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COVID-19 Preparedness Plan:

Reopening NorthStar's Children/Youth and Mental Health Programs during the Current Public Health Emergency

Introduction

With the spread of the coronavirus disease 2019 (COVID-19) in Massachusetts, in-person programs for children and youth were temporarily closed. To reopen our Department of Early Education and Care (EEC)-licensed early childhood education and school-age/afterschool programs during the ongoing public health emergency, we have developed and applied new and updated policies and requirements aimed at keeping children, their families, and staff safe and healthy.

This guidance document outlines the practical application of evidence-based prevention strategies to reduce the threat of COVID-19 in NorthStar's multiple children and youth programs funded by sources other than EEC—mainly the state Department of Public Health (DPH) and the Department of Children and Families (DCF). Our non-EEC-funded programs serve youth and some older elementary school children, while our EEC-funded programs serve infants, toddlers, and preschoolers as well as elementary school children. Yet, regardless of the age band they serve, all our programs face a host of common challenges such as promoting healthy hygiene practices, staff use of personal protective equipment, physical distancing,[*] intensified cleaning and disinfection, and staff training on safety-actions.

Planning and preparation
In planning to reopen our non-child and youth programs, we have developed this COVID-19 Preparedness Plan with federal, state, and municipal guidance. This plan is intended to assist directors and administrators in making decisions regarding safely reopening NorthStar child and youth programs during the COVID-19 pandemic.

Where our child and youth programs have different goals and program activities, serve different populations, and operate according to different funder rules and requirements, it may be difficult for the proposed strategies to be fully implemented in every setting. While some of the health and safety requirements in this plan may seem at odds with the practical realities of reopening and managing a child/youth program, staff are encouraged to think critically and creatively about how to enact physical distancing and other safety-actions to reopen that will keep children, youth, and staff safe, healthy, and learning.

[*] Where the term "social distancing" can be misleading and may even be contributing to social isolation, we are using "physical distancing" because we want people to feel and remain socially connected.

This COVID-19 Preparedness Plan is based on the best available public health data at this time, including US Centers for Disease Control and Prevention (CDC) guidance:

- Centers for Disease Control and Prevention (CDC): Childcare, Schools, and Youth Programs (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html)
- CDC: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (PDF) (www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf)

As new data and best practices emerge, this COVID-19 Preparedness Plan will be updated. The NorthStar Director of Youth Services is responsible for COVID-19 issues and coordinating preventive action-steps for NorthStar child and youth programs not licensed or funded by EEC. To ensure that an adequate supply of cleaning and other essential supplies (e.g., gloves, masks, sanitizer) are on hand, the youth services director will inventory weekly and order additional supplies as needed.

Local health department engagement
In drafting this COVID-19 Preparedness Plan, we sought guidance from the City of New Bedford Health Department director, Damon Chaplin (508-991-6199; damon.chaplin@newbedford-ma.gov). He will notify us of any developments in the local spread of the COVID-19 virus and emerging strategies to protect the community.

Staff training and support
Prior to reopening, we will train all staff on our new health and safety protocols to prevent the spread of COVID-19 among our staff, children, youth, and their families:

- COVID-19, including how the illness is spread and how to prevent its spread
- Enhanced sanitation practices
- Physical distancing guidelines
- Use of personal protective equipment (PPE), including 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
- Screening practices
- COVID-19 specific exclusion criteria
- How to protect children, youth, and staff at higher risk for severe illness.

Staff providing transportation. Staff whose job responsibilities include transporting child and youth program participants, along with all drivers and monitors providing contracted transportation, will receive training on, at a minimum, proper cleaning and disinfecting techniques, proper use and disposal of PPE, safe product usage guidelines, and proper methods to empty and dispose of used tissues and other trash. Additionally, drivers and monitors will be trained on the new health and safety protocols, including physical distancing and face mask use, and how to respond when a child appears ill.

COVID-19 and disparities
During this public health emergency, there has been growing awareness across the country that communities of color have been disproportionately impacted by COVID-19—especially African American, Latinx, American Indian and Alaska Native communities. The COVID-19 pandemic has

served to spotlight deep-rooted health, social, and economic inequities—linked to America's long legacy of racism—that have fueled increased risk of getting COVID-19, experiencing severe illness (regardless of age), and higher rates of hospitalization and death from COVID-19. As a people of color-founded and -led organization, NorthStar Learning Centers has teamed up with other organizations to ensure that the needs and perspectives of communities of color are reflected in COVID-19 response and recovery efforts. We seek to identify and implement best practices for engaging communities of color in preventive health screenings, important health messaging, and promoting increased access to care.

Strategies to Reduce the Transmission of COVID-19

This COVID-19 Preparedness Plan is organized around strategies to reduce the transmission of COVID-19:

- Wear and promote personal protective equipment (cloth face coverings and gloves).
- Provide proper building ventilation.
- Eat and drink safely.
- Provide safe program environments.
- Promote a safe workplace for staff.
- Teach, model, and reinforce healthy hygiene practices.
- Conduct health screening at entry and health checks throughout the program day.
- Be safe and proactive when interacting in the community.
- Transport safely and sparingly.
- Intensify cleaning and disinfecting efforts.
- Engage, inform, and support families.
- Plan for if children, youth, or staff get sick.

Wear and promote personal protective equipment.

Wear cloth face coverings

Wearing cloth face coverings may help prevent the spread of COVID-19 and is encouraged for staff and older children during the program/work day. Face coverings are most essential at times when physical distancing is not possible. Even if cloth face coverings are worn, however, it is important to continue to practice proper physical distancing.

- Staff. We will teach and reinforce use of cloth face coverings among all program staff during the work day as much as possible. Staff must wear a cloth face covering whenever 6 feet of physical distancing is not possible.
    - Staff should be frequently reminded not to touch their face covering and to wash their hands frequently.
    - Staff will be instructed on proper use, removal, and washing of cloth face coverings.
    - We will consider using transparent face coverings to allow for the reading of facial expressions, which is essential for child development.

- Children and youth. When possible and at the discretion of their parents, child and youth program participants should be encouraged to wear cloth face coverings if they can reliably wear, remove, and handle the cloth face covering throughout the day.
    - When children can be safely kept at least 6 feet away from others, then they do not need to wear a mask.
    - Masks must not be worn while children are eating, drinking, or resting. Strict and consistent physical distancing will be practiced at all times during these activities.
    - Masks do not need to be worn while engaging in active outdoor play, if children/youth are able to keep physical distance from others.
    - Children must be supervised when wearing a mask. If wearing the cloth face covering causes the child to touch their face more frequently, staff should reconsider whether the mask is appropriate for the child.
    - Caution should be used in advising the use of facial coverings during hot days or when children/youth are engaged in vigorous activity. In these settings, facial coverings can increase the risks of heat exhaustion or hyperthermia (heat-related injuries), and may also not be advisable for children with asthma or other respiratory conditions.
    - Exceptions for wearing face masks include, but are not limited to:
        - Children under the age of 2 years;
        - Children who cannot safely and appropriately wear, remove, and handle masks;
        - Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the face cover without assistance;
        - Children with severe cognitive or respiratory impairments who may have a difficult time tolerating a face mask;
        - Children of whom a face covering presents a potential choking or strangulation hazard;
        - Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe;
        - Individuals who, due to behavioral health problems or developmental delay, are unable to wear a face covering safely; and
        - Individuals who need to communicate with people who rely upon lip-reading.
    - Families will be asked to provide their children with a sufficient supply of clean masks and face coverings for their child to allow replacing the covering as needed.
        - If families do not provide masks, we will furnish masks for their children.
        - We will ask families to have a plan for routine cleaning of cloth face coverings, to clearly mark them with their child's name, and to clearly distinguish which side of the covering should be worn facing outwards so they are worn properly each day. Masks and face coverings must be routinely washed (at least daily and any time the mask is used or becomes soiled) depending on the frequency of use. When possible, masks should be washed in a washing machine in hot water and dried fully before using it again. If a washing machine is unavailable, masks should be washed with soap and hot water and allowed to dry thoroughly before using it again.

- How about parents? Programs must enforce the wearing of face masks by parents when on the premises and at all times during drop-off and pick-up. Programs must regularly remind families and staff that all individuals are encouraged to adhere to the CDC's recommendations for wearing a mask or cloth face covering whenever going out in public and/or around other people.

Wear gloves as needed

Staff must wear gloves during:

- Program cleaning
- Food preparation
- Screening activities requiring contact
- Applying sunscreen.

To reduce cross-contamination, disposable gloves should always be discarded in the following circumstances:

- Visible soiling or contamination with blood, respiratory or nasal secretions or other body fluids occurs;
- Any signs of damage (e.g., holes, rips, tearing) or degradation are observed;
- After 4 hours of continuous use;
- Removing gloves for any reason, since disposable glove "reuse" increases the risk of tearing and contamination;
- Following food preparation, applying sunscreen, and screening activities requiring contact.

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

Provide proper building ventilation.

The COVID-19 outbreak is bringing indoor air quality into the spotlight as organizations work to mitigate the spread of disease. Ventilation is important for good indoor air quality. Supply as much outside air as possible. Specifically:

- Increase air supply and exhaust ventilation. Expanding ventilation operation times is recommended for buildings with mechanical ventilation.
    - Consider keeping the ventilation on 24/7 with lower ventilation rates when people are absent.
    - Exhaust ventilation systems of toilets should be left on 24/7.
    - If using air conditioning, use the setting that allows the maximum amount of outside air to enter the program space.
    - Replace and check air filters and filtration systems to ensure optimal air quality.
- Use more window-driven natural ventilation. Even in buildings with mechanical ventilation, increase circulation of outdoor air as much as possible by opening windows and doors, using fans (must be inaccessible to young children and should blow away from people), and achieving crossflows through buildings. Do not open windows and doors, however, if doing

so poses a safety or health risk (e.g., allows pollen in or exacerbates asthma symptoms) to children/youth in the facility.

- Offer more outside time. While indoor air quality is key to reopening safely, the risk of contracting the virus is significantly lower when you are outside by virtue of there being more space to separate from others and more natural airflow.

Eat and drink safely.

While our non-EEC programs do not typically serve meals, they may offer snacks or occasionally food at celebratory events. When food is being served:

- Space children/youth as far apart as you can at the table and make sure tables are at least 6 feet apart.
- Clean and sanitize tables before and after each group eats, and consider the use of disposable plates and meal supplies if items cannot be properly washed, rinsed, and sanitized. Consider using a washable plastic table cloth to cover wooden tables.
- Eliminate family style and buffet meals. Food should be individually plated for each child or youth. Staff (not children or youth) should handle utensils and serve food to reduce spread of germs.
- Ensure children and youth are not sharing food, cups, or water bottles with each other.
- To minimize handling and preparation, consider providing snacks that are pre-packaged or ready to serve in individual portions.
- Consider having children and youth take their food outside.
- Think carefully about how drinking fountains are being used and how regularly they are being cleaned in making a decision to use them. Encourage participants to use refillable water bottles to avoid direct contact with the fountain equipment. If you do use them, ensure there are hand hygiene products available right next to the drinking fountain and encourage users to perform hand hygiene before and after using one.
- Staff must ensure children/youth wash their hands prior to and immediately after eating.
- Staff must wash their hands before and after serving food.
- Tables and chairs used for eating need to be cleaned and sanitized before and after use.
- All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of food products must be washed, rinsed, and sanitized before each use. Use sanitizers approved by the EPA for use against COVID-19 and for food-contact surfaces.

Provide safe program environments.

It is understood that educating and supporting children and youth while maintaining physical distancing is challenging because they learn best from active interaction with their peers and adults. To prevent the spread of COVID-19, however, physical distancing of at least 6 feet must be encouraged for children, youth, and staff at all times, including, but not limited to, during all activities, transitions, and transportation. Physical distancing guidance will support a 3-foot radius around each participant, resulting in a 6-foot total distance between any two people. Staff must adapt practices to maintain physical distancing of at least 6 feet whenever possible.

Program staff should assess their usable physical space when determining capacity to serve participants. Decisions about organization of the program space must be guided by the program's ability to implement adequate and consistent physical distancing, especially in terms of use of common spaces that need to be shared by all child and youth program attendees at a program facility. Staff must review the physical distancing requirements for children and youth program participants and be prepared to support children and youth with adjustment to new systems and routines.

- Reconfigure activity/meeting spaces in ways that allow staff to enforce and maintain consistent physical distancing guidelines. Rearrange furniture and movable partitions to maintain 6 feet of separation, when possible. When dividing rooms, create a clear barrier with cones, chairs, tables, etc.
- Consider using visual aids (e.g., painter's tape, stickers) to support appropriate physical distancing and to indicate desired traffic flow.
- Within a program, create consistent groupings of the same staff and participants, as much as is practicably possible. The maximum number of participants per group would be dependent upon the location of the activity, with a maximum number of 10 people for indoor activities and up to 25 people per group for outdoor activities. (Or otherwise limit group size following current state guidance.)
- Consider including children/youth from the same family in the same group, where feasible.
- Keep groups together; if possible, maintain the same groups from day to day. This will help reduce potential exposures and may prevent an entire program from shutting down if exposure occurs.
- Limit the number of children and youth in each program space. Avoid opening up unpurposed space that would invite staff and/or participants to "hang out" without heeding physical distancing.
- Offer more opportunities for individual learning, including setting up individual learning activity centers or stations as far apart as possible.
- Refrain from games and activities that encourage close physical contact or proximity. Any/all sports-related activities must follow forthcoming guidance on youth sports. Until this guidance is released, such activities must be low risk, no contact, and focus on individual skill building versus competition.
- Avoid rotating groups through a shared space that cannot be cleaned between rotated groups.
- Limit shared materials to those you can easily clean, sanitize and disinfect. Clean and sanitize hands-on materials and equipment often and after each use. Each child or youth could use an individual labeled container or bin.
- Discourage program participants and staff from sharing pencils, pens, and other office supplies. If shared supplies are necessary, consider using designated bins for clean and used supplies. Common supplies are considered high-touch and should be cleaned frequently.
- Each participants' personal items should be labeled and kept in a separate bag.
- Go outside more. Wherever possible, hold activities outdoors and encourage participants to spread out.

  - Why is outdoors considered safer than indoors? The main advantage of being outdoors is that increased airflow and space can cause any droplets released when a person coughs, sneezes, laughs, or talks to become diluted in the environment more quickly than in an enclosed indoor space. For this reason, the likelihood of coming into contact with a quantity of the virus in the air that is sufficient to cause infection may be lower outdoors. It is still advisable, however, to avoid crowded spaces in outdoor settings.

- Have groups use facility outdoor space in staggered shifts, if necessary to maintain physical distancing.
- Consider discontinuing activities that require or may require direct staff support, close contact, or rescue—where physical distancing cannot be adhered to—except where necessary to support participation for children and youth with special needs.
- Add visual cues or barriers to direct traffic flow and distancing. To reduce crowding or high-traffic situations, consider dividing participant entry points rather than funneling all participants through the same entryway.
- Whenever possible, participant pick-up and drop-off should occur outside.
- Organize virtual group events, gatherings, or meetings, if possible, and promote physical distancing of at least 6 feet between people if in-person events are held.
- Limit travel off the program facility premises, including canceling all field trips and interagency, or program, groups and activities. Use virtual formats in lieu of field trips, assemblies, and special performances, as possible.
- Limit any non-essential visitors and activities involving external groups or organizations if possible.

Promote a safe workplace for staff.

- Hold staff meetings virtually or in a large enough space to readily enable physical distancing.
- Allow staff to use alternate spaces for discretionary planning and preparation time. Where feasible and subject to prior approval, administrative staff should telework from their homes.
- Conduct professional development virtually whenever possible.
- Ensure policies are supportive of participants and staff staying home when sick.
- Acknowledge and support staff members' mental and emotional health. While social distancing is key to preventing the spread of COVID-19, for example, it can intensify mental and emotional health challenges.
- Encourage all staff age 65 or older or with serious underlying health conditions to talk to their healthcare provider to assess their risk and to determine if they must stay home or follow additional precautions. The CDC lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age: Groups at Higher Risk for Severe Illness (www.cdc.gov/coronavirus/2019- ncov/need-extra-precautions/groups-at-higher-risk.html).

Teach, model, and reinforce healthy hygiene practices.

Handwashing and other personal hygiene practices are simple yet effective ways to prevent the spread of COVID-19 and other disease.

- Handwashing remains the most effective way for preventing the spread of COVID-19. However, it must be done properly and with soap and water: Wash hands often with soap and water for at least 20 seconds, especially after having been in a public place or after blowing your nose, coughing, or sneezing. When soap and water are not available, the next best option is to use a hand sanitizer that contains at least 60% alcohol.
- Ask staff and child and youth program participants to wash hands upon arriving, before and after eating meals, before and after applying sunscreen, when entering or leaving indoor spaces, and after outdoor activities.
- Exercise caution if using shared public amenities such as picnic tables and benches. Assume such equipment has not been cleaned.
- Have hand and other personal hygiene products (e.g., hand sanitizer, soap, tissues, disinfectant wipes) readily available for use by staff and participants. Place hand hygiene supplies in close proximity to shared equipment such as a printer/copier.
- Ensure the availability of appropriate cleaning supplies (e.g., disinfectant wipes) for cleaning of high-touch surfaces (see more details below).
- Always cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in the trash. If you don't have a tissue, cough or sneeze into your arm or elbow.
- Educate staff and program participants on the importance of avoiding touching their faces throughout the day, and washing their hands when they do.
- Avoid using other staff members' phones, desks, offices, or other work tools or equipment.
- Consider engaging program participants in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition around creating a new program greeting or alternatives to hugs or high-fives).
- Post posters, use social media, send email messages, etc. regarding symptoms of COVID-19 and health etiquette expectations.

Conduct health screening at entry and health checks throughout the program day.

Staff, children, or youth sick with any illness must stay home. We will implement daily health checks to ensure those who develop symptoms are not attending.

- Communicate to parents the importance of keeping children home when they are sick.
- Conduct a health screening for all staff, children, and youth each day before they enter the facility. During screening, maintain at least a 6-foot distance.
    - Ask all individuals about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. Exclude anyone who has an affirmative response on any of these points.
    - Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

  - Conduct visual wellness checks of all children and youth upon arrival, complete the daily temperature check for temperatures over 100.4°F and symptom screening questions and log the information. Temperatures can be taken by staff or the parent of the participant while being monitored by staff. Thermometers must be properly cleaned and disinfected after each use.
- If a parent is entering the facility, ask them to wash their hands and to enter and exit the room one person at a time to allow for physical distancing. Request that they wear a face covering. (Provide one if the parent did not bring one.)
- Monitor staff and children/youth throughout the day for signs and symptoms of illness. Immediately isolate and send home symptomatic staff and program participants.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick. Require staff members to stay home if they suspect they have been infected with the infectious disease or have been exposed to someone with the infectious disease.
  - If they are able to work from home, they should notify their supervisor, who can determine if teleworking is feasible.
  - Staff who are well but who have a sick family member at home with the infectious disease should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
  - When there is a spread of infectious disease and staff need to care for a friend or family member that does not reside at their home, staff may use their sick leave for their absence.
- If a participant or staff member is diagnosed with COVID-19, contact the New Bedford Health Department and DPH for guidance.

Be safe and proactive when interacting in the community.

- Ask staff and participants to limit their interaction with local communities when off-site to obtaining only essential services; and only allow sparingly or find other ways to get supplies/services.
- Follow appropriate physical distancing and health etiquette measures when interacting with the community.
- Encourage staff to act safely on their time off.
- Where the COVID-19 pandemic has further disconnected court-involved program youth from supports, help them navigate the “extraordinary challenges to probationers during this time,” as the Massachusetts Probation Service has changed its supervision practices in response to COVID-19. Assist youth in safely meeting court-ordered conditions and in addressing their unmet health, mental health, and other care needs.
- The risk of COVID-19 is not connected to race, ethnicity or nationality. Stigma will not help to fight the illness. As professionals and community members, share accurate information with others to curb the spread of rumors and misinformation.

Transport safely and sparingly.

Historically, some program children and youth have been transported by a contracted transportation provider, by vans owned by the organization, and staff-owned private cars.

- Avoid transporting children or youth to the degree possible at this time—only when absolutely necessary for the child or youth to participate in the program.
- Physical distancing. If you must provide transportation, create space between riders. Reduce the number of people on transportation vans/buses to allow them to spread out. Consider using visual cues to indicate where participants may sit to adhere to physical distancing, when possible.
    - Compliance with 6-foot physical distancing between children on the vans/bus will be accomplished by following the CDC recommendation of seating one child per seat, every other row.
    - Another adopted physical distancing strategy will be having children board starting from the back on the bus and working toward the front while exiting front to back.
    - Routes with fewer children/youth aboard to accommodate physical distancing will reduce the time of each run and thereby reduce possible exposure.
- Keep windows open to promote airflow and help reduce the spread of the virus. If not possible or comfortable to open windows, the bus ventilation system should be set to high.
- Cloth face coverings should be worn by all.
- Clean vans/buses with a third-party certified, fragrance-free green cleaner and microfiber cloths. Clean and disinfect handrails. While cleaning the bus, keep windows open to prevent buildup of chemicals that cause eye and respiratory problems. Required daily completion and submission of a transportation cleaning log (based on CDC guidelines for cleaning and disinfecting non-emergency vehicles) will help ensure that cleaning and disinfection procedures are followed consistently and correctly; the log will identify what items and areas must be cleaned, sanitized, and disinfected and with what frequency.

Intensify cleaning and disinfecting efforts.

During the COVID-19 pandemic, we need to intensify programs' routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces. Provide staff training on cleaning and disinfecting according to manufacturer's directions for safe use. Review the cleaning schedule with staff and identify items and areas that will need more frequent sanitization/disinfecting in the program facility. Ensure that cleaning and disinfecting efforts do not trigger acute symptoms in children with asthma or other respiratory conditions.[†]

- Clean, sanitize, and disinfect throughout the day.
    - *Cleaning* removes germs, dirt, food, body fluids, and other material. Cleaning increases the benefit of sanitizing or disinfecting. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.
    - *Sanitizing* reduces germs on surfaces to levels that are safe.
    - *Disinfecting* kills germs on surfaces of a clean object.

[†] What, when, and how to clean, sanitize, and disinfect is detailed in NorthStar's Health and Safety Manual.

- Introduce fresh outdoor air as much as possible—for example, by opening windows. Plan to do thorough cleaning when children are not present. Air out the space before children arrive.
- Implement procedures to frequently clean and disinfect all high-touch surfaces such as sink knobs, toilet handles, tables, counters, door handle, and program equipment. Clean high-touch surfaces between different groups, where possible.
- Children's and young adult books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. Staff should regularly inspect and dispose of books or other paper-based materials that are heavily soiled or damaged.
- For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
    - Follow the manufacturer's instructions for all cleaning and disinfection products.
    - Consider use of wipeable covers for electronics.
    - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- Frequently clean office materials or equipment that cannot be designated.
- Designate a container for teaching/learning materials that need to be cleaned, sanitized, or disinfected before being introduced back into the program environment.
- Use EPA-registered household disinfectants recommended by the CDC: EPA: Coronavirus (COVID-19) Information on Disinfectants (www.epa.gov/coronavirus).
    - To reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid).
    - Do not prepare cleaning solutions in close proximity to children/youth. Many cleaning agents can be irritants and trigger acute symptoms in children/youth with asthma or other respiratory conditions.
    - All sanitizing and disinfecting solutions must be used in areas with adequate ventilation and never in close proximity to children/youth as not to trigger acute symptoms in children with asthma or other respiratory conditions. Do not spray chemicals around children/youth. Move children/youth to another area away from where a chemical is being used.
    - Open containers used to sanitize dishes or toys will be used out of the reach of children/youth.
    - Avoid aerosols because they contain propellants that can affect breathing.
    - Use the proper concentration of disinfectant.
    - Keep the disinfectant on the surface for the required wet contact time.
    - Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
    - Keep all chemicals out of reach of children and youth.

- No air fresheners. Air fresheners and deodorizers can contain hundreds of chemicals, some of them toxic in very small amounts. “Natural” air fresheners have been found to be no safer. Pollutants emitted from air fresheners have been linked to serious health problems; children are especially vulnerable. Moreover, the use of an air freshener can also violate the Americans with Disabilities Act, because people who experience disabling health effects from air fresheners cannot access the facility. Use ventilation instead of air fresheners and remove sources of odors rather than mask with chemicals.
- Outdoors. High-touch surfaces made of plastic or metal, including play structures, tables and benches, should be frequently cleaned and disinfected. Cleaning and disinfection of wooden surfaces or groundcovers (mulch, sand) is not recommended.
- Be ready to follow CDC guidance on how to disinfect your facility if someone is sick.
    - If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
    - If COVID-19 is confirmed in a child or staff member:
        - Close off areas used by the person who is sick.
        - Open outside doors and windows to increase air circulation in the areas.
        - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
        - Clean and disinfect all areas used by the person who is sick such as offices, bathrooms, and common areas.
        - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
        - Continue routine cleaning and disinfection.

Schedule for cleaning, sanitizing, and disinfecting

Know when to sanitize and when to disinfect and prudently use the appropriate solution for sanitizing and for disinfecting (stronger).

At times it may be necessary to clean, rinse, and sanitize/disinfect more frequently in response to an outbreak of infectious illness, if there is known contamination, or when recommended by health authorities to control certain infectious diseases.

Area / Item	Sanitize	Disinfect	Frequency
All surfaces used for eating, including mixed use tables	✓		Before and after each use
Door and cabinet handles		✓	At the end of the day.
Upholstered furniture			Vacuum daily when children are not present. Clean as needed, using a carpet shampoo machine or steam cleaner.
Garbage cans		✓	Daily
Handwashing sinks,		✓	Daily. Clean immediately if visibly soiled.

counters, toilets, & floors			
Kitchen counters	✓		Before and after each use
Refrigerator	✓		Weekly
Drinking fountains		✓	Daily. Not recommended, instead use personal drinking cups or water bottles.
Smooth surfaced, nonporous floors (tile, linoleum, etc.)	✓		Sweep or vacuum, then sanitize daily, all spills cleaned up immediately.
Floors, carpets, rugs, or surfaces with bodily fluid		✓	Children should be moved from area contaminated prior to cleaning and disinfecting with an EPA registered product. Children should not return to carpeted areas until dry.
Bathroom floors		✓	Disinfectant is not used on floors when children are present.
Rugs & carpets	✓		Vacuum daily when children and youth are not present. Clean as needed using a carpet shampoo machine or steam cleaner.
Mops		✓	Cleaned, rinsed and disinfected in utility sink. Air dried in an area with ventilation to the outside & inaccessible to children.

Cleaning, sanitizing, and disinfecting after a potential exposure

If a program suspects a potential exposure, staff must clean and disinfect as follows.

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before initiating cleaning and disinfection. Each program facility must plan for availability of alternative space while areas are out of use.
- Staff must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the ill persons, focusing especially on frequently touched surfaces.

Engage, inform, and support parents.

For parents with limited resources and supports, the pandemic has compounded the uncertainty, stress, and isolation for our community's most vulnerable children and families living in poverty. More parents are experiencing isolation, stress, anxiety, depression, and trauma, which may well increase risk of child maltreatment, family violence, and other adverse childhood experiences.

We have rapidly adapted to program facility closure with innovative practices to continue serving families through remote service delivery (e.g., via phone, text, email). We will continue to:

- Connect families to state and local resources or information for identified needs.
- Support families' capacity to connect with health and family support professionals through virtual, electronic, and telephonic means, including assisting families with access to technology and internet connectivity.
- Reach out to parents with expressions of support and let them know that they are not alone, that we are thinking of them, there is support for them, and to reinforce the positive things they are doing for their families. Offering compassion and caring can reduce parental stress.

- Provide tools to help parents establish or maintain daily routines that support children's developmental and social-emotional needs, while balancing parents' work or other responsibilities.
- Talk to parents about strategies to support and strengthen their family, especially during these uncertain times.

Prior to reopening our child and youth programs, we are communicating with families in a variety of ways—providing information by email, direct postal mail, phone, texting, and group messaging—to ensure that all parents receive critical information and become invested in the reopening of our programs, including our new health and safety protocols, how we will work closely with state and local health departments, and afford parents the opportunity to ask questions and express their concerns. Honor requests of parents who may have concerns about their children attending the program due to underlying medical conditions of those in their home.

We will send new consent forms by email and, for families who do not have internet access or are not comfortable with email communication, by direct postal mail. We will provide information to parents about:

- COVID-19, including symptoms, transmission, prevention, when to seek medical attention, information on COVID-19 testing locations and how to share information with their children in developmentally-appropriate ways
- For the foreseeable future, we are taking extra precautions to ward off COVID-19. The changes are included in our revised health and safety policies.

Parents of children with special medical conditions

We will discuss with the parent of a child with special medical conditions how we can best meet the needs of their child while adhering to the COVID-19 protocols. For example:

- Individuals with asthma. People with moderate to severe asthma have a higher risk of getting seriously ill from COVID-19.
    - People should continue to take their asthma medication as usual during the pandemic. Keeping asthma symptoms under control is one of the best methods people with asthma can take to protect themselves. There is no evidence that asthma medications will increase the risk of contracting the virus or worsen outcomes of COVID-19.
    - People should manage acute asthma episodes with an inhaler such as albuterol. The use of nebulizers is not permitted because a nebulizer can increase the risk of sending COVID-19 virus particles in the air, potentially transmitting the virus to others nearby.
- Individuals with autism. Individuals with autism are facing numerous new challenges brought on by COVID-19, including understanding social distancing practices and why people are wearing face masks**.** Individuals with autism who cannot verbally express their frustration, confusion, or discomfort with the mask may exhibit aggression or other challenging behaviors. We will talk with the parent about specific adaptations or suggestions to meet their child's special needs.

Communicate with families should an exposure or positive case occur.

To prepare for the potential of program attendees or staff showing symptoms while at the program, we have a response and communication plan in place that includes notifying informing staff,

families, and the city health department from which we would seek guidance on steps to take. If a child becomes symptomatic at the program, their parent would be immediately notified and requested to pick up their child as soon as possible.

With physical distancing a barrier to direct communication, we will find out how each parent prefers to stay in touch. We will obtain parents' email addresses and home, work, and mobile phone numbers so that we can reach them at any time. Where COVID-19 prevention policies limit direct contact with parents, we are developing a system to check with parents daily on the status of their children when children are dropped off at the facility.

Plan for if children, youth, or staff get sick.

To prepare for the potential of program participants or staff showing symptoms while at the program, we have a response and communication plan in place that includes communication with staff, families, and their local health department. We also have an emergency backup plan for staff coverage in case a staff member becomes sick—facilitated by the fact that many of our youth-serving staff are cross-trained to provide services in a number of child welfare programs. Using a cross-trained staff team with a dedicated focus on supporting child welfare-involved children/youth affords more program adaptability to fluctuating numbers in different specialized programs.

- Programs should be prepared for a child, youth or staff member becoming symptomatic (i.e., develops a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms) in one of our facilities.
    - Staff who come down with symptoms while at work should notify their supervisor immediately and prepare to leave the workplace. The supervisor will initiate a backup plan.
    - Plan to have a separate room or area, with a door if possible, that can be used to keep sick children/youth and staff separate from well children/youth and staff while they wait to be picked up or are able to leave on their own. Ensure there is enough space for multiple people placed at least 6 feet apart (in the case more than one participant becomes ill). A location with an open window and/or good air circulation is optimal. A separate bathroom must be made available for use by sick individuals only. Ensure that hygiene supplies, including a cloth mask, facial tissues, and alcohol-based sanitizer, are available to people who have been isolated.
    - Immediately separate the symptomatic person away from others, with supervision at a distance of 6 feet, until the sick person can leave. Isolated children must be supervised at all times. Others must not enter isolation room/space without appropriate PPE. In the case of a sick child or youth, immediately notify their parent. While waiting to leave the program, the individual with symptoms should wear a cloth face covering or mask if tolerated. Where an option, consider designating a separate exit from the exit used to regularly exit for those being sent home due to suspected infection.
    - Air out and then clean and disinfect the areas the person was in after they leave.

Self-isolating following exposure or potential exposure

In the event that a staff member or child is exposed to a sick or symptomatic person, the following protocols must be followed:

- If a child or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff must not be permitted to enter the program space and

must be sent home. Exposed individuals should be directed to stay home for at least 14 days after the last day of contact with the person who is sick. The program must consult the local board of health for guidance on quarantine for other children and staff and what additional precautions will be needed to ensure the program space is safe for continued child care services.

- If an exposed child or staff subsequently tests positive or their health care provider indicates that they have confirmed COVID-19, they must be directed to stay home for a minimum of 10 days from the 1st day of symptoms appearing and be fever-free for 72 hours without fever-reducing medications and experience significant improvements in symptoms. Release from isolation is under the jurisdiction of the local health department.
- If a child's or staff member's household member tests positive for COVID-19, the child or staff member must self-quarantine for 14 days after the last time they could have been exposed.

Notify required parties

In the event that a program experiences an exposure, the program director must notify:

- Program staff of their possible exposure in the program, while maintaining confidentiality as required by the Americans with Disabilities Act (ADA)
- Parents by phone and in writing of any possible exposure, with instructions for isolating at home and duration if the local department of health finds it necessary

- New Bedford health department if a child, youth, or staff member is COVID-19 positive—for guidance to determine next steps such as closing a facility area or program to allow for a professional cleaning company to complete a deep cleaning of any contaminated space after ventilating the space for 48 hours.
- Funding and licensing agencies, if a child or staff member has tested positive
- Ask the staff member or child's/youth's parent to inform the program right away if the person is diagnosed with COVID-19.

Exclusion guidelines

Sick children or staff members who are COVID-19 positive or symptomatic and presumed to have COVID-19 must not return until they have met the criteria for discontinuing home isolation and have consulted with a health care provider. Determine the date of symptom onset for the child, youth, or staff member. Determine if they attended/worked at the program while symptomatic or during the 2 days before symptoms began. Identify what days the child/staff attended/worked during that time. Determine who had close contact with the child/staff member at the program during those days (staff and other children/youth).

- If a child, youth or staff member tests positive for COVID-19, all members of the infected program participant's group in the program is a close contact and should self-quarantine for 14 days.
- 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 staff member, child, or youth who had signs of suspected or confirmed COVID-19 can return to the program when at least 3 days (72 hours) have passed since recovery—defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath and at least 10 days have passed since signs first showed up.

- Monitor child, youth, and staff absences. Be ready to close if there are increased cases.