

Massachusetts Department of Early Education and Care Reopen Approach

Reopening Plan Template for Child Care Programs

June 12, 2020

GROUP AND SCHOOL AGE (REQUIRED)

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

PLAN #1: PROGRAM OPERATIONS PLAN

Section 1: Program Administration

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

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

Program Name: Williamstown Youth Center

Designated Person Responsible for Plan: Michael Williams

Program Description: The WYC program will consist of two offerings until our children return to full in-person learning (anticipated start date: Nov. 2, 2020). The first is a full-day session that will be held from Sept. 16–Oct. 30, and then on succeeding Wednesdays. Children will be organized by grades into three groups or cohorts (we will add more groups depending on enrollment demand). The cohorts are identified with the letters A, B, or C. The second will consist of two half-day sessions beginning on Oct. 5. The morning half-day session will last from 7:45am–12:15pm, while the afternoon session will last from 11:15am–4:45pm. Half-day groups will also be organized into small cohorts according to grade. Please note: during the time when children from both the morning and the afternoon sessions are on site, all children will have lunch outside to allow for cleaning of the classrooms in use. If weather does not permit eating outdoors, cohorts will use indoor spaces, including the gym, learning center, and dance room, for eating.

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General Notes:

Mask-wearing is required of all children whenever inside, and strongly encouraged outside. Masks are required of staff at all times, except when eating. All food will be brought from home and consumed outside whenever possible. Water will be brought from home; staff will wear disposable gloves and refill water bottles from a clean kitchen tap as necessary. No meals or snacks will be provided by the center. No food brought from home will be warmed or otherwise prepared by the center.

Each group will have the same staff people assigned to it for each week (weekly staff schedules mean children may have more than one staff person assigned to their group over the course of the week). Administrative staff are available to cover cohorts during scheduled staff breaks,

- Please describe your approach to prevent contact between groups, including during beginning/end of day, transitions and outdoor time?

Our approach is to:

1. Limit the total number of kids registered for the program.
2. Provide adequate space for each group to have its own designated indoor and outdoor areas.
3. Coordinate all transitions so that different groups are never in the hall or entry areas at the same time.
4. Communicate clearly and often with staff to ensure safe social distancing and mask wearing protocols.

Specifically, drop-offs are scheduled and staggered over a half-hour period prior to the start of the program day, based on group assignments. Each child has 5 minutes for screening to ensure that no two children/families are in the screening area at the same time. The screening station is set up in a private entryway. Administrators ask daily screening questions and observe the child's general health before admitting a child to the program; results are recorded and stored electronically. Once a child is successfully screened they are sent to classrooms by administrators, where they are then met by staff. Groups engage in their own isolated activities throughout the day without interacting with each other. Each group has its own designated interior and exterior space, each labeled with a letter corresponding to their group name (A-C), with bathrooms being the only common use areas. Groups transition between areas at different times, with movements coordinated by administrators, and communicated via walkie-talkie. Our building has an adequate amount of large classrooms, as well as outdoor space, to distance the different groups from each other at all times.

Bathroom surfaces are wiped clean with disinfectants between uses by individuals.

Parents notify our front desk, either by phone or text message, upon arrival to pick up children. Children are sent out to waiting parents individually, so that no two children are ever exiting the building at the same time.

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We are not staggering playtimes because each group has designated indoor and outdoor spaces that allow for safely distanced activities to happen simultaneously. Specifically, our classrooms are separate, and most have their own egress to the outside. Likewise, each group has its own tent set up outside on the campus of the program to ensure that groups are not in the same vicinity.

Bathroom and water breaks are coordinated by staff so that each group enters and exits the building at different times. As described previously, each staff person has a walkie talkie to allow for uninterrupted communication.

- Please describe how you will minimize prolonged close contact between individuals within a group, to the degree possible, through adjustments to activities, classroom configurations, or other ways of supporting classroom teachers to adjust their daily plans?

Classrooms are set up with each enrolled child having their own space (either their own small table, or two children at a larger table divided by a plexiglass barrier), arranged to keep individuals at least six feet apart from each other, or three if separated by plexiglass. Each child has a designated storage spot for personal belongings. Children wear masks in the classroom. Activities will focus on remote classroom instruction and other assignments given by classroom teachers. In addition, during two days of on-site training, administration and staff modified the rules of popular recreational activities to incorporate guidelines for safe play. We then created a cloud-based folder of activity resources for staff to access as they plan for the day. For instance, we modified the rules of dodgeball to create the game of “isolation dodgeball,” in which each child has their own ball with which to “tag” other children. In this way they are not touching each other, and they are not sharing equipment. Other games have been modified in the same way. Likewise with indoor activities.

Activities that require or encourage close proximity between children, such as puzzles and board games, have been removed from the classrooms and stored elsewhere in the facility.

- What strategies will you use to ensure that materials and equipment used by children will minimize sharing and promote distancing?

Our main strategy is to not share materials and equipment. Each child has their own art supplies, and other small activity items, which they keep in their own cubbies. As described previously, games and other activities have been modified so that children are not sharing any equipment. Individual balls and other pieces of equipment are disinfected after use, and stored by staff for use by only one child.

- How will you ensure adequate staffing and supervision for the designated groups of children, including during breaks and meal times, while minimizing contact across groups of children?

During the full day program, groups will eat their lunches outdoors when possible, with no less than six feet of separation between individuals. When weather conditions require being indoors kids will

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eat at their desks in their designated classrooms.

Staff shifts are typically four hours and most do not include scheduled breaks.

The program has two full-time administrators to provide coverage for staff in emergencies as well as routine occasions that require a staff member to separate from the group. In these cases, administrators will be wearing masks, as well as physically distancing whenever possible, to minimize contact across groups.

We have also substitute staff people available to cover for anyone who calls in sick.

- How will you ensure that the staff is adequately supported in implementing protocols, including training and supplies?

All staff have completed the required online training on implementing protocols. Each staff person has their own dedicated storage area with supplies including masks and hand gel. Supplies for cleaning and disinfecting surfaces are kept in cabinets in the kitchen, out of the reach of children.

During our two-day training dedicated to following new COVID-19 protocols, administrators shared the new guidelines with staff, and reviewed the contents of our reopening plan with them. Administrators and staff created a list of safe activities, and identified and acquired materials needed to engage in them. For instance, we acquired swimming noodles for games of noodle tag. We went through our existing supplies and allocated them to each group to ensure that every child had the equipment necessary to play safely. Administrators observe activities and review implementation with staff at least daily. Administrators will organize all-staff meetings (virtual and in-person) to get feedback and answer questions about program implementation,

Staffing Plan:

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

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

All staff have completed BRC requirements.



Section 2: Parent Communication

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

1. *Communicate with families should an exposure or positive case occur*
 2. *Ensure family interactions support prevention of illness and infection at drop off and pick up*
- What system or strategies will you use to communicate to families about the preventive practices being put in place to stop the spread of COVID-19 virus, including drop-off and pick-up procedures and staggered start-times?

Prior to opening, the program sent a letter explaining new procedures to all families. The letter included instructions for drop-offs and pick-ups, and scheduled times for each child to be dropped off. It also included guidelines for mask wearing, social distancing, and other COVID-19 safety protocols in place to prevent the spread of the virus. Parent communication includes sharing this safety plan, as well as daily reminders that everyone should wear a mask, practice social distancing, and wash hands when entering the building.

3. How will you communicate with families in case of exposure or illness at your site and who will be designated to perform the communication?

To enable effective communication, all families will provide the following information upon registration: a. mobile phone number, b. daytime phone number, c. email address, and d. family healthcare provider phone number. Should exposure or a positive case occur, all families will be notified immediately first by text, and then by the additional means of communication. Families will designate someone in the household able to pick a child up from the WYC immediately should this situation arise.

Executive Director Michael Williams will contact families in the case of illness, a positive case, or exposure.

Section 3: Support Services (If Applicable)

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

The WYC has classroom and administrative space available for required services. WYC administrators communicate regularly with school administration and staff to support implementation of IEP-mandated services.



PLAN #2: CLEANING PLAN

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

1. *Intensified general cleaning, sanitizing, and disinfecting routines*
 2. *Extra attention to high touch or high use surfaces or those specifically touched by symptomatic or ill individuals*
- How will you ensure that all areas, materials, furniture, and equipment used for child care are safely and properly cleaned, sanitized, or disinfected, including a schedule for cleaning all areas of the building?

The WYC is building time into the end of each session for thorough cleaning of each classroom. Staff will clean individual classrooms with approved cleaning/disinfecting supplies. Staff will also arrive at least 15 minutes before the start of the session sign-in period to ensure classrooms are clean and ready for programming. In addition, custodial staff will clean and disinfect the entire building after staff and children have left for the day. Staff will have disinfecting wipes on hand to wipe down high-touch areas (doorknobs, desktops, etc.) in individual classrooms, restrooms, hallways, etc. Surfaces will be wiped down after trips to restrooms, or when using entryways to enter or leave classrooms or other areas of the building. Cohorts will travel separately. Each cohort staff person will be responsible for cleaning/disinfecting areas their children come into contact with.

- Where will items be stored and prepared away from children?

Cleaning supplies are stored in the kitchen area out of the reach of children. No solutions need preparation. Additional supplies are kept in a storage closet on shelves that are also out of the reach of children.

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Complete cleaning schedule:

Location	Item	Action	Frequency	Notes
Child Care Spaces	Doors and Cabinet Handles	Cleaned and disinfected by staff.	Twice daily (between shifts)	Staff will keep disinfectant wipes on hand in classroom
Child Care Spaces	Entire room	Cleaned and disinfected by custodial staff	Daily	
Restroom	Doorknobs	Cleaned and disinfected	After each use	Cleaning supplies for building will be kept in dedicated common space
Restroom	Stalls	Cleaned and disinfected	After each use	
Restroom	Sink/Faucet	Cleaned and disinfected	After each use	
Restroom	Entire room	Cleaned and disinfected by custodial staff	Daily	
Building Entrance	Doorknobs/bars	Cleaned and disinfected	Daily	
Building Entrance	Doorknobs/bars	Disinfectant wipes	After sign in periods	
Building Entrance	Entire area	Cleaned and disinfected by custodial staff	Daily	
Administration	Doorknobs	Cleaned and disinfected	Daily	
Administration	Doorknobs	Wiped	After use by persons other than administrators	
Administration	Entire room	Cleaned and disinfected by custodial staff	Daily	

In addition, all areas will have sanitizing hand gel available at all times for use between regular handwashing with soap and warm water.



PLAN #3: MONITORING AND RESPONSE PLAN

Section 1: Screening

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

1. Verbal screening for common symptoms of COVID-19 or known exposures
 2. Visual screening for signs of illness
- How will you establish a single point of entry for every grouping of individuals that enters the building, with a designated area for screening and the proper protection?

The single common entry point to the building is indicated by a sandwich board sign on the sidewalk where cars pull up to the building. Our screening area is located in the double-doored entryway. Screening questions are asked by one of the two program administrators. Only a single parent or other adult will accompany children to the screening area. Masks are required of both children and accompanying adults. Administrators will wear masks while conducting screenings. Visual screening for signs of illness will be made at the time the screening questions are asked.

- Who will conduct screening activities, and how they will be conducted and documented?

Executive Director Michael Williams or Business/Operations Manager Julia Melnick will conduct the screenings by asking adults and children the questions. Screening questions are also displayed at the screening desk. Answers are recorded and stored digitally in a HIPAA compliant database application (“WellD Health”), which stores results for each child, each day.

Section 2: Isolation and Discharge

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

- When isolating sick or symptomatic individuals, what designated area will be used, separate from the child care space?

The program has a usually empty classroom near the entrance to the building to use for isolating a sick child or staff person. This room is also near an exit at the back of the building, separate from the common entry point. Sick individuals will leave the building through this exit to minimize the risk of contaminating the common entry.

- How will you minimize exposure of others to the sick individual?

The sick individual will be isolated immediately upon recognition of an illness, or when they report feeling



unwell. If a child feels ill the staff person supervising the child will contact administrators by walkie-talkie. If a staff person feels ill they will also contact administrators. Executive Director Michael Williams is the staff person designated to supervise a sick child, or to supervise the group in the case of a sick staff member. He will wear gloves and face mask while escorting the sick individual to the isolation room. Business/Operations Manager Julia Melnick will call and text the individual's emergency contact to request an immediate pick-up. Staff and children will leave whatever area the sick individual was in while the area is cleaned by Julia Melnick (immediately after she calls/texts emergency contact).

- How will you ensure appropriate supervision of isolated children while minimizing the risk of exposure?

Michael Williams is the staff person designated to care for sick individuals, or to supervise children if a staff person becomes ill. He will accompany sick children to the designated isolation area, and will maintain social distance from an exposed or ill individual, and will also wear gloves and a mask. He will provide supervision for isolated children.

Julia Melnick has developed a staff schedule, and group rosters, that include having a substitute on call each week of the program.

Section 3: Local Board of Health Engagement

Michael Williams will notify the local board of health in the event that a child or staff member is COVID-19 positive. The contact information for the local board of health in the city or town in which The Williamstown Youth Center is located is below:

- Phone number: 413-458-9344
- Email: jkennedy@williamstownma.gov
- Address: Town of Williamstown, Main St., Williamstown, MA 01267

Section 4: Program Closures and Absences

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

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

The WYC will coordinate closely with state and local authorities re. closures and absences. Child absences will be tracked, and families contacted by either Michael Williams or Julia Melnick whenever a registered child fails to show up for a scheduled session. Likewise, staff absences will also be tracked in the same manner. The screening process described above will also identify potential illness and/or exposure.

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Identification of potential illness or exposure will trigger isolation protocol. If there is a program closure or absence due to COVID-19, Michael Williams will contact:

1. Families (via private text message)
2. Staff (in person, or via text/email)
3. The Board of Health (via phone or text)

Julia Melnick and/or Michael Williams will complete an incident report form and upload/share with EEC.

The WYC will comply with any and all directives from governing authorities re. closures. Information will be communicated to parents via text, voice, and email.

PLAN #4: MEDICATION ADMINISTRATION PLAN

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

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

- Are there any COVID-19 specific measures being put in place for the administration of medication due to COVID-19?

All medications will be administered by either Michael Williams or Julia Melnick in accordance with existing protocols. Staff will wear synthetic gloves, and cloth face coverings, whenever administering medications. Gloves will be discarded after use. Prescribed epi-pens and inhalers will be stored securely, and singly, in the general office whenever children are on site. If a child with a prescribed epi-pen or inhaler leaves the grounds for a local walk or hike, the prescribed item will travel with the child in their backpack, or in the staff's backpack if necessary. All staff will be trained in administering an epi pen by the program health care consultant.

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Sample Administration of Medication Plan – For program internal use only

Medical Condition	Required Medication	Protective Measures for COVID-19

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

- Michael Williams
- Julia Melnick

PLAN #5: TRANSPORTATION (IF APPLICABLE)

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