



CLASSROOM HANDBOOK - COVID-19 Addendum - June 2020

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## INTRODUCTION

The Classroom Handbook has been revised to integrate the Early Education & Care Minimum Requirements for Health & Safety during and following the pandemic in Massachusetts. This document employs strategies consistent with the principles outlined in EEC's guidelines: 1) minimizing potential exposure through small groups and reduced contact between groups, and 2) reducing prolonged contact between individuals within a group, to the degree possible. Simultaneously, we will pay careful attention to the needs of our workforce on whom our system relies; the children and families we serve; and most importantly, to deliver developmentally appropriate high-quality child care and education for young children during these unprecedented times.

## SCREENING

A single point of entry for every grouping will be designated for screening upon arrival. If needed, a second entrance will be designated to facilitate screening. A weekly staff schedule will designate which staff are screeners in the morning to monitor staff and children at arrival. One family at a time will be screened to maintain privacy and the others will socially distance from 6 feet away with markings on the sidewalk or entryway. The screeners will be wearing PPE. Once screened and admitted to the center, another designated staff person will escort the child to wash their hands and then admit them to their classroom.

Designated staff members will be assigned as screeners to conduct an overall observation of the child, review health questions with the parent, and complete a written attestation form daily. Another staff member will be designated to escort children to and from their classrooms at the beginning and end of the day. The program will make a phone/web-based app available to families to access and complete the health screening form prior to arrival. Paper screening forms will be available as back-up. All families will be directed to self-screen at home by taking the child's temperature and checking for symptoms. All responses will be maintained on file at the program, either electronically via the app or in hard copy.

Staff will use the same screening tool (web-based or paper form) to check for symptoms or exposure, and those records will be maintained electronically or in hard copy. Once staff have been screened and admitted to the center, they will wash their hands and put on Personal Protective Equipment (PPE) as appropriate before entering their classroom for the day.

Teaching staff will monitor children and fellow staff for symptoms of any kind, including fever, cough, shortness of breath, diarrhea, nausea, and vomiting, abdominal pain, or unexplained rash within their classrooms throughout the day. Children who appear ill will be separated from the group and brought to the isolation area. If any child or staff appears to have severe symptoms, emergency services will be contacted and informed of suspected Covid-19.

At departure time, parent/guardians will be asked to notify the program by phone to say they have arrived for pick up. The classroom staff will be notified to prepare the child for departure. A staff member from that classroom (if ratio allows) or another staff person will escort the child to the door. Parents should maintain a physical distance of 6 feet if waiting outside with other parents. Parent/guardians will be encouraged to wear masks according to CDC guidance.

## ISOLATION AND DISCHARGE

If a child presents any of the symptoms included in the screening list, they will be sent home immediately. If the child has been exposed to an individual who is COVID-19 positive or presumed to be COVID-19 positive, then they may not return to childcare for 14 days. If the child has symptoms but not otherwise exposed, they may not return to childcare until the symptoms abate.

If a child begins showing symptoms while already at the program, they will be isolated as quickly as possible into the designated isolation room, with appropriate staff supervision but away from close contact with other children and adults, until they can be picked up. The parent will be contacted and the child will be sent home as soon as possible. The child will be discharged to a parent or caregiver through an exit closest to the isolation room, avoiding contact with other staff or children.

## LOCAL BOARD OF HEALTH ENGAGEMENT

The Program Director or a member of the Nurtury Senior Management team will notify the local board of health in the event that a child or staff member is COVID-19 positive.

## PROGRAM CLOSURES AND ABSENCES

In the event of any exposures or other health incidents, the Program Director will immediately notify a member of the Nurtury Senior Management team for additional support with executing a public health response plan in the event of a suspected or confirmed COVID-19 exposure.

The Program Director or Senior Manager will execute the following steps in the event of a confirmed or suspected exposure. This information was drawn from Nurtury's "COVID-19 Exposure Protocol" which was developed in our Emergency Child Care Program site and will be used by Program Directors and Senior Management to manage any future transmissions or exposures:

### **Nurtury Exposure Tracking Protocol:**

1. In the event that the exposure involves a child or staff members in attendance that day, immediately begin isolation procedures:
  - a. In the case of a child that exhibits symptoms during the program day, a staff member will bring the child to the Isolation Room and remain with that child, using suitable PPE. Staff persons will report symptoms to the Director and then remain in the Isolation Room until transportation home has been arranged.
  - b. The child's parent or guardian will be contacted immediately. The child will occupy the Isolation Room with a member of the program team until they are picked up.
2. Gather as much information as possible regarding the nature of the exposure (who is impacted, when symptoms began, who and how many have been exposed, etc.) for the purposes of contact tracing. Assemble contact information for any impacted individuals to be contacted.

3. Contact the Boston Public Health Commission (local board of health) to report the incident and receive guidance on follow-up steps (quarantine, testing, notifications, and potential closure, depending on the nature of the exposure).
  - a. Contingent upon information gathered via the exercise of contact tracing, there will be a determination of program closure.
  - b. Above and beyond the program's nightly cleaning (including disinfecting and sanitizing), determine in collaboration with BPHC if any specialized or additional cleaning is needed.
4. Contact EEC to notify the program's Licensor or Regional Director.
5. All staff in the Program will be notified, with additional phone follow-up by the Program Director for any staff who must self-quarantine.
  - a. Impacted staff who may have been exposed will be provided information resources and support to secure access to COVID-19 testing as quickly as possible.
6. All enrolled families will be notified, with additional phone follow-up by the Program Director for any families who must self-quarantine.
  - a. Families whose children may have been exposed will be encouraged to contact their child's medical provider to receive individualized guidance appropriate to their child.
  - b. Families asked to quarantine will be provided with a letter for their employer if needed.
7. Either the Program Director or a Senior staff member will manage follow-up communications with the following audiences and others as needed: staff, families, the Boston Public Health Commission (local board of health), and EEC (licensor or regional director).
  - a. The Program Director will continue follow up with impacted families and/or staff through the duration of quarantine, to provide support or information as needed.

## MEDICATION ADMINISTRATION PLAN

The Program Director, or designee, will have a conversation with each family to ensure medications are up to date, determine if there has been any change in the child's health status, and request updated information from the child's health care provider, where appropriate.

Each person who administers prescription or nonprescription medication to a child is trained to verify and document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct times by the proper method.

Staff must demonstrate competency in the administration of medication to the program director before they are authorized to administer medication (other than topical medication) to a child. At least one educator with training in medication administration is present at any and all times when children are in care. All staff are trained by EEC's Five Rights of Medication Administration.

The Program Director ensures that each educator, including those educators who do not administer medication, receive training in recognizing common side effects and adverse interactions amongst various medications, and potential side effects of specific medications being administered in the program.

In light of new precautions regarding use of nebulizers during the pandemic, the program will add additional precautions for the administration of asthma medications. In an emergency, a child who has asthma and has difficulty breathing will be taken to the Isolation Room for a nebulizer treatment. The staff person administering treatment will use PPE (face shield, mask, long-sleeved collared shirt, and gloves) while treating the child.

At least one staff member with current age-appropriate CPR and First Aid certification will be on the premises at all times when children are present.

## HEALTH AND SAFETY

### **Mask & PPE Policy for Staff**

All staff in the program will wear a mask, cloth face covering, or face shield, upon arrival and throughout the program day. Whenever 6 feet of physical distancing is not possible, masks must be worn. Staff working in infant/toddler rooms will use transparent face coverings where possible to allow for the reading of facial expressions. Nurtury will maintain a supply of PPE at all programs, including masks (a mix of cloth, clear, disposable, and both adult- and child-sized), gloves, face shields for additional security, gloves, and a modest number of shirt coverings (both washable and disposable).

To reduce cross-contamination, program staff will wear gloves when appropriate and at all times during diapering, food preparation, and screening activities requiring contact. Disposable gloves will be discarded after removal. Hand hygiene will be performed with soap and water or alcohol-based hand sanitizer.

### **Mask Policy & Entrance for Other Adults/Personnel**

The program will enforce restrictions on non-essential visitors. This includes parent and community volunteers (Foster grandparents, Jumpstart) as well as Early Intervention staff, per EEC instructions, at least for July and August and until further notice. Nurtury's Quality Assurance & Senior Management staff are essential to ensure safety compliance and effective operations at the program. Where possible, such work will be conducted remotely, but where necessary, to ensure the smooth functioning of the program, approved staff may be allowed on site to consult with staff, using appropriate PPE and following all health screening protocols, while minimizing direct contact with children.

Increase circulation of outdoor air as much as possible by opening windows. Do not open windows if doing so poses a safety or health risk (allowing pollen in or exacerbate asthma symptoms) to children.

Any facilities or cleaning crews who must enter the building for necessary repairs or maintenance will wear masks and minimize contact with both staff and children in the program.

### **Mask Policy for Children**

When possible and in consultation with the parent/guardian of the child, the program will encourage the wearing of masks or cloth face coverings for children age 2 and older who can safely and appropriately wear, remove, and handle masks. Masks will not be worn while children are eating, drinking, and sleeping. Masks will be encouraged when children go on walks outside the center.

Families should provide their child with clean masks or face covering and replace covering as needed. Masks and face coverings should be clearly marked with the child's name, room number and clearly distinguish which

side of the covering should be worn facing outwards so they can be worn properly each day. If families are unable to provide masks, the program will have extra masks available for children. Cloth masks and face coverings must be washed daily and any time if soiled.

## SOCIAL DISTANCING WITHIN PROGRAM

Consistent physical distancing will be promoted at all times during indoor activities and active outdoor play. Program staff will set up the classrooms to encourage social distancing using a variety of means such as painter's tape on seats/tables and/or plexi-glass on tables for activities such as eating to protect and isolate children from exposure while continuing to encourage socialization. Floors will be marked for places to sit or stand to maintain social distancing.

Some areas occupied by individual groups of children will be defined by permanent walls, or other partitions. Staff will review the physical distancing requirements with children in the program and be prepared to support children with adjustments to new systems and routines.

The program will have a designated storage area for strollers and car seats outside of the program space. If insufficient space is available, program administrators will notify families' that we cannot store them safely.

The program has a designated delivery entrance for safe vendor deliveries to ensure limited exposure. Any delivery staff entering the premises will be required to wear a mask.

### **Tips on ways to social distance within the classroom:**

- Restrict the amount of people crossing paths with one another (teacher/child assignments should be consistent as much as possible).
- Limit the contact that the children are having in large groups. Plan activities where the children can stay spread out and can do on their own until further notice.
- Limit the number of groups outside on the playground at one time so there are less people crossing paths.
- Spread out children's cots at nap time for more personal space.
- Depending on the size of your class, the age of the children, and the number of children you have, you can separate the classroom into mini personal learning spaces for each child. These mini spaces can have all the supplies the child will need.
- Within each personal play space give each child the same amount of toys and creative supplies (several books, paper, crayons, trucks, blocks, personal sensory bin, animals, and access to a table).
- Painters tape can be used to create individual play spaces and educators can have children help in naming their special play area.
- Set up classroom furniture so children can see each other. Use a child-size bookshelf or storage unit to separate two play areas while allowing children to still sit and communicate with each other.

The hardest part of setting up personal learning spaces will be keeping the children in them. Model and reinforce to children that their play space is their special space, encourage conversation, and gentle reminders. As children get used to the play set up, educators should encourage open play and keep children engaged.

## HYGIENE

There will be ample supplies for hand hygiene. These supplies will be placed throughout the program space including hallways and common areas in addition to the classroom and bathrooms.

- Handwashing facilities with soap and water, with easily-seen instructions near every sink.
- Hand sanitizer with at least 60% alcohol will be used as a substitute to handwashing with soap and water when it is not possible to do so.
- Hand hygiene stations will be set up at the facility's entrance to clean upon entering; hand sanitizer with at least 60% alcohol can be used if soap and water are not available.
- Dedicated space for screening has been identified and will be clearly defined in the program. Sign-in may be paper-based (with appropriate sanitation) or web-based if possible. If writing utensils are used, they will be disinfected between uses.

### **When to Wash Hands**

Children and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers and under fingernails). Staff and children must be regularly washing their hands with soap and water for at least 20 seconds and should wash hands:

- Upon entry into and exit from program space;
- When coming in to the program space from outside activities;
- Before and after eating;
- After sneezing, coughing or nose blowing;
- After toileting and diapering;
- Before handling food;
- After touching or cleaning surfaces that may be contaminated;
- After using any shared equipment like toys, computer keyboards, mouse, climbing walls;
- After assisting children with handwashing;
- Before and after administration of medication;
- After contact with facemask or cloth face covering; and
- Before and after changes of gloves.

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

## ADDITIONAL HEALTHY HABITS

Post visual steps of appropriate handwashing to assist children.

- Cue them to sing the "Happy Birthday" song TWICE (approx. 20 seconds) as the length of time they need to wash their hands. You can also sing the Alphabet Song once.
- Ensure soap and disposable paper towels are readily accessible to all children and staff.

- Keep hand sanitizer out of the reach of children and monitor use closely. Due to its high alcohol content, ingesting hand sanitizer can be toxic for a child. Supervise children when they use hand sanitizer to make sure they rub their hands until completely dry, so they do not get sanitizer in their eyes or mouth.
- Explain to children why it is not healthy to share drinks or food, particularly when sick.
- Teach children to use tissue to wipe their nose and to cough inside their elbow. They must wash their hands with soap and water immediately afterwards.
- **Tooth brushing has been discontinued until further notice.**

### Cleaning Sanitizing Disinfecting Plan

All cleaning, sanitizing, and disinfecting solutions will be identified with clear labels and stored in a safe place for access by staff. Prior to children’s arrival for the day, designated program staff will prepare sanitizing and disinfecting spray bottles in designated prep area outside of the classroom. Items will be stored in classrooms or bathrooms inaccessible to children. In addition to regularly cleaning by program staff throughout the day in accordance with EEC guidelines, a cleaning crew will clean and sanitize in the program overnight.

CHILD CARE AREA				
ITEM	BEFORE EACH USE	After Each Use	DAILY	WEEKLY
All Surfaces used for eating	Cleaned and disinfected	Cleaned and disinfected		
Masks and face coverings			Cleaned and Sanitized	
Doors and Cabinet Handles			Cleaned and Disinfected	
Machine Washable Cloth Toys (Each child will have a personalized soft toy for				Cleaned and Sanitized
Toys Mouthed by I/T			Cleaned and Sanitized	
Pacifiers labeled and reserved for individual use			Cleaned and Sanitized	
Bibs		Cleaned and Sanitized		
Thermometers		Cleaned and Sanitized		
Bottles, eating/drinking utensils and preparation utensils		Cleaned and Sanitized		
Mops or other cleaning equipment when not used for cleaning body fluids		Cleaned and Sanitized		
<b>TOILET AND DIAPERING</b>				
Changing Table and Diapering Surfaces		Cleaned and Disinfected		
Hand Washing Sinks and Faucets used after toileting			Cleaned and Disinfected	
Counter Tops			Cleaned and Disinfected	
Toilets and Toilet Seats			Cleaned and Disinfected	
Containers including lids used for soiled diapers			Cleaned and Disinfected	
Floors			Cleaned and Disinfected	
Mops or other cleaning equipment used for cleaning body fluids		Cleaned and Disinfected		
<b>SLEEPING</b>				
Cribs, Cots, & Mats and approved sleeping equipment				Cleaned and Disinfected
Blankets				Cleaned and Sanitized

## **Outdoor/Gross Motor**

All other field trips, inter-group events and extracurricular activities have been canceled until further notice. Children need to have time outdoors and there may be a lower risk of transmission when outdoors.

- Take children out on a walk (6 foot distance using a rope) and children should wear masks.
- Use center playgrounds – Disinfect in the morning before first group use, and then after each use.
- Provide movement/dancing activities using visual individual locations for each child.
- The one hour daily physical activity is still required by licensing and accreditation.
- Split toddlers into two groups, if possible.

Classroom and playground equipment including high touch surfaces made of plastic or metal should be sanitized prior to each group's use. Only one classroom/group should be on the playground at one time. Consider taking your learning center activities outside when weather permits. Make sure the outdoor toys and equipment are sanitized between groups.

Educators are encouraged to take children out for walks in the neighborhood to explore nature and use program and/or public parks and playgrounds, where appropriate.

Teachers should bring ample wipes and hand sanitizer. Children 2 and older are encouraged to wear masks or face covering when social distancing cannot be maintained.

Educators should ensure appropriate hand-hygiene is used upon returning to the classroom.

## **Support Services**

The teaching staff in classrooms where children have been receiving services from Early Intervention or other support services will work with community organizations to develop an agreeable schedule and will designate a space within the classroom to the best of their ability for tele-health visits.

Early Intervention staff or other non-essential staff are not allowed in the centers during the months of July and August during initial reopening. Pending guidance from EEC and public health authorities, this may extend longer into the fall if needed. We recognize the limitations for tele-health for very young and vulnerable children. The Program Director will be responsible for ensuring services for children are delivered in accordance with each child's individual needs, insofar as possible given the current access limitations for service providers.

## **Food Service**

Food will be sent into the classroom in serving bowls, along with serving utensils or tongs for EVERY item served, for classroom staff to be able to use when pre-plating each child's meals. Any condiments such as catsup or salad dressing should be either individually packaged or sent to classrooms in bowls. No containers of condiments may go into the classrooms and then return to the kitchen for use at a future time.

- Educators must wear masks, clean gloves and hair net during all meal & snack services.
- New, clean gloves should be worn at the beginning of all meal & snack services.
- Educators should not touch any surface or item other than those involved with the meal/snack, while serving the meal/snack, unless a new pair of gloves is put on afterwards.
- Meal times may be staggered if necessary in order to practice safe social distancing.

If there is not adequate space to accommodate all children present while adhering to the six feet social distancing guideline, meals and snacks may be served in “shifts” in order to provide a safer environment

**Meals and Snack Times**

Nurtury centers have kitchens for on-site food prep, offering breakfast, lunch, and snacks for all children. All centers, except Franklin Square House, provide lunch to the children. All relevant state and local health and sanitation guidelines will continue to be followed. Where appropriate, pre-packaged snacks will be incorporated into menu offerings. We will no longer offer family-style meals. Instead, food will be delivered to individual classrooms in bulk, and classroom staff will pre-plate and serve to all children. This will still allow individual choice by children and also ensure that teachers are able to monitor and follow guidelines for any children with food allergies. Social distancing strategies at meal times will include any of the following strategies, depending on the configuration of each classroom: appropriate spacing of tables and chairs, individual chairs with trays, and/or clear plexiglass dividers on tables so that children can see their classmates but still have a clear protective divider between them while eating.

**Guidelines for Meals:**

- Have snack and lunches ready and portioned off individually before children arrive for the meal/snack.
- If you have infants, have your long sleeve shirt close by and handy for feeding times.
- Ensure each child uses disposable utensils or their own which are clearly labeled for use by an individual child (i.e. infants).
- Designate a chair and a spot at each table for each child with their photo on the back of the chair.
- Meals and snack should not be offered family-style at this time.
- Snacks should not be offered as a “choice learning center” at this time.
- Consider how you will plan for handwashing before and after transitioning to meals.
- Parents should send meals that require no or minimal preparation (no Microwaving).

**Group Sizes and Ratios**

To provide the level of supervision required to adhere to the health and safety requirements, the program will follow and maintain EEC child-to-staff ratios and group sizes during the program day.

AGE	STAFF:CHILD RATIO	MAXIMUM GROUP SIZE (CHILDREN)
Infant <i>Birth – 14 months</i>	1:3 2:7	7
Toddler 15 – 32 months	1:4 2:9	9
Preschool <i>33 months, but not yet attending Kindergarten</i>	1:10	10

Nurtury's goal is to provide adequate coverage in program(s) of varying size, to maintain 2 teachers per room and only reduce to one when needed and for limited durations.

We seek to minimize use of substitutes and temps where possible, to reduce the number of outside adults entering our program. The program will use them when absolutely needed, for staff vacancies. In general, the program will staff classrooms with 2 or 3 teachers, depending on availability, overall size of program, and financial sustainability.

When a staff person(s) is assigned across two classrooms he/she will be dedicated to those two rooms only. They will employ precautions to minimize close contact with children and other staff where possible, including use of PPE and by changing PPE as appropriate when switching between classrooms. The Program Director will be responsible for providing extra support and training to the staff person(s) assigned to this shared role.

When necessary and available, an administrative staff will be assigned to support supervision of children during breaks. They will be assigned to only one cohort of children and not between cohorts.

### **Supporting Children with Special Needs in the Classroom**

Children with special needs will require unique supports that may make it less possible to practice social distancing and will require ample staff support to carry out the necessary hygiene practices.

- Staff must be prepared to provide hands-on assistance to children with special needs for activities of daily living such as feeding, toileting, and changing of clothes.
- To protect themselves, staff who care for children requiring hands-on assistance for routine care activities, including toileting, diapering, feeding, washing, or dressing, and other direct contact activities, must wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back during all activities requiring direct contact with a child.
- Staff must change outer clothing if body fluids from the child get on it.
- Staff must change the child's clothing if body fluids get on it.
- Soiled clothing must be placed in a plastic bag until it can be sent home with the child to be washed.

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.

Staff-to-child ratios should be higher for programs serving children with special needs, given their need for more individualized attention. Groupings for children with special needs must be assigned based on the developmental level of the child and the impact of the disability on the child with regard to their ability to adhere to PPE requirements and social distancing rather than their chronological age. Some children with special needs may require 1:1 assistance.

### **Nap Time**

- Children need to be six feet apart when napping whenever possible.
- Ensure each child's individual bedding (i.e. blanket) is stored so that they don't come in contact with each other.
- Consider transition times to and from napping that include handwashing, cleaning and sanitizing.
- Ensure infants are within your line of sight.

## **Learning Centers**

Educators should prepare the classroom to promote the new health and safety requirements and to facilitate infection control activities.

Materials and equipment to be used by children must minimize sharing and promote distancing.

Items that cannot be easily washed or toys that encourage children to put in their mouths (play food, pretend utensils or pillows) will be removed from the classrooms unless the item is used as a comfort item by a child (and not shared between children).

Comfort items such as blankets and other soft items brought to child care from a child's home, or a soft toy educators have assigned to specific children, will be allowed, provided they are not shared between children and can be kept secure at all times when not in use by the child.

Set up and clearly define individual activity areas to promote social distancing. Within each space, try to give each child the same amount of toys and creative supplies. Create a personal space for children while encouraging conversation from afar and have children help you name their special areas.

- Limit whole group activities. Engage children in small groups or one-on-one.
- Set up individual activity stations like puzzles and art where each child gets their own blocks, paint set, or cup of crayons.
- Refrain from games and activities that encourage physical contact.
- Remove materials which children would be touching together or cannot be easily washed such as sensory tables and soft toys/stuffed animals or furniture.
- Establish and maintain a daily routine that includes virus prevention practices as a regular part of the day, and helps keep children and staff healthy and safe. This routine should be clearly posted.

## **Learning Activities**

Children can be given either individual trays or containers for their own materials (markers, crayons, playdough, paint brushes, scissors etc.). Materials will be kept in the tray or container, restricted to each child's use, and sanitized periodically.

- Provide clear bins with each child's name to use for individual sensory activity (water play, goop, etc.)
- The same bins can also be used to fill with materials for an activity or some blocks, farm animals etc., to play with individually. Toys should be washed and disinfected after single use.
- Cling wrap can be used on some objects so they can be easily wiped down (keyboards, touch screens, mouse) etc.
- Have a theme connected to the curriculum and have related items put in the child's individual container.

## **Supervision**

All educators must exercise appropriate supervision of the children in their care in order to ensure their health and safety at all times. Such supervision must include but not be limited to indoor and outdoor activities, mealtimes, diapering/toileting, naptime, transitions between activities, and drop off/pick up times.

## **Family Communication**

The program will use prominent signage within and just outside the center to communicate key information and reminders to families and staff regarding screening, hygiene, and social distancing.

The program will develop and share educational materials with families regarding COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. The program will provide guidance to families regarding how to share information with their children, helping to explain increased handwashing, social distancing and mask use in developmentally appropriate ways.

Communications will be led by the Program Director with significant support, including templates and materials development, from the Office of Advancement located in our central office, led by SVP, Chief Advancement Officer Jaye Smith.

## **Procedures for Parent Conferencing and Engaging Families**

This is a difficult time for families since they will be required to drop off and pick up at the entrance of the program. Not being able to visit or enter their child's classroom is different than what families are used to. To reassure any anxiety about this new process, educators can send parents a picture once their child is inside and settled.

Educators should continue to use Zoom, facetime, phone calls, and photos as a venue to invite families inside the classroom. Parent conferences and/or meetings with family members can be held via Zoom. Educators should work with the families to establish frequent communication and sharing of children's activities and experiences.

### **RESPONDING TO COVID-19 CONCERNS**

Contact our designated staff member, or his designee.

**Chris Cesario** | VP, HR and Operations

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