeking entry into LMACCC are required to self-screen at home prior to coming to the Center and provide the responses on a form. Upon arrival, all individuals must complete and pass a daily health screening by check in staff before the child is permitted to enter LMACCC. Administrative staff will conduct screenings in weather protected outside areas at the front and rear entrances of the Center. To allow for confidentiality, a barrier will separate individuals as they are getting screened from any others awaiting screening. A six-foot distance will be maintained at all times between the Administrative staff conducting the screening and the individuals being screened. Likewise, individuals awaiting screening are also required to follow the markings by cones on the sidewalk to maintain six feet of distance from one another.

Individuals who decline to complete the screening will not be permitted to enter the program space. A staff member may decline to permit entry of the child based on the screening.

Front Entrance Screening is designated for:

- Children enrolled in the Infant Rooms
- Children enrolled in the Mixed Room
- Children enrolled in the Young Preschool Room
- Sibling families
- All staff

Rear Entrance Screening is designated for:

- Children enrolled in the Toddler Rooms
- Children enrolled in the Middle Preschool Room
- Children enrolled in the Older Preschool Room

Screenings will consist of three components; a written attestation of health (to be completed prior to arrival – see **“Attachment A: Daily Screening Protocol for Child/Family for LMACCC”**) a verbal screening and a visual screening.

During the verbal screening, families and staff will be asked the following questions:

1. Today or in the past 24 hours, have you or any household members had any of the following symptoms?
  - a.  Fever (temperature of 100.0°F or above), felt feverish, or had chills?
  - b.  Cough?
  - c.  Sore throat?
  - d.  Difficulty breathing?
  - e.  Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
  - f.  Fatigue? (Fatigue alone should not exclude a child from participation.)
  - g.  Headache?
  - h.  New loss of smell/taste?
  - i.  New muscle aches?
  - j.  Any other signs of illness?
  - k.  Taken medication to reduce fever within the past 24 hours.
2. In the past 14 days, have you had close contact\* with a person known to be infected with the novel coronavirus (COVID-19)? \* *Close contact is defined as being within 6 feet of an individual who has tested positive for COVID-19 for more than 10 minutes while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends.*

If any of the answers to the questions above are yes, then individuals will not be allowed to enter the building and will be requested to return home.

The visual inspection of individuals will be used to look for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme irritability or fussiness. Individuals must not demonstrate signs of coughing or shortness of breath. In the event an individual is experiencing shortness of breath or extreme difficulty breathing, emergency medical services will be called immediately.

All health screenings will remain in a confidential file at LMACCC.

### **Monitoring of Children and Staff**

Staff will actively visually monitor children throughout the day for symptoms of any kind, including fever, cough, shortness of breath, diarrhea, nausea, and vomiting, abdominal pain and/or unexplained rash. Children or staff who appear ill or are exhibiting signs of illness will be separated from the larger group and isolated in the first-floor staff room until able to leave the Center. Temporal thermometers will be used if an individual is suspected of having a fever. A fever is categorized as a temperature of 100° or higher. Thermometers will be disinfected after use.

If an individual appears to have severe symptoms 911 will be called immediately. Severe symptoms include the following: extreme difficulty breathing (i.e., not being able to speak without gasping for air), bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizure or seizures that won't stop. The 911 operator, and the arriving EMS support, will be notified that the individual is suspected to have COVID-19.

### **(3) Isolation and Discharge of Sick Children and Staff**

*LMACCC will follow the below plan for the isolation and discharge of sick, symptomatic, and exposed children or staff:*

The first-floor staff room will be utilized to isolate any individual who may become sick. While in use as an isolation room, the door to the space will remain closed and a sign will be posted indicating the space has been occupied for isolation purposes only. Isolated children will be supervised by an Administrator or her designee at all times. During isolation, the first-floor adult bathroom will be closed for use other than to the individual who has become sick. A sign will be posted on the restroom indicating that it is closed for public use.

PPE is required to enter the staff room when in use for isolation. Masks are available for use by children and required for staff who become symptomatic, until they have left the Center. Individuals being discharged from the Center due to suspected infection will be escorted to exit out the rear of the building onto Nessel Way.

#### *Protocols for Symptomatic Children*

1. The child is escorted to the first-floor isolation room to minimize exposure to other children and staff.
2. Children age 2 and older will be provided with a mask for mouth and nose coverage.
3. Parents/Guardians will be called to immediately pick up the child.

#### *Protocols for Symptomatic Staff*

1. If a staff member becomes symptomatic, they will immediately notify administration and cease child care duties and will be sent home. If there is a delay in getting home, symptomatic staff will be required to remain in the isolation room until they are able to leave the Center. Staff must regularly self-monitor during the day to screen for new symptoms.
2. In the event that a staff member must leave the Center a Program Coordinator will assist in the classroom as needed to support teacher-child ratios.

#### *Protocols for Children or Staff who are COVID-19 positive or presumed positive*

1. Sick children or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 must not return to LMACCC until they have met the criteria for discontinuing home isolation and have consulted with a health care provider.
2. The following information will be identified:
  - a. The date of symptom onset for the child/staff.

- b. If the child/staff attended/worked at the program while symptomatic or during the two days before symptoms began.
  - c. The days the child/staff attended/worked during that time.
  - d. The individuals who had close contact with the child/staff at the program during those days (staff and other children).
3. 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 if the individual still has no symptoms.

#### **(4) Plan to Work with Local and State Health Departments**

LMACCC will follow the below plan for notifying 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:

In the event that LMACCC experiences an exposure of COVID-19 the following parties will be notified:

1. Confidentiality will be maintained as employees and families are notified about the exposure.
2. Local board of health if a child or staff is COVID-19 positive.
  - a. Boston Public Health Commission 617-534-2439
3. The Department of Early Education and Care if a child or staff member has tested positive.
  - a. EEC Metro Boston Office 617-472-2881

#### **(5) Safe Vendor Deliveries**

LMACCC encourages non-contact vendor deliveries.

Food and supplies are delivered on a weekly basis from All Brand. All Brand contacts Center Administration at 617-632-2755 to alert of any impending arrival. Preemptive of the delivery, administration opens the rear exit of LMACCC and leaves an elevator key for delivery person. Food and supplies are brought into the Center via the elevator and left in the hallway outside of the Back-Toddler Room. All Brand delivery personnel are instructed to exit out the rear stairs and leave the elevator key inside the program prior to exit. One program staff member is assigned to put away supplies after the delivery is complete.

Other vendors such as Amazon, restaurant deliveries, etc., are instructed to ring the bell at the front entrance of the Center. The first-floor office Administrator responds to the door via the office intercom. Once delivery information is confirmed, the Administrator uses the intercom system to unlock the door and instructs vendors to leave the delivery in main foyer. Administrator then assigns one person to disperse the delivery as appropriate.

#### **(6) Safe Transportation**

Not applicable; LMACCC does not provide transportation.

## **(7) Program Closings, Staff Attendance and Child Absences**

LMACCC will follow the below plan for handling program closings, staff absences, and gaps in child attendance, as well as notifications to local health officials:

Employee and child absence are tracked by center administration to identify any trends due to illness. Employees and parents of enrolled children are asked to call or email (families only) for self-reporting of symptoms if they are absent due to illness and this information is confidentially logged for tracking purposes. A substitute pool of trained part-time employees is available for maintaining sufficient staffing in case of absences.

Notification of exposures and closures will be handled via email for families, and either in person or via email for staff. In the event LMACCC will be closed, families will be notified by email and have the option of calling the center's Emergency Line at 617-632-2827, (option #4). Employees will be notified either in person (if center is open at the time of determining the closure) or by phone/email; they also have the option of contacting the Emergency Line to check for recorded updates.

In the event that LMACCC experiences large increases in child and staff absences or substantial increases in respiratory illnesses (such as the common cold or the flu, which have symptoms similar to symptoms of COVID-19), the following agencies will be notified immediately by the Center Director or Assistant Director:

Boston Public Health Commission: 617-534-2439

The Department of Early Education and Care - EEC Metro Boston Office: 617-472-2881

Health Care Consultant – Rene White, FNP: 910-728-9332

In the event of a confirmed positive case of COVID-19, any program space exposed will be closed for a period of at least twenty-four hours from the time of exposure and undergo professional cleaning and disinfecting before any children or employees reoccupy the space. This applies to any space inclusive of classrooms, offices, staff/isolation rooms, restrooms, or playground(s). Individual classrooms that have not had a direct exposure may remain open.

## **(8) Medication Administration**

LMACCC will follow the below plan for handling administration of medications:

Medication will be administered to children by trained classroom teachers according to the child's medication consent forms and/or individual health care plan. The opening shift teachers will administer medication needed for any child prior to 12pm, and the closing shift teacher will administer medication needed any time after 12pm. This includes treatment for children with asthma and other chronic illness. Nebulizers are allowed when absolutely necessary. Nebulizers will be administered in the second-floor office with the door closed. PPE, including a mask, eye protection, gloves, and an additional outer garment will be worn by any staff member assisting a child with a nebulizer treatment.

## **(9) Support services**

LMACCC will follow the below plan for support services for children on IEP's or IFSP's:

Support services for children, including when identified on an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), will move to telehealth services. Children receiving telehealth services will join an administrator in the second-floor office space for the delivery to occur.

## **(10) Plans for Sharing Information**

LMACCC's plan for sharing information and guidelines with parents includes the following:

- (a) A daily check in with parents on the status of their children when children are dropped off at the facility through a screening process at the front or rear entrance.
- (b) LMACCC will consult with our member institutions and obtain resources from mass.gov to ensure that information and communication can be provided in the primary languages spoken by the families in the Center.
- (c) Maintaining email addresses and home, work, and/or mobile phone numbers from parents of children at the program so that the program can reach them at any time.
- (d) Utilizing communication systems with parents, children at the program, all staff, facility and/or grounds management, and emergency medical services which include a center-wide intercom system and two-way radio with building security for emergencies; email, classroom and office telephones; classroom cell phones, and maintaining all parent and staff contact information.
- (e) Providing parents with information on COVID-19 including symptoms, transmission, prevention, and when to seek medical attention through email communications. Parents will be encouraged to share the information with their children as appropriate.
- (f) Monthly newsletters and center updates will continue to provide 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) The parent handbook is available on the center website to provide parents with information on the program's policies for preventing and responding to infection and illness. Center updates with any specific information related to COVID-19 will be sent to parents via email.
- (h) The center director and/or assistant director are responsible for sharing information to parents if and when an exposure occurs. The information will be shared in a confidential manner with parents via email.

## **B. Preparing:**

LMACCC will prepare the program environment to promote the new health and safety requirements and to facilitate infection control activities.

1. Items such as stuffed animals and pillows that cannot easily be washed have been removed from each classroom and placed in storage, along with pretend food items and utensils that children may be encouraged to put in their mouths. Parents will be asked to limit items coming in from home. Any items that do come in from home will be stored in the child's individual cubby space immediately after child is done using. Teachers will carefully monitor that materials are not shared. Sensory tables have been placed in storage and any activity materials that cannot be cleaned or disinfected, such as playdough, will only be used on an individual basis then discarded after use.

2. Each classroom has a designated locked cabinet and/or shelf out of the reach of children that is easily accessible to staff throughout the day. Hand sanitizer pumps consisting of at least 70% alcohol have been placed in each classroom, office space, staff room, lobby area and hallways.
3. Classrooms will occupy hallway spaces one at a time and wait for the space to become vacant if already in use by another classroom, including for transitions to and from the playground. Classroom spaces for individual groups will have defined areas arranged by toy shelves and tape where needed to mark area of physical distancing for small group and individual play. Children will be oriented to these new room layouts and supported in adjusting to new routines.
4. Each child has an individual cubby space for their belongings where they will not touch the personal belongings of others. Teachers will support children in storing their items to ensure belongings are placed in the correct space and monitor to ensure belongings remain separate throughout the day. Teachers each have an individual cubby or cabinet space for storage of their belongings that is separate from belongings of others. Coat hooks in the first and second floor hallway areas can be used for additional storage of large personal belongings such as coats, sweaters, backpacks and purses. Some hooks have been blocked off to allow adequate space between each person's belongings and ensure they do not touch.
5. LMACCC does not have water fountains.
6. Ventilation systems are operated and monitored by the building manager to ensure they are in proper working order. Ventilation can be increased as needed. Room temperature in classrooms occupied by children are maintained at a minimum of 65°F. Educators take appropriate measures to protect children from health risks associated with excessive heat.
7. Water systems and features (e.g., cooling systems) have been monitored and deemed safe by the building manager after prolonged facility shutdown.

## **2. STAFFING AND OPERATIONS**

### **A. Daily Operations:**

- (1) All family and inter-group events have been cancelled and families have been informed in the monthly newsletter updates.
- (2) Non-essential adults will not enter the premises. Screening stations have been set up at the center's front and rear entrances and support staff will bring children from the screening stations to their respective classrooms to eliminate the need for parents to enter the building. We will adopt any guidance on permitting or not permitting non-essential visitors as further defined by EEC.
- (3) Each child enrolled has a certification on file from a physician, nurse practitioner, or physician's assistant indicating that the child has been successfully immunized in accordance with the current DPH's recommended schedules.
- (4) Each child with a chronic medical condition that has been diagnosed by a licensed Health Care Practitioner has an individual health care plan (IHCP) on file. The plan describes 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:**

LMACCC has created a new staffing plan which limits contact between groups and prolonged close contacts between individuals within a group to the best extent possible. (See Attachment E: Staffing Plan) All employees comply with all BRC requirements and have suitable determination.

- (1) All staffing requirements for large group care will be met and maintained. (See Attachment E: Staffing Plan)
- (2) Staff have been provided 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, in training.
- (3) Absenteeism is tracked by center administration to identify any trends in employee or child absences due to illness. Employees and parents of enrolled children are asked to share their symptoms if they absent due to illness and this information is confidentially logged for tracking purposes.
- (4) A substitute pool of trained part-time employees is available for maintaining sufficient staffing. As needed, teacher assistants may temporarily assume the responsibilities of a teacher for the purpose providing consistent coverage for the teacher-qualified individual in the same group.
- (5) 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) Employees should contact the Center Director or Assistant Director for COVID-19 concerns. Human Resources is also available and their contact information is shared in each classroom.
- (7) Staff and families are expected to call or email (families only) center administration for self-reporting of symptoms. Notification of exposures and closures will be handled via email for families, and either in person or via email for staff.
- (8) Staff members who are 65 or older, and/or have serious underlying health conditions, are encouraged to assess their risk in returning to care settings and to collaborate with their health care provider to make a decision about when, and under what circumstances, to return to work. Staff members living in households with people 65 or older and/or staff who have serious underlying health conditions should also check with their doctor as they prepare to return to work.
- (9) Staff will receive training in all areas to ensure protocols are implemented safely and effectively in all programs.
- (10) Policies have been developed for worker protection and training will be provided to all LMACCC staff on site prior to providing cleaning tasks. The professional cleaning vendor hired by LMACCC has attested that they have their own safety and cleaning practices in place. Training for LMACCC employees includes 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. (See Attachment D: Guide to PPE.)
- (11) Workers will be 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) All workers performing cleaning, laundry, and trash pick-up activities will be trained 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. Employees and workers will be instructed to follow guidance from the health department.

### 3. GROUP SIZES AND RATIOS

#### A Group sizes

Classrooms are restricted to a maximum of 10 children. If additional adults are required to support supervision of children during breaks, they are assigned to only one cohort of children and not between cohorts.

LMACCC will maintain these group sizes by ensuring that:

- Children will remain with the same group each day and at all times while in care.
- When suitable to children's ages and developmental level siblings in attendance at the same time will be kept in the same group.
- Groups will not be combined at any time.
- The same staff will be assigned to the same group of children each day for the duration of the program session and at all times while in care. Staff will not float between groups either during the day or from day-to-day, unless needed to provide supervision of specialized activities.

#### B. Required Ratios and Maximum Group Sizes

The following child-to-staff ratios must be maintained at all times during the program day. The number of adults assigned to each cohort of children are minimized. There is minimally 42 sq. feet per child (See Attachment D: Guide to PPE).

##### *First Floor*

##### **Young Infants**

Capacity: 6 children

Staff: 2 Teachers

Child-Staff Ratio: 1-3/2-6

##### *Second Floor*

##### **Young Preschool**

Capacity: 10 children

Staff: 2 Teachers

Child-Staff Ratio 1-10

##### **Older Infants**

Capacity: 7 children

Staff: 2 Teachers

Child-Staff Ratio 1-3/2-7

##### **Middle Preschool**

Capacity: 10 children

Staff: 2 Teachers

Child-Staff Ratio: 1-10

##### **Mixed Room**

Capacity: 9 children

Staff: 2 Teachers

Child-Staff Ratio 1-4/2-9

##### **Older Preschool**

Capacity: 10 children

Staff: 2 Teachers

Child-Staff Ratio: 1-10

### **Front Toddler Room**

Capacity: 8 children

Staff: 2 Teachers

Child-Staff Ratio 1-4/2-8

### **Back Toddler Room**

Capacity: 8 children

Staff: 2 Teachers

Child-Staff Ratio 1-4/2-8

## **4. SCREENING AND MONITORING OF CHILDREN AND STAFF**

### **A. Daily Screening**

1. Separate points of entry to the program have been established to ensure that no individual is allowed to enter the building until they successfully pass the screening.
2. Administration conduct all screening activities, in an established/designated screening area that allows for more privacy in order to ask questions confidentially. Physical distancing, of Administration conducting the screenings from the staff and children/families is maintained while the screening is being conducted (at least 6 feet of separation).
3. Health check responses are recorded and maintained on file.
4. Children, parents and staff are verbally screened asking a series of COVID-19 related questions (See Attachment A and Attachment B). If any of the responses to the questions are yes, the family or staff may not be allowed to enter the building. Children and staff are then requested to return home.
5. Administration makes a visual inspection of each child and staff member for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. Administration confirms that the child/staff is not experiencing coughing or shortness of breath. In the event a child/staff is experiencing shortness of breath or extreme difficulty breathing, emergency medical services immediately.
6. All staff, parents, children, and any individuals seeking entry into the LMACCC are directed to self-screen at home, prior to coming to the program for the day.
  - a. Self-screening consists of checking for symptoms including fever, cough, shortness of breath, gastrointestinal symptoms, new loss of taste/smell, muscle aches, or any other symptoms that feel like a cold. Anyone with a fever of 100.0°F or above or any other signs of illness are not be permitted to enter the program.

- b. Parents and staff 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. (See Attachment A).
- c. Individuals who decline to complete the screening will not be permitted to enter the program space.

## **B Regular Monitoring**

Staff will actively visually monitor children throughout the day for symptoms of any kind, including fever, cough, shortness of breath, diarrhea, nausea, and vomiting, abdominal pain and/or unexplained rash. Children or staff who appear ill or are exhibiting signs of illness will be separated from the larger group and isolated in the first-floor staff room until able to leave the Center. Temporal thermometers will be used if an individual is suspected of having a fever. A fever is categorized as a temperature of 100° or higher. Thermometers will be disinfected after use.

If an individual appears to have severe symptoms 911 will be called immediately. Severe symptoms include the following: extreme difficulty breathing (i.e., not being able to speak without gasping for air), bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizure or seizures that won't stop. The 911 operator, and the arriving EMS support, will be notified that the individual is suspected to have COVID-19.

## **5. ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF**

### **Exposure or Potential Exposure to COVID-19: Self-Isolation**

In the event that a staff member or child is exposed to a sick or symptomatic person, the following protocols will 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 will not be permitted to enter LMACCC and will be sent home. Exposed individuals must stay home for at least 14 days after the last day of contact with the person who is sick. LMACCC Director or her designee will 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 will 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 household member 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.

## **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.

### **A. Planning for Isolation and Discharge:**

The first-floor staff room will be utilized to isolate any individual who may become sick. While in use as an isolation room, the door to the space will remain closed and a sign will be posted indicating the space has been occupied for isolation purposes only. Isolated children will be supervised by an Administrator or her designee at all times. During isolation, the first-floor adult bathroom will be closed for use other than to the individual who has become sick. A sign will be posted on the restroom indicating that it is closed for public use.

PPE is required to enter the staff room when in use for isolation. Masks are available for use by children and required for staff who become symptomatic, until they have left the Center. Individuals being discharged from the Center due to suspected infection will be escorted to exit out the rear of the building onto Nessel Way.

### **B. If a Child Becomes Symptomatic:**

1. The child is escorted to the first-floor isolation room to minimize exposure to other children and staff.
2. Children age 2 and older will be provided with a mask for mouth and nose coverage.
3. Parents/Guardians will be called to immediately pick up the child.
4. If the child has become sick after being exposed to a COVID positive individual, or one that is presumed positive, the child must remain at home for 14 days in quarantine.
5. If a child is symptomatic and has not been exposed to a COVID positive individual, or one that is presumed positive, the child may return to LMACCC after 72 hours of being symptom free and/or with a doctor's note.

### **C. If a Staff Becomes Symptomatic:**

1. If a staff member becomes symptomatic, they will immediately notify administration and cease child care duties and will be sent home. If there is a delay in getting home, symptomatic staff will be required to remain in the isolation room until they are able to leave the Center. Staff must regularly self-monitor during the day to screen for new symptoms.
2. In the event that a staff member must leave the Center a Program Coordinator will assist in the classroom as needed to support teacher-child ratios.
3. If the staff has become sick after being exposed to a COVID positive individual, or one that is presumed positive, the staff must remain at home for 14 days in quarantine.
4. If a staff is symptomatic and has not been exposed to a COVID positive individual, or one that is presumed positive, the staff may return to LMACCC after 72 hours of being symptom free and/or with a doctor's note.

### **D. If a Child or Staff Contracts COVID-19:**

1. Sick children or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 must not return to LMACCC until they have met the criteria for discontinuing home isolation and have consulted with a health care provider.
2. The following information will be identified:

- a. The date of symptom onset for the child/staff.
  - b. If the child/staff attended/worked at the program while symptomatic or during the two days before symptoms began.
  - c. The days the child/staff attended/worked during that time.
  - d. The individuals who had close contact with the child/staff at the program during those days (staff and other children).
3. 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 if the individual still has no symptoms.

**E. Notifying Required Parties:**

In the event that LMACCC experiences an exposure of COVID-19 the following parties will be notified:

1. Confidentiality will be maintained as employees and families are notified about the exposure.
2. Local board of health if a child or staff is COVID-19 positive.
  - a. Boston Public Health Commission 617-534-2439
3. The Department of Early Education and Care if a child or staff member has tested positive.
  - a. EEC Metro Boston Office 617-472-2881

In the event that there are additional questions related to child care settings, the state's dedicated epidemiologist for child care will be contacted: Dr. Katherine Hsu at [Katherine.hsu@massmail.state.ma.us](mailto:Katherine.hsu@massmail.state.ma.us) or 617-983-6948.

**F. Self-Isolating Following Exposure or Possible 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 LMACCC and will be sent home. Exposed individuals are directed to stay home for at least 14 days after the last day of contact with the person who is sick. LMACCC will 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 are 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 household member 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 COVID19:**

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.

- If a child has a **positive test** for COVID-19, but are not currently sick, the child should stay at home and be monitored for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19. They should NOT go to LMACCC and should avoid all public places for at least 14 days.

- If a child has had **close contact** with someone with COVID-19, but are not currently sick, the child should stay at home and monitor for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19. They should NOT go to LMACCC and should avoid all public places for at least 14 days.

## **PLAN #6: HYGIENE AND HEALTH PRACTICES**

### *A. Resources and Supplies*

LMACCC maintains adequate supplies to promote frequent and effective hygiene behaviors.

For the health of children and staff:

1. Handwashing facilities with soap, water and disposable paper towels are located in each classroom, child and adult restroom. Handwashing instructions are posted near every handwashing sink and are visible to children.
2. Hand sanitizer with at least 60% alcohol is available in all classrooms, offices and common areas to be utilized at times when handwashing is not available, as appropriate to the ages of children and only with written parent permission.
  - Hand sanitizer is stored out of the reach of children and used only under the supervision of staff.
  - Staff teach children the proper use of hand sanitizer.
  - Staff ensure that children do not put hands wet with sanitizer in their mouth.
3. Hand sanitizer is also available at the entrance of the Center, so that children and staff can clean their hands before they enter LMACCC.
4. All children and staff are required to wash their hands with liquid soap and running water upon entering the classroom.
5. Check in stations are equipped with alcohol pads to sanitize writing utensils. To minimize contact at check in, families and staff are encouraged to complete written health attestations before arriving to the Center.

### *B. Handwashing*

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).

Staff and children must regularly wash their hands with soap and water for at least 20 seconds and must wash hands whenever 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. Covering Coughs or Sneezes*

All individuals should avoid touching their eyes, nose, and mouth. Coughs or sneezes should be covered with a tissue, then the tissue should be disposed of in the trash. After coughing or sneezing, individuals need to clean their 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*

LMACCC staff teach, model, and reinforce the following healthy habits.

1. Effective handwashing, inclusive of using 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. Monitored handwashing for children occurs 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).
3. Visual steps of appropriate handwashing are posted by all handwashing sinks to assist children. Children are cued to sing the "Happy Birthday" song TWICE (approx. 20 seconds) as the length of time they need to wash their hands.
4. Staff assist children with handwashing.
5. Hand sanitizer is kept out of the reach of children and the use of it is monitored closely. Children are supervised when they use hand sanitizer to make sure that they rub their hands until they are completely dry, and to ensure that the sanitizer does not get in their eyes or mouth.
6. Children are not permitted to share drinks or food, particularly when sick, and staff explain to them why it is not healthy to do so.
7. Staff teach children to use a tissue to wipe their nose and to cough inside their elbow. Staff ensure that children wash their hands with soap and water immediately after coughing and/or wiping their noses.
8. Parents and caregivers are asked 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.

## **PLAN #7: PERSONAL PROTECTIVE EQUIPMENT (PPE) AND FACE MASKS AND COVERINGS**

### *A. Face Masks and Coverings*

LMACCC encourages the wearing of masks or cloth face coverings during the program day for children. All staff are required to wear masks.

1. To slow the spread of COVID-19, program staff are required to wear a mask while with children and interacting with parents and families. Staff provide their own supply of face coverings and are encouraged to consider the use of transparent face coverings.
2. When possible, and at the discretion of the parent or guardian of the child, LMACCC encourages the wearing of masks or cloth face coverings for children age 2 and older who can safely and appropriately wear, remove, and handle masks. Families sign permission slips to allow children to wear masks. Families also provide their own supply of face coverings for children. It is recommended that families provided at least two masks daily stored in a clearly labeled paper bag with the child's name and classroom.



LMACCC follows these standards related to face coverings and masks for children:

- a. Children under the age of 2 years do 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 are not worn while children are eating/drinking, sleeping, and napping. Strict and consistent physical distancing is practiced at all times during these activities.
  - d. Masks do not need to be worn while engaging in active outdoor play, if children are able to keep physical distance from others.
  - e. Children 2 years of age and older are supervised when wearing a mask. If wearing the face covering causes the child to touch their face more frequently, staff will reconsider whether the mask is appropriate for the child. The decision to continue to wear a mask is based on safety and discussed with families.
3. Families must provide their children with a sufficient supply of clean masks and face coverings for their child to allow replacing the covering as needed. It is the responsibility of families to ensure that children's masks and face coverings are routinely cleaned. 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.
    - Masks must be labeled with the child's name as well as classroom. The side of the mask worn facing outward needs to be clearly distinguished so that they are worn properly each day.
    - LMACCC maintains a small quantity of disposable masks for children as needed.
  4. CDC guidance on proper daily removal is followed when using a disposable mask. Individuals must grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front. Masks must be discarded in a waste container and individuals need to wash their hands or use an alcohol-based hand sanitizer immediately.
  5. LMACCC requires all parents and guardians to wear face masks when on the premises and at all times during drop-off and pick-up. The Center follows and encourages all individuals 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. Staff are taught how to use cloth face coverings and are reinforced to do so. Face coverings are required for staff at all times. Staff are provided with frequent reminders to avoid touching the face covering and to wash their hands frequently. Information is 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 who 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. Use of Gloves*

LMACCC consults children's medical records and identifies any allergies that children may have prior to selecting gloves.

Staff must wear gloves when appropriate and at all times during the following activities. 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;
3. Screening activities requiring contact;
4. Applying sunscreen.

### *D. Additional Guidance on Gloves*

To reduce cross-contamination, disposable gloves are always discarded after the following instances:

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 are not re-donned and disposable gloves are never re-used.
5. Gloves are removed following activities where glove usage is required including diapering, food preparation, applying sunscreen, and screening activities requiring contact.

After removing gloves for any reason, hand hygiene is performed with alcohol-based hand sanitizer or soap and water.

## **PLAN #8: CLEANING, SANITIZING AND DISINFECTING**

Proper guidelines as listed below must be followed when cleaning, sanitizing and disinfecting.

### **Resources and Supplies**

1. Only EPA-registered disinfectants and sanitizers provided by the center can be used. Follow directions on the label, including ensuring that the disinfectant or sanitizer is approved for that type of surface (such as food-contact surfaces) and to ensure the product is not past its expiration date. Alternatively, a 70% alcohol can be applied.
2. 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. Designated teachers are responsible for mixing bleach daily in the mornings at the opening of the center.
3. When preparing sanitizing or disinfecting dilutions always add bleach to water. This helps to avoid bleach splashes caused by adding water to bleach. Cleaning solutions are not to be mixed in close proximity to children.
4. 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.
5. Only single use, disposable paper towels shall be used for cleaning, sanitizing, and disinfecting. Sponges shall not be used for sanitizing or disinfecting.
6. All sanitizing and disinfecting solutions must be labeled properly to identify the contents and stored in a locked cabinet separately from food items and out of the reach of children.
7. Only pump or trigger spray bottles provided by the center can be used.

## Proper Usage

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

## General Guidelines for Cleaning, Sanitizing and Disinfecting

1. Extra measures will be taken beyond the Center's routine cleaning, sanitizing and disinfecting practices with extra attention to high-touch areas and materials. Support staff will be scheduled throughout the day to disinfect frequently touched surfaces and objects, including doorknobs, bathrooms and sinks, and bannisters.
2. Toys and activity items (e.g. playground or classroom equipment) used by children must be cleaned and disinfected more frequently than usual. Each classroom will have designated times of day for an extra staff person to be out of the classroom ratio for cleaning and sanitizing materials, and surfaces within the classroom can be cleaned with extra attention by an extra staff person while children are outdoors. Extra care to ensure that all objects that children put in their mouths are removed from circulation and placed in the designated "dirty toy bins" to be sent to the sanitizer by designated support staff ("on laundry and dishes duty") 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.

## Cleaning, Sanitizing, and Disinfecting Outdoor Play Areas:

1. The program will continue to use only the on-site playground or alternatively and as directed by administration, due to surface temperatures on the rooftop, the playground at 21 Autumn Street. Both playgrounds are exclusively for the use of LMACCC. The locks placed at 21 Autumn Street should continue to be utilized by the last group leaving the playground each morning and afternoon to ensure people from the community do not have entry.
2. High touch surfaces made of plastic or metal, including play structures, tables and benches, will be frequently cleaned and disinfected by designated support staff.

## Cleaning, Sanitizing, and Disinfecting After a Potential Exposure in Day Programs:

1. LMACCC will close off areas visited by the ill persons. The Center will use ventilating fans to increase air circulation in the area. LMACCC will wait 24 hours or as long as practical before beginning cleaning and

disinfection. In the event of an exposure, LMACCC may either close the program or find an alternative space (e.g. isolation room) while areas are out of use.

2. Staff will 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.

#### **Additional Considerations:**

1. Staff clothing must not be worn again until after being laundered at the warmest temperature possible.
2. OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste and PPE, must be followed whenever applicable. (See Attachment D: Guide to PPE).
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 will be provided and must be used for the clean-up of blood and bodily fluids;

(b) Used gloves and any other materials containing blood or other bodily fluids must 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 must 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 must be stored and disposed of in appropriate sharps containers with the word biohazard and the universal biohazard symbol.

## **PLAN # 9: STRATEGIES TO REDUCE THE RISK OF TRANSMISSION**

### Physical Distancing

- Individuals will maintain at least 6 feet of distance at all times.
- Contacts between individuals and groups will be limited.
- All staff are required to wear masks.
- Children over the age of 2 are encouraged to wear masks, with parental permission and as developmentally appropriate.
- A minimum of 42 square feet per child is allotted in each classroom.
- Drop offs and Pick-ups occur at two locations to allow for social distancing.
- Only essential personnel are permitted to enter the Center. Enrichment programs with outside providers have been suspended.
- Staff reinforce physical distancing between children throughout the day.
- Nap times are staggered as necessary to allow for 6 feet of distance between children while resting.

## Transitions

- Only one group of children will enter a common space at a time.
- All staff walking through common areas (foyer, hallways, staff rooms, etc.) will wear masks.
- Classroom teachers will utilize place markers to indicate where children can stand while waiting for the restroom, enter the classroom from another space (e.g. playground), etc.
- Toddler and preschool children will be encouraged to walk with the use of ropes while maintaining distance. Partners and hand holding will be avoided.
- Infants and young toddler children will use buggies/carts during transitions to the Autumn Street playground.
- Groups may only travel to the playground or for a walk in the immediate area. There are no field trips permitted.

## Meal Times (see also food policy June 2020)

- Meal times take place in the classroom at tables, chairs or highchairs as appropriate to the age of the child.
- Individual servings and settings are provided.
- Children are spread out at tables, allowing six feet of distance between one another.
- Tables are disinfected between uses.

## Activities

- Classroom play spaces are arranged to promote social distancing. Individual play spaces are designated for activities such as puzzles and art. Activity centers are spaced at a distance to allow for maximize social distance.
- Items that can be easily washed are not permitted in the classroom (e.g. stuffed animals, pillows).
- Materials that encourage children to put toys in their mouth (e.g. play food, pretend utensils) are not permitted in the classroom.
- With the exception of nap time items (blanket, snuggly, pacifier) toys from home are not permitted into the program.
- Materials to the extent possible (art supplies, play dough, etc.) are assigned to a single child per use.
- The use of supplies and equipment by one group of children at a time is permitted as long as the materials are cleaned and disinfected between uses (e.g. fire trucks, magnet tiles, etc.)
- Games and activities that encourage physical contact or proximity of less than 6 ft are not permitted (e.g. tag). If circle time take places, teachers will utilize place markers to ensure 6 feet of distance between children.
- Activities that require or may require direct staff support or close contact are not be conducted, except where necessary to support participation for children with special needs.
- During the current health and safety regulations (as of June 2020) some enrichment programs are temporarily suspended (e.g. music, Simmon's University gym activities). Likewise, during this period all on site family events are suspended.

## Playground Time

- Only one classroom will utilize LMACCC's rooftop playground at a time. Playground times are announced on the daily break sheet.

- One Infant/Toddler classroom and one Preschool classroom may utilize Children’s Hospital playground at a time. Spaces are sectioned off from one another with enclosed fences. Playground times are announced on the daily break sheet.

### Belongings

- Individual cubbies are used to store children’s belongings (clothing, diapers, lunch bags). Materials remain in singular cubbies labeled with the child’s names.
- Staff belongings may be placed in the classroom closets on an individual basis in separate storage containers.
- Staff may also store their belongings in vacant children’s cubbies. Cubbies are labeled with individual names.

### Hygiene

- Regular immediate or mediated contact (such as shaking or holding hand, hugging or kissing is limited).
- Proper hygiene is required from all individuals. Hand sanitizer is available prior to entering the program at check in stations. Upon entering the program all children and staff must wash hands in the classroom. Hand sanitizer is available in all common areas as well as in circumstances in which soap and water is not in immediate access (e.g. Playground)
- Tooth brushing routines are temporarily suspended.

### Staffing

- Staff are assigned to the same group of children each day for the duration of the program session 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.
- When feasible, administrative staff may telework from home on supervisor approved and scheduled basis.

## **PLAN # 10: TRANSPORTATION**

Not applicable; LMACCC does not provide transportation.

## **PLAN # 11: FOOD SAFETY**

LMACCC will follow the below guidelines at this time to align with EEC’s new health and safety regulations regarding Covid-19.

### Containers

- Only aluminum or BPA-free plastic containers can be used (labeled #1, 2, 4, or 5). Glass containers are not permitted.
- Food requiring to be kept cool should be stored in an insulated bag with ice packs. Food provided from home will not be stored in classrooms refrigerators at this time.

- Nonperishable food must be stored in a sealed container (either an aluminum container with cover, plastic container with cover or zip lock bag).
- Food that is best served warm must be stored in a thermos and will be kept in child's lunch bag.

### **Labeling**

- Containers should be labeled with the child's first name and last initial on the container as well as the lid. Unlabeled containers of food cannot be fed to a child.
- Infant families will record all food on daily report cards.
- Each day parents should include a written note in their child's lunch bag with a list of all meal items and ingredients they are providing for their child for the day. It is important to note any common allergens and especially any known allergens from the child's classroom. Classroom teachers will check the note found in the child's lunch bag prior to the child starting their meal, and will initial during meal times what the child ate. Parents are responsible for indicating if an item is intended for breakfast or snack on the daily sheet along with any other special instructions.
- If a lunch is not labeled, or there is a question related to the contents, then teaching staff must contact the family prior to serving the food.
- Water bottles are not permitted at this time. Single use cups should be used in place of water bottles. For children unable to utilize an open cup, sippy cups can be used once before needing to be sanitized.
- All reusable utensils, plates, bowls and cups will be cleaned and sanitized after each use. They will not be reused, even for the same individual child (e.g., sippy cups), until after being sanitized.

### **Hygiene**

- One teacher will be designated to do meal preparation for each meal. Children are not able to assist with meal preparation or setup at this time.
- Teachers must wash hands and wear gloves, a face mask, put their hair up or out of their face, wear an oversized shirt or gown to protect from spills, and wear eye protection during meal preparation.
- Staff must change gloves and also wash hands between handling containers for different children.
- Staff must sanitize all surfaces before and after contact with food or containers.
- Staff must wash hands in between changes of gloves.
- Food should be placed directly in front of child from their lunch bag when they are ready to eat, and reusable containers placed directly back into their lunch bag when they are done. Containers should not be placed on counters or placed in the refrigerator.
- Children must wash their hands before and after mealtimes.

### **Allergy and Food Preferences**

- All children with an identified allergy or food preference will be provided with an 8 x 10 yellow placemat that indicates their health needs on the back of the mat. These placemats must be used anytime food and/or

beverages are served. The tags must be left at the child's place setting until the child has concluded his/her meal or beverage.

- \*\*\*Reminder\*\*\* A new set of gloves must be worn when handling the food of a child with a known or suspected food allergy. Staff must also wash hands in between changes of gloves.

### **Preparation of Lunches**

- One teacher will be designated to do meal preparation for each meal.
- Teachers must wash hands and wear gloves, a face mask, put their hair up or out of their face, wear an oversized shirt or gown in case of spills, and wear eye protection during meal preparation.
- Heating food is not permitted during this time. The microwave shall not be used.
- Only yellow placemats that indicate children who have a food allergy or preference are permitted for use during this time.
- The designated teacher will set up children's lunches one at a time then support the individual in washing hands for at least 20 seconds before sitting at the table to eat.
- Once the child is seated, lunch should be placed in front of the child.
- Staff who have served lunches must mark their initials next to the child's name indicating that the lunch has been served in accordance to this policy.

### **Mealtime Routine**

- Lunch will be offered approximately 11:30am-1pm
  - Meal times must be staggered. Children will be offered meals based on their needs each day.
  - Infant, Mixed and Toddler classrooms may serve up to three children at a time in total, permitted that each child has an individual table to eat at, at least six feet from others.
  - Preschool classrooms may serve up to four children at a time, permitted that each child has an individual table to eat at, at least six feet from others.
  - Once a child is finished eating, their lunch containers have been put away and the place they were sitting has been cleaned and sanitized by a teacher, the teacher may then call a new child over to wash their hands and begin their meal.
  - Teachers will prepare meals as necessary for children. They will prepare the child's lunch immediately before the child is called to wash their hands and sit down at the table.
- Once a child is finished, their meal containers will be returned to their lunch bag in cubby.
  - Infant and Mixed Room teachers will return children's lunch containers to the child's bag in their cubby.
  - Toddler and Preschool children will place lunch containers in their cubbies with teacher supervision and support if needed.
  - As soon as the child or staff member puts away the lunches, he/she must wash their hands for at least 20 seconds.
- Each classroom will have designated spots marked as to which chairs and tables should be used when children are eating (indicated by a colored "x" on the chair or ground.)



- Procedure:
  - When a child's meal is ready and set at the table, the designated teacher will call the child over to wash their hands for 20 seconds before sitting in an assigned spot.
    - Children with food allergies and preferences must have their yellow lunch tag placed on the table with their food.
    - Lunches may only be placed at the table one at a time immediately before a child washes their hands.
    - Once the child sits, the designated teacher may set up the next child's lunch and repeat the process.
  - Children must wash hands one person at a time once called by a teacher and may not line up at the bathroom to wait in order to ensure physical distancing is maintained.
  - As children finish, they must wash their hands immediately after eating, or after putting lunch containers away when applicable, before joining any other activity.
  - If a child spills food on their clothing they must be changed as soon as they are finished eating into a new set of clothing that is free of stains or spills. The clothes will be placed in a bag then in the child's personal bag in their cubby.
  - If food or other items spill on a teacher during meal preparation or feeding, the teacher must change his/her clothes before proceeding.
  - At this time, food may not be placed back in the fridge after the container has been given to the child for meals.
    - If families specify that they would like their child's food saved they can send in an insulated lunch bag with an ice pack and the food container will be placed on the ice pack and in the child's cubby after meal time to be sent home.
    - Extra food that is not saved will be thrown away after the child is done eating.

### **Breakfast and snack procedures**

- Shared utensils and family style meals are not permitted at this time.
- Food should be prepared by the designated teacher after the teacher has washed their hands and cleaned and sanitized the counter surface they will need to use. Center cutting boards, utensils and/or plates that have been cleaned and sanitized will be used.
- The designated teacher will prepare snack foods on the counter for each child directly prior to the child being seated. The food should then be placed in bowls or plates until the child is seated and ready to be served. Once the child is seated, the teacher should place an individual serving of the food onto a new plate in front of the child. Children are not permitted to self-serve at this time.
- No plate should return to the counter after being placed on the table.
- The countertop and all items used for preparing snack will be cleaned and sanitized after each use.

## **PLAN # 12: CHILDREN WITH SPECIAL NEEDS, VULNERABLE CHILDREN, AND INFANTS AND TODDLERS**

**A. Understand Child's Healthcare Needs:** To ensure that LMACCC is prepared to provide safe and appropriate services to children with special needs and vulnerable children, the following steps will be taken:

- (1) Medical information submitted by parents will be carefully reviewed and administrators will determine whether and how many high-risk children are in attendance.
- (2) The Center Director will reach out to parents of high-risk children and encourage them to discuss with their healthcare provider about whether the program is a safe option for the child and if additional protections are necessary.
- (3) The Center Director and administration will 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 physical distancing and will require ample staff support to carry out the necessary hygiene practices. Administrators will ensure that LMACCC is adequately staffed and that staff are prepared and properly trained to accommodate children's needs.

- (1) Staff will 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 will wear an oversized shirt over their clothing (long sleeve and button down recommended) and wear long hair up or tied back during all activities requiring direct contact with a child. Staff will change outer clothing if body fluids from the child get on it. Staff will 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 will 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.
- (4) Groupings for children with special needs and staff-to-child ratios will be considered to provide more individualized attention as needed and to accommodate the developmental level of the child and impact of the disability with regard to their ability to adhere to PPE requirements and physical distancing rather than their chronological age. Smaller groups will be formed if a child requires more hands-on assistance and a higher number of staff will be assigned to care for the children. LMACCC will refer to individual treatment plans or IEPs when assessing required ratios.

**C. Caring for Infants and Toddlers:** LMACCC staff will practice stringent hygiene and infection control practices to keep themselves and the young children they care for healthy and safe while in care, especially while holding and working in close contact with infants and toddlers:

(1) To protect themselves, staff who care for infants and toddlers will wear protective covering, like 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. When protective covering cannot be worn, staff should wash any area of the body that has been in direct, sustained contact with a child.

(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 are posted in all diaper changing areas, including:

(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) Wash hands. Put on clean gloves, if wearing.

(e) Replace clean 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 oversized layered 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 will be attentive to any changes in a very young child's behavior. If the child starts to look lethargic, and is not eating as well, staff 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 will call 911 and notify the parents immediately.