



New York City Department of Education
Division of Early Childhood Education
Health and Safety Guidance for
NYC Early Education Centers (NYCEECs)
2021 - 2022 School Year

Updated January 2022

Please note all content in this guidance document can be amended, edited or supplemented at any time.

Introduction: Promoting Health and Safety through Trauma-Informed Care

In order to further our mission of ensuring every child has an equitable opportunity to live up to their potential, it is our responsibility to recognize and respond to the collective and individual trauma experienced by the NYC early childhood community as a result of COVID-19.

In alignment with New York State Education Department (NYSED), Center for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) guidance, the overall goals for the 2021-2022 school year are to keep children and staff healthy and safe, be responsive to children's needs and maximize in-person teaching and learning.

We must recognize that our choices can support children, families, and staff's ability to cope with the trauma of the pandemic, but can also, if we aren't careful, exacerbate traumatic experiences. To mitigate any possible harm or re-traumatization, the Division of Early Childhood Education (DECE) wants to partner with you as program leaders to have a trauma-informed approach to this pandemic.

Having a "trauma-informed approach" means that every individual in our system, regardless of title or role, will "realize the widespread impact of trauma and understand potential paths for recovery; recognize the signs and symptoms of trauma in children, families, staff, and others involved with the system; and respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively resist re-traumatization."¹ Becoming a trauma-informed system means each of us engaging in a shift in mindset and behavior that prioritizes creating safe, nurturing, and predictable environments for everyone in our early childhood community.

Just as we strive to meet you where you are and provide as much clarity, predictability, and social-emotional awareness as possible, we aim to provide some resources and suggestions for you in order to implement the health and safety guidance in this resource in a responsive way for staff and families.

In these ever-changing times, as you use a trauma-informed approach to meet your school community where they are at, please be aware that all of your families may be in different places and do your best to meet the needs of each family.

The Trauma Informed Care resources and suggestions in this document include:

1. Suggestions for Introducing Health and Safety Guidance to Staff and Families in a Responsive Way
2. Self-Care Checklist (located in Additional Resources)
3. Most sections in this guidance includes a "Trauma Informed Care Consideration" that uniquely speaks to the topics covered in that section and how they can be approached in a way that prioritizes the wellbeing of your community

¹ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Overview of COVID-19 Health and Safety Requirements

This Health and Safety guidance outlines what DOE contracted programs should use to help establish measures for safety in [Article 43](#), [Article 47](#) and [Group Family Day Care](#) (GFDC) centers. There is separate Health and Safety guidance for Family Child Care Networks. This guidance is intended to align to and supplement the [New York State Health and Safety Guide for the 2021-2022 School Year](#), the [Updated Isolation & Quarantine Guidance & Isolation and Quarantine Table](#) the [Centers for Disease Control \(CDC\) and Prevention's COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#), and [American Academy of Pediatrics \(AAP\)](#).

All NYC early childhood programs must regularly ensure that they are adhering to and completing all NYCDOE and licensing requirements, as well as other state, and federal requirements. These include:

- Carefully review and train staff on this DECE NYCEEC Health and Safety guidance which contains guidance that may be updated, amended or supplemented from time to time
- Review and train staff on any guidance communicated by the DOHMH as it relates to health and safety

Many of the typical requirements for programs remain in place, while others will need to be modified during this time. Programs should refer to the updated [Birth to Five Policy Handbook](#) which was released in December 2021. However, please note, where expectations differ, you should adhere to this Health and Safety guidance, guidance issued by New York State, and guidance issued by DOHMH. All guidance is subject to revision and approval by City, State, and Federal regulatory and funding agencies at any time.

Supporting the **mental health and emotional well-being** of your staff, children, and families is extremely important during this time. See [here](#) for free digital mental health resources for the duration of the COVID-19 pandemic. All New Yorkers can also connect with counselors at NYC Well, a free and confidential mental health support service. NYC Well staff are available 24/7 and can provide brief counseling and referrals to care in more than 200 languages:

- Call 888-NYC-WELL (888-692-9355);
- Text "WELL" to 65173; or
- Chat online at www.nyc.gov/nycwell.

We want to thank you for your continued partnership in delivering early childhood services during this challenging time. We value your input and feedback and want this to be an effective resource for your program during this time. If you have any questions or feedback, please contact your Policy Support Specialist or send an email to earlychildhoodpolicy@schools.nyc.gov.

TABLE OF CONTENTS

- [Introducing Health & Safety Guidance to Staff and Families](#)
- [Required Documentation for Children](#)
- [Visitor Protocols](#)
 - In-home visits (Head Start only)
- [Physical Distancing Practices](#)
- [Daily Care Routines](#)
 - Health Screens
 - Drop Off and Pick Up Procedures
 - Daily Hygiene
 - Toothbrushing (Head Start only)
- [Personal Protective Equipment](#)
- [Meals](#)
- [Nap/Rest Provisions](#)
- [Staff Documentation & Requirements](#)
 - Staff Documentation
 - Staff Qualifications
 - Staff Health
- [Health Guidance](#)
 - Vaccination Information
 - Nursing Supports
 - Designated Space
 - **{UPDATED}** Symptomatic Children and Staff
 - **{NEW}** Staff and Child Positive Cases
 - **{UPDATED}** Quarantine Guidance
 - Situation Room
 - **{NEW}** Test Kit information
- [Maintenance and Cleaning Schedule](#)
 - Cleaning and Disinfecting Toys in Child Care Settings
 - Facilities and Custodial Staff Guidance
- [Additional Resources](#)
 - Self-Care Checklist
 - Escalation Protocol
 - Preservation Notice

Introducing Health & Safety Guidance to Staff and Families

Programs continue to be asked to share health and medical knowledge in a deeper way than ever before. Sharing health and safety guidance clearly and accurately is critical to providing safe, nurturing, and predictable environments for staff, children, and families. Adults and children feel safe and more confident when they understand what is expected of them and why. We know that this can be challenging to message, especially when there are frequent updates. The intent of this resource is to share the most updated guidance that applies to our programs in an effort to support you with the messaging. To promote the clear and accurate sharing of the health and safety guidance, programs should:

1. Communicate clearly and often with staff and families about expectations.

- Provide written information to staff and families in their home language about the health and safety practices in this guidance document including:
 - What the program leadership is responsible for, what staff are responsible for, and what families are responsible for
 - Use language that is easy to understand and hard to misinterpret, avoiding medical terminology if possible
 - Share health and safety guidance with families using this guidance or other relevant guidance documents. It is important to share some of the expectations for families and their children such as daily health screens, at-home test kits, increased hand washing, and wearing of face coverings.
- Be clear about what expectations are new or potentially unfamiliar to staff and families (e.g., how meals are served, daily health and safety expectations, etc.)
- Use visuals posted throughout the building and given as handouts for adults to reinforce expectations, including physical distancing, face covering, or meal-time expectations.
- Provide staff and families with a point of contact to follow up with any questions or concerns regarding the health and safety guidance and procedures at your site.
 - Consider hosting meetings for staff and families to introduce guidance and expectations as things change.

2. Provide families and children the opportunity to see and practice any new guidance that pertains to them, some examples include:

- Physical Distancing: Provide visuals showing physical distancing expectations in common areas and in classrooms, including to-scale graphics or materials (like pool noodles) showing 3 feet, as a guide.
- Drop off and pick up guidance: Create a simple checklist that reminds staff and families of the drop off and pick up procedures. Consider reminding families about completing daily health screeners including temperature checks, at home each day to help expedite arrival and to avoid groups congregating unnecessarily at the program's entrance.

3. Build on other practices where staff successfully attend to and communicate health and safety information.

Health Literacy refers to “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” ([CDC National Action Plan to Improve Health Literacy](#)). For example, staff already use health literate approaches with food allergies: Staff communicate with families about their needs, the dangers of, and policies related to food allergies. Staff communicate across roles about individual's needs related to food allergies, including posting food allergy

information in discrete and accessible locations to ensure safety. That kind of approach can be applied to the health and safety guidance for things like sanitization or classroom composition expectations, as appropriate.

- Share the monthly [Health Literacy Newsletter](#) with your program staff as a way to ensure they are informed about different health topics and provide them best practices, supports, resources and professional learning. Programs can use this as a guide to continue to make sure children can learn and thrive in a healthy and safe environment that is meeting their needs especially during COVID-19.
- Additional examples of [Health Literate Information on COVID-19](#) written for children in the 3-6 age group are translated into 35 languages. This optional resource was developed by Harvard Health Publishing. DOE is not responsible for the content contained therein.

REQUIRED CHILD DOCUMENTATION

Trauma Informed Care Considerations:

- As some families may be returning to in person services after an extended period of remote learning and may have gone through individual and/or collective traumatic experiences, please **meet children and families where they are emotionally**.
- Please be **extra mindful** that not only might circumstances for them have changed (which may include family illness or death), but school will look completely different.

All children must be immunized in accordance with the New York Public Health Law § 2164 and DOHMH regulations. All typical child health requirements are needed for a child to begin attending your program. There are no flexibilities. Each child must have the following:

- **Medical Documentation**
 - Submit a [current medical form](#) (within 12 months of the date of re-entry)
 - Proof of completed immunizations, based on the age.
 - Influenza (flu) vaccine is an annual requirement by DOHMH for every child between the ages of 6 months and 5 years of age.
 - If applicable, children must have an [Allergy Response Plan](#) identifying their allergy(ies) and detailing the steps that need to be taken.
 - If applicable, children must have an [Asthma Action Plan](#) detailing the steps that need to be taken.
- **If applicable, alternative diagnosis:** COVID symptoms may often look similar to other health diagnoses'. If COVID-like symptoms are observed and the family shares that the child has another health diagnosis, families must have current medical documentation of the health diagnosis including accompanying symptoms. Symptomatic children care return sooner than 10-days if they test negative for COVID-19 using either a lab-based test, or two (2) age-appropriate at-home tests taken 24 hours apart, AND they have been fever free for 24 hours, AND their symptoms have improved.
 - Note: Home tests are not considered valid for children under two years old.

Early Childhood Health Office (ECHO) nurses will support programs in reviewing child health files and can provide technical assistance to the education director to develop a system for managing and maintaining current records. If your program does not use the Citywide Immunization Registry (CIR) you should contact your ECHO nurse to learn more about how you can get access. This resource is a helpful tool to support immunization compliance.

Visitor Protocols

To protect the health and safety of staff and children in your buildings, only required and/or necessary access is allowed. All individuals must complete a daily health screen, wear a face covering and follow all other applicable health requirements. Programs should also ensure that anyone entering their building for any amount of time, has signed the Sign In/Out log. We suggest that your Sign In/Out log include a place for visitors to enter contact information in the event you need to reach them later. This information should be used to determine who may be an exposure risk, in the event that there is a COVID-19 case in your program.

DOE Support Staff

As part of your contractual monitoring and support, DOE staff such as Instruction Coordinators, Social Workers, Policy Support Specialists and ECHO Nurses have been authorized to resume in-person support for the 2021-22 school year. This decision was not taken lightly and was made after consultation with DOHMH.

As a reminder, all DOE staff are following the vaccinate mandate and as of September 27th are now fully vaccinated. All DOE staff must complete the Daily Health Screener and be able to produce those results to you on their phone or via email. Additionally, as a preventative measure, all DOE staff have access to at-home test kits. We understand this is a transition for everyone and may take some adjustment. We will work to make sure that we contact you in advance of our visits whenever possible and we are open to feedback on how we can ensure that these visits are supportive to you and your program as we fully transition back to in-person visits in the coming months.

- Because DOE staff could be traveling to multiple sites in a week, they will be trained on proper PPE usage (including changing between sites) and disease prevention practices.
- ECHO Nurses are available to support with health and safety practices, questions about COVID-19 symptoms, use of PPE, and appropriate at-home test kit administration. In addition, they will provide guidance and support for navigating children's health records and immunizations as well as work to provide support for programs about other health-related questions they may have.
 - Only sites that have nurses assigned from the DOE's Office of Student Health (OSH) will be exempt from in-person nurse visits. If you have questions or concerns about this, please email DECENurse@strongschools.nyc.gov.
- The Situation Room will notify you in the event a DECE team member has tested positive after a recent visit to your program.

Related Service Providers and Special Education Itinerant Teachers (SEITS)

Children with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) must receive services as recommended on their IEPs and IFSPs.

- Children with IEPs or IFSPs may require in-person specialized instruction or services during the program day by related service providers, special education itinerant teachers (SEITs) or Early Intervention (EI) providers. These individuals are also required to adhere to the DOE vaccination mandate. You are required to allow these providers in your site, provided they follow all appropriate health and safety guidelines, including maintaining physical distance, completing the daily health screeners and adhere to vaccination mandates. These individuals must also adhere to regular background clearance expectations. In addition, you are encouraged to communicate your site's health precautions to all providers upon entry.
- In cases where the SEIT or RS provider is required to quarantine, they may either reschedule these services, have the case reassigned or provide via tele-health.

Family Members

At the beginning of the year and as needed, families, especially of EarlyLearn children can enter the program as they may need additional transitional support. Once children are more comfortable it is strongly recommended that family access is limited to only necessary situations.

Family Members Who Have COVID-19 or Symptoms of COVID-19

- In the event that a family member of a child must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, the family member must be advised that they cannot enter the program for any reason.
- If the family member – who is a member of the same household as the child – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, the program should have an emergency contact authorized by the parent to come pick up the child.
- If the parent/guardian– who is a member of the same household as the child – is being quarantined as a precautionary measure, without symptoms of the virus or a positive test result, staff should escort the child to the parent/guardian at the boundary of, or outside, the premises. As a “contact of a contact,” the child may return to the program during the duration of the quarantine.

Other Individuals

Delivery staff/Building maintenance/Other: Where possible, programs should try to make alternative arrangements. This might include having deliveries dropped off at the door or maintenance calls being done after program hours.

If that is not possible, these individuals must complete all required health and safety protocols.

Home Visits - Head Start Programs only

Home Visits are an integral part of the Head Start model and are vital to strengthening family partnerships. At this time, in accordance with the Office of Head Start, all Head Start programs are expected to resume face-to-face visits.

Flexibility should be given if families do not wish to have this be an in-home visit.

- All individuals participating in the Home Visit must complete the [Daily Health Screener](#).
- If either party is unable to pass the daily health screener, the home visit should not be conducted as a face - to - face visit and an alternative mode for the visit (e.g., telephone and/or video communication) should be identified
- Home visiting staff should also be in contact with the family to discuss when it would be safe and appropriate to continue in person home visits

As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit and, if possible, conduct the home visit outside
- Use well-fitted masks to reduce the risk of asymptomatic spread of the disease
- Exit the home immediately and notify the program supervisor if any person is found to be ill within the home
- Minimize contact with frequently touched surfaces at the home
- Use a hand sanitizer that contains at least 60 % alcohol before entering the home and after the visit
- Avoid touching eyes, nose, and mouth

Physical Distancing Practices

Trauma Informed Care Considerations:

- Physical distancing looks different for young children than for adults. Children can play together in smaller groups, with a focus on washing hands, washing toys and ensuring that those over the age of two years old are wearing face coverings.
- For eating, spending time in large groups, and napping, provide **visual markers for children** to help them create new habits about where they should put their bodies and to offer and practice **alternatives** to physical contact like hugging and high-fives.
- Respond with **patience and care** when children need redirection; it is normal and expected that children want to be close to friends and caregivers.

In many programs, staff members build relationships with families by maintaining “open-door” policies and offering a variety of large-group celebrations and special events. At this time in the pandemic, programs will need to change these practices to prevent the spread of illness. Many of these expectations listed below must also be communicated to families, especially if these protocols differ from previous expectations at the program. Here are some general guidelines that must be followed:

Child Considerations:

There should be strategies in place that support children in physical distancing of 3 feet to the greatest extent possible. However, this should not include children being expected to sit at individual desks or participate in inappropriate ways of learning for early childhood age groups. As a reminder the three feet expectation should not impact your ability to welcome all registered children into your programs.

- Use strategies such as **visual distance and directional markers** so that children can be provided reminders of how they physically distance

Adult Considerations: In child care programs adults should still maintain a physical distance of 6 feet from each other, whenever possible.

- Use strategies such as staggered schedules to avoid crowding during drop-off and pick-up routines, staff meetings, and breaks.
 - Additional guidance on strategies for drop-off and pick-up routines is below in the [Daily Care Routines](#) section
- Programs should reduce the number of adults onsite at one time as much as possible, while maintaining responsiveness to the needs of children and families.
- Staff members must wear a face covering at all times when in the child care facility. The only exception is when they are outside of the classroom, away from children and able to maintain six feet of distance from another adult. Staff, at any time, may choose to wear additional PPE including double face coverings, face shields, or gloves.

Use of Facility Space:

- If possible, consider designating **separate entrances and exits** into and out of the program to keep all foot traffic flowing in the same direction.
- Create **distance markers**, using colored tape and/or signs, inside and outside of the program as needed to support physical distancing, especially in waiting areas such as sidewalks and hallways
- Discourage the use of small spaces (e.g., supply closet, kitchen, restrooms) by multiple people at a time when physical distancing cannot be maintained.
- **Open Layout Classrooms:** Some programs have open layouts where multiple classes use a single large room, separated by dividers and/or furniture. These spaces may continue to be used by multiple small groups.
 - Air ventilation should be maximized to the greatest extent possible. Consider having windows opened that have appropriate safety guards or running fans to create greater air circulation.
- **Multipurpose Buildings:** Some child care programs are located in buildings that are used for multiple purposes. Child care programs should collaborate with other groups using the building to:
 - Ensure all groups using the facility are following shared health and safety guidelines (e.g. use of face coverings)
 - Limit the number of shared spaces in the building;
 - To the extent possible, all groups using the facility should retain the name and contact information of anyone entering the facility, to enable tracking and tracing efforts by the Situation Room.
- There should be separate gross motor play time allotted for all age groups (infants, toddlers, and preschoolers) and classrooms, while also ensuring that physical distancing is maintained to the greatest extent possible.

Off-Site Space Usage

- Programs must have appropriate written permission from families prior to taking children off-site.
- Staff and children over the age of two must wear face coverings when traveling from program and while at off-site space
- Programs must have hand sanitizer readily available for use while off-site
- Programs must ensure that children and staff are not mixing with other groups of children or adults while at off-site spaces.
- Programs must be able to demonstrate they are meeting all health code regulations relating to going off-site, as well any additional city, state, and federal guidance pertaining to COVID-19.
- Programs are not prohibited from using off-site spaces (e.g., playgrounds, parks, open green spaces) for gross motor activities.

DAILY CARE ROUTINES

Trauma Informed Care Considerations:

- Some children and staff may not have been in a program for several months and therefore may no longer be familiar with the normal routines that they experienced previously. Therefore, it is important to consider each child's transition needs by setting routines and schedules that are responsive to children's needs, so children will experience a safe, nurturing and predictable environment. It is equally important to re-familiarize staff with routines and update them where there have been changes.

It is important to ensure that families are informed and feel comfortable leaving their children at your program at a time when there is a great deal of anxiety related to COVID-19. It is equally as important that program staff feel informed with the most updated health and safety guidance and the role that they play in helping to ensure mitigation strategies are in place. Programs should emphasize the priority on health, safety, social-emotional wellbeing, and family partnerships, while sharing any changes to the new health and safety expectations to include physical distancing, groupings of the children, daily hygiene practices and action plans as it relates to emergencies such as COVID-19 positive cases.

Daily Health Screens for Anyone Entering or Working At the Program

Programs must ensure that all adults including staff and children have completed the **daily health screens prior to arrival** and track all people entering the facility. **Children and staff must not enter the program if they are exhibiting symptoms of COVID-19.**

Programs should encourage the use of the DOE's [Online Health Screening Tool](#) with staff and families which can also be added to mobile phones. In cases where you wish to use a paper based option, please find English and translated versions [here](#). The screener is used to determine if an individual has:

- Tested positive through a lab-based or age appropriate at-home test for COVID-19 in the past 10 days;
- Experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, a new cough, a new loss of taste or smell or shortness of breath in the past 10 days;
- Is a close contact of someone who tested positive for COVID-19;
- Been fully vaccinated for COVID-19

Health Screening

DOE Buildings

All DOE employees, students, families, and visitors seeking to enter DOE buildings must complete a health screening before entering DOE facilities. This health screening must be completed on each day of arrival and results will reset at midnight of each day. Upon entering the facility you will be asked to provide the results of your screening either by showing your phone or a printout of the results.

DOE Employees and Students

Sign In

Don't have a sign in?
(Students, Families and Visitors)

Guest Screening

[Add this tool to your phone.](#)

If your program would like to have staff, children, families, or visitors use this online tool, please instruct them to follow these directions:

- On the [homepage](#), select "Guest Screening"
 - Note that individuals may use the Google Translate function in the top right-hand corner to complete the screening in languages other than English.
- Select "I'm a Student" (for children) or "I'm a Visitor or a Family Member" (for all adults, including NYCEEC staff members)
- Complete the personal information fields, including First Name, Last Name, and Email
- Enter the program name or DOE Site ID under "School or Facility You're Entering"
- Click "Fill Out Daily Screening" and answer the screening questions
- Click "Submit Screening"

You may ask individuals to provide the results of their screening either by showing the email on a smartphone or a printout of the results before entering your program building. Online health screening results will reset at midnight of each day.

Daily health screen logs should be maintained for the duration of the public health crisis. When documenting information related to health screens, **programs are prohibited from keeping records of employee data (e.g. the specific temperature data of an individual)**, but are permitted to maintain records that confirm individuals were screened and the result of such screening (e.g., pass/fail, cleared/not cleared).

Program leaders must instruct staff members to **stay home if they are sick** and remind family members to **keep sick children home**.

Trauma Informed Care Considerations:

- Dropping children off in a more public-facing environment might produce stress or anxiety for families.
- Be clear about what the pick up and drop off expectations are and why they are there.
- For example, let them know that families are not allowed in the classroom for safety and health reasons, but that they will be watched and cared for as they transition to the classroom.
- Create a simple checklist that reminds staff and families of the drop off and pick up procedures.
- Let families know how teachers and the program will stay in communication with them throughout the day, week, and in case of emergency.

Following the confirmation of a cleared health screen, children should be dropped off (and picked up) at the front of the building (or designated entrance) and escorted to their classroom by a staff member. This is to limit the number of adults accessing the building.

- **At the start of the program year:** It is important to build trust by allowing family members to enter the building and their child's classroom with their child. To do this safely, consider strategies such as:
 - Shortening program days and staggering arrivals at the beginning of the year, so that if a family needs to accompany their child into the building, there will be fewer people in the hallways
- After an initial period, once children are more comfortable, programs are encouraged to implement protocols so that drop-off and pick-up routines take place at the front of the building, so that most family members do not enter the facility. These routines should remain flexible and responsive to the emotional needs of each child and family.
 - If family members do enter the program, they must have a health screening, must wear a face covering, must wash their hands or apply an alcohol based hand sanitizer that contains at least 60% ethanol (upon entry and may not stay for an extended period) and maintain six feet of physical distancing between other adults.
- Consider staggering arrival and dismissal times, especially in larger programs, in order to avoid a large group of families congregating in or near the program.
 - Physical distancing precautions (e.g. distance markers) should be in place so that family members and children waiting to enter the site do not come into close contact.
- Programs continue to be responsible for maintaining sign-in/sign-out records including daily health checks. Consider incorporating a sign-in procedure into your health screen checking process at the building entrance.
 - All programs are reminded that Daily Health Checks are still required by the DOHMH in addition to the COVID-19 Daily Health Screens. Programs can choose to modify their [Daily Health Checks](#) log to include a column indicating the Daily Health Screen has been completed or to maintain separate documentation with that information. Please note, no child information such as the child's specific temperature should be maintained.
- Once children are in the building, they should be taken to wash their hands immediately before beginning program activities.

Family Members Who Have COVID-19 or Symptoms of COVID-19

- In the event that a family member of a child must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, the family member must be advised that they cannot enter the program for any reason.
- If the family member – who is a member of the same household as the child – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, the program should have an emergency contact authorized by the parent to come pick up the child.
- If the parent/guardian– who is a member of the same household as the child – is being quarantined as a precautionary measure, without symptoms of the virus or a positive test result, staff should escort the child to the parent/guardian at the boundary of, or outside, the premises. As a “contact of a contact,” the child may return to the program during the duration of the quarantine.

Throughout the Day:

- Program staff and families must notify the program immediately if they become aware that any of the responses to the daily health screening questions answered before arrival have changed.
 - For example, if the family member of an enrolled child or a staff member were informed that someone they had been in contact with has tested positive for COVID-19, that individual should immediately contact the program.
- Program staff must make visual inspections of children for signs of potential COVID-19 illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Pay special attention to children with chronic medical conditions, as they can be at higher risk for poor outcomes of COVID-19.
- Additional checks can be incorporated into daily routines such as before a meal, after a nap, during toileting, etc. These inspections do not need to include a temperature check or be documented.

Trauma Informed Care Considerations:

- When families forget to return washed bedding or forget to complete another of their health and safety responsibilities, kindly remind them that their child is missing a key item well in advance of them needing it (i.e. in the morning long before naptime) and follow up as needed. If your program can, consider keeping clean bedsheets available in case of an emergency.
- Remember general best practices for handwashing, take time to introduce why and how children should wash their hands in fun and engaging ways. For example, you might mix a little cinnamon with lotion and tell children it will show them the invisible germs on their hands. Have them wash off the mixture while singing a song that helps them wash for the needed 30 seconds.
- With more frequent handwashing, there may be more time spent waiting in line. Consider ways to make waiting fun and engaging for children. Consider different songs, hand games, or other activities where children can safely move their bodies and play while waiting for their turn to wash. An adult should facilitate these activities and assist children in taking turns.

- Programs are expected to ensure there are protocols in place for increased handwashing while using the appropriate procedure throughout the day.
- Programs must continue to support children who are still working towards full mastery of toileting skills.
- Programs are expected to ensure that children's bedding (blankets and sheets) are cleaned weekly or more frequently as needed.
 - All bedding materials should be stored separately and not touching other children's materials.
- Individuals should cover mouths and noses with a tissue or sleeve when sneezing or coughing. Do not use hands.
- Programs should post signage throughout the site that reminds staff members to:
 - Cover mouth and nose with a face covering.
 - Properly store and, when necessary, discard PPE.
 - Adhere to physical distancing instructions.
 - Report symptoms of or exposure to COVID-19, and how they should do so.
 - Follow hand hygiene and cleaning and disinfection guidelines.
 - Follow appropriate respiratory hygiene and cough etiquette.
- Post the [NYC DOHMH hand washing protocol](#).



Handwashing or alcohol-based hand sanitizing must take place for at least 20 seconds for all children and program staff:

- Upon arrival to the building, the classroom, and after breaks
- Before and after administering medication or medical ointment (MAT trained staff only)
- After coming in contact with bodily fluid
- Before and after diapering
- After using the restroom (staff and children) and before and after supporting children with toileting/diapering (staff)
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand or water
- After handling garbage
- Before and after preparing food or drinks
- Before and after eating
- Any time after touching the eyes, nose, or mouth, or any time a bodily fluid may be on the hands
- Any time after touching a frequently touched/shared surface
- Any time hands are visibly soiled

Handwashing is preferred to hand sanitizer, and handwashing is required whenever hands are visibly soiled. Hand sanitizer is encouraged as an alternative if a handwashing station is not readily available. Hand sanitizer must be alcohol-based and contain at least 60% ethanol. Hand sanitizer should be available throughout common areas such as entrances, exits, outdoor spaces and security/reception areas. Young children should always be supervised when using hand sanitizer to prevent an accidental swallowing of the product. Any products appearing on the [FDA's do-not-use list](#) of hand sanitizers should not be used.

To facilitate hand hygiene practices and minimize wait time for children, programs are strongly encouraged to add portable handwashing stations to any classroom that does not currently have a sink.

[Toothbrushing \(Required for Head Start programs only\)](#)

Promoting effective oral hygiene and the prevention of tooth decay is important for all young children. According to [CDC guidance](#), because toothbrushing can cause droplet spatter and potential contamination of surfaces and supplies, toothbrushing in group care settings can resume **only** if the program can implement the following strategies and best practices to reduce the possibility of transmitting the virus to others via salivary droplets during brushing:

- Program staff who brush or help children brush should be **fully vaccinated** against COVID-19 and should wear a properly fitted mask.
- Properly wash hands.
- Ensure that each child has his or her own toothbrush, clearly labeled. To prevent cross-contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is dispensed onto a piece of wax paper before dispensing any onto the toothbrush.
- For toothbrushing at the classroom table, seat children as far apart as possible, with staff supervising the brushing. Encourage children to avoid placing toothbrushes directly on the classroom table or other surfaces.
- After children finish brushing:
 - Ensure that the children rinse their toothbrushes thoroughly with water, allow them to air-dry, and store them in an upright position so they cannot contact those of other children.

- Ensure that the children wash their hands with soap and water for at least 20 seconds.
- Clean and disinfect the table. If tooth brushing at the classroom table is not possible, children can brush at the sink with staff supervising. The sink should be cleaned and disinfected after each child finishes brushing.
- Stagger the use of bathrooms or other communal spaces used for toothbrushing. Allow one cohort (group) to complete toothbrushing, and clean and disinfect the area before another cohort has access to the area.
- Please refer to this link for age-appropriate guidance-[Toothbrushing in Head Start Programs During the COVID-19 Pandemic | ECLKC \(hhs.gov\)](#)
- If your program feels unable to safely implement toothbrushing at this time, then you may instruct children to swish and swallow water to clean their mouth and educate them on the importance of oral hygiene after eating.

Personal Protective Equipment

Trauma Informed Care Considerations:

- Having caregivers in masks and other protective equipment may be a new experience for many young children. Children will need to be introduced to mask-wearing the same way they are introduced to other expectations and routines in the classroom through repetition, playfulness, and practice.
- Families will have different needs and practices about mask-wearing for their children. Please do your best to understand the needs and preferences of each family and work with them to best maintain a healthy environment for everyone in your program. Create games and activities around wearing masks, including allowing children to try out their own masks if they want to. Consider encouraging families to leave extra masks in their child's cubby in case they forget theirs one day. For more information on face coverings, [see this guidance created for ECCs and FCC-ECCs over the summer](#).
- It is important to comfort crying, sad, and/or anxious infants, toddlers, and children.

Face Coverings

Staff

All staff (and any other adults) **must** use a face covering while they are on-site at programs.

Children

As with any new expectations in early childhood, children and families should be supported in a positive and developmentally appropriate way to get used to wearing face coverings in their program environment. Staff in 3-K and Pre-K classes can incorporate a wide variety of strategies to introduce children and families to this expectation, which may be accomplished over time. This situation should be approached with empathy toward the family and child taking into consideration their cultural, linguistic and developmental needs. Reassure families and children that this is being done to ensure that everyone is safe and healthy. The DECE will support teaching teams and families in introducing and reinforcing this expectation.

Children in early childhood programs may not be isolated, suspended or expelled for not wearing a face covering.

- **All children under the age of two should not wear a face covering.**
- **All children ages two and over who can medically tolerate a face covering should be expected to wear one.** Staff can incorporate a wide variety of strategies to introduce children to this expectation, which may be accomplished over time.
- It is important that this expectation not lead to conflict between or among children and teaching staff. Children who refuse to wear a face covering, are crying, or are dysregulated may be experiencing mental distress. In these cases, teaching staff and families should use positive, nurturing strategies to prevent conflicts over face covering, and encourage the child to consistently use a face covering over time.
- Face covering breaks
 - For safety reasons, face coverings should be removed during meals, nap and rest time.
 - Children who request to remove their face coverings or staff identify that the child needs a mask break, must be permitted to for a short period of time. These “mask breaks” can also be offered through the day, at a school’s discretion. The frequency of mask breaks may vary.
 - Mask breaks should not last more than five minutes.
 - Mask breaks can only occur when:
 - Children are outdoors or in well-ventilated areas.
 - Children can remain at least six feet apart.

Medical Exemptions to face coverings

Children who have a documented medical condition that makes them unable to tolerate a face covering may be exempted from this requirement. Program leaders should implement the following procedure for families seeking a face covering exemption for their child for medical reasons:

- Family must submit documentation from a doctor or other health care provider specifically documenting the medical condition and why the child’s condition makes the child unable to wear or tolerate a face covering.
- The program administration will review the request and the supporting documentation and may approve the exemption based on such documentation. Program administration with questions about a request or documentation or in need of consultation may contact their assigned ECHO Nurses or the telehealth line.
 - Emails with any medical or healthcare documentation must be encrypted.
 - Children must be permitted to attend school while requests are reviewed. During the review, the program should provide additional adherence support and additional breaks, explore the use of alternative PPE, and ensure other risk mitigation strategies such as handwashing and physical distancing are adhered to.
- Children with face covering exemptions must continue to adhere to other health and safety requirements, including hand hygiene and physical distancing requirements. Staff working with children with a face covering exemption should be provided with additional PPE upon request.

Adherence with Face Covering Requirements

Program staff may determine that a child can tolerate a face covering only minimally due to a documented social-emotional or developmental impairment. No child shall be excluded from a program for these reasons. If a child can

medically tolerate a face covering but needs additional support towards compliance, the program should provide additional support and mask breaks, explore the use of alternative PPE, and ensure other risk mitigation strategies such as handwashing and physical distancing are adhered to while the child progresses towards compliance. Children shall remain in the classroom as they progress towards compliance.

Parent disagreement with the face covering requirement is not an acceptable basis for relaxation of the face covering requirement.

Guidance for Supporting Children Who May Struggle with Wearing a Face Covering

It is important that the expectation of wearing a face covering should not lead to conflict between or among children and teaching staff. Children who refuse to wear a face covering, are crying, or are dysregulated may be experiencing mental distress. In these cases, teaching staff and families should use positive, nurturing strategies to prevent conflicts over face covering, and encourage the child to consistently use a face covering over time.

For children who need additional support acclimating to the face covering requirement, schools must create and implement a positive behavior intervention plan that supports a child towards consistently wearing a face covering. Please see [this resource](#) for a detailed guide to positive behavior supports and planning regarding face coverings.

The positive behavior intervention plan should include the following:

- A detailed behavior plan whose duration is at least one month in length that includes some milestones for successful integration of the face covering for the child
- The different positive behavior approaches and strategies that will be taken with the child
- A communication and support plan with the family
- Program Leaders may reach out to DECEMHW@schools.nyc.gov for support to develop the positive behavior plan, for additional questions on implementation or for more assistance with children who do not respond to a DEC-approved positive behavior intervention plan.

Additional Health and Safety Guidelines for Use of Face Coverings

- A face covering must cover your nose and mouth, and can include homemade cloth face coverings. Where possible, programs and staff can consider utilizing clear masks but this is not required.
 - A face covering with an exhalation valve or vent cannot be used as exhalation valves allow unfiltered exhaled air to escape to others.
 - Bandanas and neck gaiters are not permitted
 - Face shields are not an alternative to face coverings or masks. Face shields can be worn with face coverings, but alone do not adequately cover an individual's nose and mouth, which is needed to mitigate the spread of the virus.
- Programs must make face coverings available to staff at no cost. Reusable face coverings/masks are strongly encouraged as they are best for the environment and most sustainable over time.
- Face coverings should be used while traveling to and from a program (except for children under the age of two), if social distancing cannot be maintained, such as on public transportation.
- All family members or other adults (e.g. delivery personnel) who need to enter a program must be wearing a face covering. Programs are encouraged to keep a supply of additional face coverings onsite for distribution to anyone who needs one in order to enter the program.

- When entering a program with a face covering used outdoors, it is recommended that staff switch to a clean, uncontaminated face covering/mask for use while in the program.
- It is a best practice for staff to have at least two separate face coverings: one for commuting to the site and one to wear on-site. Face coverings must also be changed any time a staff member switches to work with a different group of children or when it becomes contaminated.
- Gloves and proper sanitation should always be used when touching a used or contaminated face covering/mask.
- When putting on and taking off a face covering, wash your hands for at least 20 seconds with soap and water or, if not available, use an FDA approved alcohol-based hand sanitizer that contains at least 60% ethanol every time you put on and take off your face covering. If you are unable to clean your hands, be very careful not to touch your eyes, nose or mouth when putting on and taking off your face covering.
 - Single-use face coverings must be thrown away after use.
 - A reusable face covering should be stored with the outer surface folded inward and against itself to reduce contact with other surfaces.
 - Face coverings should be stored in a clean, sealable paper bag or breathable container and labeled with the individual's name.

Reusable face coverings need to be washed using detergent between each use. Face coverings should be fully dry before using again.

Considerations for Children Who Wear Face Coverings

- Moisture buildup is a real concern with face covering wearing for young children; therefore, the following procedures/guidelines should be put in place:
 - Conduct frequent checks for moisture build-up and/or the development of facial rashes on any children who are wearing face coverings/masks. Consider incorporating rash checks during bathroom schedules and meal times.
 - Any signs or symptoms of a rash should be documented and families should be notified according to DOHMH protocol.
- Please be mindful of younger children with face coverings if they are around small items that could be choking hazards.
- Engage families in ongoing communication as to how people wearing face coverings may be impacting their child(ren).

Communicating with Children While Wearing Face Coverings

- Children rely on our body language and expressive tones to interpret adult messages. When staff are wearing face coverings, children will not be able to see their facial expressions, so eye contact and voice inflection are especially important.
- Children and adults rely on lip reading and facial expressions to understand each other's language; therefore, it is imperative that adults speak clearly. Staff should be sensitive and patient as children adapt to social interactions and work to understand language with adults who are wearing face coverings.
- In the classroom, share photos of real adults and children wearing face coverings. Help children understand that face coverings help to keep us safe and keep away from germs.

- Consider hanging photos of children’s and staff members’ faces without face coverings around the classroom, and having staff pin photos of themselves without face coverings to their shirts so that children can see their smiling faces.

Meeting Children’s Social Emotional Needs While Wearing Face Coverings

- Some children may find face coverings scary. It is important that adults remain attuned to how children are feeling and provide a lot of comfort, positive reinforcement and space for children to express their feelings.
- Children play out their feelings and experiences. Encourage children to draw and use dramatic play materials to express their thoughts, feelings, questions and concerns.
- Be mindful of children who are sensory-sensitive or struggle with change. Be patient and responsive to their needs.

Other Considerations

- Program staff are encouraged to wear a **smock or oversized button-down shirt** while working with children, which should be changed after use or any time it becomes contaminated. Program staff are also encouraged to wear long hair in a ponytail or other updo.
- Program staff should wear **gloves** during health screening, meal times, when supporting children with toileting, and during any other activities when in close contact with children or any frequently touched surfaces. When used, gloves should be changed:
 - If coming into contact with another person (e.g., when supporting a child during toileting, as needed during daily health checks, meal times), change gloves in between contacts with another person;
 - Before transitioning to the next activity (e.g., after wiping down toys or tables, after plating meals for children).
- Whenever a child’s clothing becomes dirty with bodily fluids (including drool), change the child’s clothing, and as necessary, clean the child (e.g. wash hands or arms).
 - Children should have multiple changes of clothes on hand at the program. Programs must have spare changes of clothes for children who either do not have extra clothes or have used their extra clothes, as practicable.
- For programs with infants that are bottle fed, program staff should wash their hands before and after handling bottles prepared at home or prepared at the program.
 - Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher with a bottlebrush, soap, and water.
 - If your program does not have that capability, consider asking families to provide enough bottles for the number of feedings per day and send home the used bottles to be properly cleaned.

Access to PPE and Cleaning Supplies

The DOE will continue to centrally provision cleaning and personal protective equipment (PPE) bundles to all programs, including centers and network-affiliated family child care homes.

Programs will receive a direct delivery bundle of supplies from the DOE including:

- Cleaning: disinfectant cleaner, paper towels, liquid hand soap, hand sanitizer, alcohol wipes.

- PPE: adult 3-ply mask (for replacements as needed; reusable face coverings are strongly encouraged), child-sized masks (for replacements as needed, reusable face coverings are strongly encouraged), adult N95 masks, disposable gloves, reusable face shields, no-contact thermometer.

The size of the bundle will be based on the number of contracted classrooms in the program. Programs may include normal cleaning supply expenses on their FY22 Budget, but should not include additional COVID-related expenses since these are being provided by the DOE.

Please reach out to Prekwalks@schools.nyc.gov if you have questions.

Access to At-Home Rapid Test Kits

DOE has begun making at-home test kits available for program staff, and children that are at least two years old, in NYCEECs, FCCs, and 4410s. DOE-provided test kits may be issued by programs for:

- Staff that become symptomatic at the program:
 - Symptomatic staff can use home tests to return from isolation early, if they test negative, are fever free for 24 hours without medication, and their symptoms have improved
- Staff that were exposed to a COVID-positive person, during their infectious period:
 - Instead of quarantining, staff should use home test kits following a classroom exposure, preferably on the day of exposure, and on day five (5) following the exposure, to confirm they are negative for COVID
 - Staff don't need to wait for the second home test on day 5 to return to work. As long as their first test is negative, and they are asymptomatic, staff can report to work following an exposure.
- Children that are at least two years old that become symptomatic at the program:
 - Symptomatic children can use home tests to return from isolation early, if they test negative, are fever free for 24 hours without medication, and their symptoms have improved
 - If symptomatic children test positive using the home test kits, the case should be reported to the Situation Room
- Children that are at least two years old, that were exposed to a COVID-positive person while that person was infectious:
 - Can use test kits to return from quarantine on day 6, by testing negative on day 4 and day 5 respectively
 - See quarantine guidance for more information
- Test kits should not be distributed to:
 - Children under two years old
 - Staff or children that were exposed, or that became symptomatic, while outside of the school

The initial distribution of At-Home Test Kits began on January 3rd. Please read the instructions contained in the kits on how to properly use these kits. If your program no longer has any more kits, please reach out to earlychildhood@schools.nyc.gov.

How do I use test kits distributed at the program?

All test kits come with printed instructions, please follow these instructions when administering the test. You can also check your test kit and watch a video on how to use your test kit:

- ACON Flowflex: <https://youtu.be/CtENzECCmG8>
- Carestart: https://youtu.be/r6juU4wMz_g
- iHealth: https://youtu.be/_juFqYt25il

For additional information, you can also visit the manufacturer’s websites.

- Acon Flowflex home kit: <https://flowflexcovid.com/>
- Carestart home kit: <https://www.letsongo.com/>
- iHealth home kit: <https://ihealthlabs.com/>

MEALS

Trauma Informed Care Considerations:

- Meal time is an opportunity to build a family-like atmosphere through conversation and relationship building. Even though family-style meals are not possible at this time, you can still use meal time to foster conversation and connection between children, adults, and peers.

Meals are an important component of every early childhood program. This is a time that allows children and staff to engage in conversations and learn valuable skills. This is also a part of the program that many families depend on to ensure their children have nutritious and well-balanced meals and snacks daily.

Programs are required to provide all meals and snacks in the classroom and temporarily the meals **cannot be served family style**. To avoid spreading germs, children should not be serving themselves any food or pouring any drinks. Programs should make the seating arrangements during meals to provide as much space between individuals as possible, while still ensuring that staff can engage in conversations with the children and provide adequate supervision. Additionally, children and staff should be reminded of the importance of not sharing food during this time.

- Family-style meal practices that can be implemented include, age-appropriate promotion of feeding themselves independently from their own plates; provide cups with their individual milk containers for pouring experiences; children cleaning-up by discarding their food waste/plates/utensils/cups in garbage (non-disposable can be placed in a designated classroom location); promote childrens’ progress in approaches to learning, social-emotional development, healthy habits, fine motor skills (e.g. use of their own utensils), and language development during meal service.

Food must be served in individual portions (staff should prepare separate plates and individual utensils disposable and age appropriate or labeled with the child’s name while wearing masks and gloves); Labeled utensils that are reusable should be stored in a secure place to be returned to the family or guardian to be cleaned and returned the following program day.

- When eating, children should maintain three feet of physical distance and should be seated in such a way that they are facing away from one another. For example, children may sit on one side of the table, three feet apart.
 - Programs may utilize other spaces, including but not limited to other classrooms, gyms, and

On-site Meals

Programs are expected to provide the required number of meals to their children according to their contract. In programs where there are Extended Day and Year services that is two meals and a snack and in School Day and Year only programs that is, at a minimum, two snacks and a meal, or two meals and one snack.

[Children receiving remote learning \(Child and Adult Care Food Program \(CACFP\) participants only\)](#)

Under normal circumstances, CACFP requires that participants eat together (congregate feeding) on site. Recently, the United States Department of Agriculture (USDA) granted a **nationwide waiver for non-congregate feeding**, which allows CACFP Sponsors to continue serving meals to children participants at your program should they be required to quarantine.

As a CACFP-participating program, if you would like to use this option to continue feeding your enrolled children who are required to quarantine, please complete this [application](#) by following this [guidance](#) for options, how to obtain approval, general requirements for non-congregate feeding and logistical considerations.

Providers must offer children meals and snacks using the USDA/CACFP nutrition guidelines. Providers should continue to pay for food expenses using CACFP funds and submit invoices for reimbursement under normal protocols.

[NAP/REST PROVISIONS](#)

Your program must have a regularly scheduled time during which you must provide an environment conducive for children to nap and rest. Quiet activities must be provided for children who do not wish to nap or rest.

- Have children positioned to rest 6 feet apart and head-to-toe.
 - If not possible, a minimum of 3 feet of distance is required, and they should always be placed head-to-toe.
- Please reference the [Birth-to-Five Policy Handbook](#), which may be updated, supplemented or amended at any time, for the typical expectations for nap and rest.

[STAFF DOCUMENTATION/REQUIREMENTS](#)

Trauma Informed Care Considerations:

- In addition to ensuring staff have the appropriate qualifications for their positions, programs should also ensure that staff hired show a high level of social emotional responsiveness to children's needs.
- Submitting documentation may be hard for staff in their current personal and professional circumstances. If staff need to submit documentation, let them know verbally and in writing so they know exactly what forms are needed, when they should be submitted, and where/to whom they should be given.

With each new school year there are documents that should be updated for the staff and be included in their personnel or health file. All of this information should be properly stored and shared with the DOE or DOHMH upon request. Additionally, at this time, staff are also expected to adhere to the health mandate that was issued by the Mayor recently.

Staff Documentation

- All program staff must share a primary contact number and two emergency contact phone numbers.
- Programs must have documentation on site ensuring appropriate security clearances for all program staff.
 - All staff must be added to your program’s PETS roster and be eligible (including if they were fingerprinted and cleared through DOI or IdentoGO); and
 - All newly hired staff (after September 25th, 2019) must be fingerprinted and cleared through PETS in order to begin working and have completed the Comprehensive Background Clearance (CBC). The program must be able to provide proof of such clearance (e.g. appears eligible in PETS and has a CBC approval letter). DOE-contracted programs do not need to begin sending their staff to get fingerprinted at IdentoGO. (**Article 47 and GFDCs only**)

Emergency COVID-19 Teaching Certificate

Many candidates may have been unable to take required exams to complete requirements for teaching certificates during COVID-19. To support these candidates and the education workforce, New York State Education Department (NYSED) has authorized an emergency certificate that would allow a candidate to be certified for a one-year period while taking and passing the required exam(s) for the certificate sought (e.g. Initial certification).

Who would be eligible?

Candidates who have completed all requirements for the certificate sought, other than the exam requirement(s), on or before **September 1, 2021**, may apply for the one-year Emergency COVID-19 certificate. The certificate is valid for one year; during this time, the candidate must meet exam requirements to avoid any lapse in certification status. If the candidate meets all exam requirements by the end of the one-year Emergency COVID-19 certificate, they will be eligible to transition to a new certification (e.g. Initial certification).

For more information about this certificate and application process, please visit NYSED’s website [here](#). For further clarification and/or support in this application process, please reach out to the Early Childhood Policy Team at earlychildhoodpolicy@schools.nyc.gov.

HEALTH GUIDANCE

Trauma Informed Care Considerations:

- Being sick at this moment can create a lot of stigma and generate fear. When a child is showing symptoms of illness or a family is experiencing illness, please maintain confidentiality among non-involved parties (e.g., families of other children, children in the classroom). If families do need to quarantine, ensure staff are aware of the protocol, including that when it is time for the child to re-enter the program they should be warmly welcomed and included in daily activities.

The situation regarding COVID-19 continues to change, as is our knowledge of this new disease. The guidance below is based on the best information currently available. This guidance for DOE-contracted early childhood programs is

intended to supplement all relevant city, state and federal law and guidance, including guidance issued by New York State and the DOHMH.

COVID-19 Vaccination

All staff in City-contracted child care must be vaccinated. This requirement represents a critical next step in ensuring the safety of children, families and staff. We also recognize that implementing this requirement will be challenging for some staff and program communities. Staff can show proof of vaccination in a variety of ways:

- Vaccination card
- NYS Excelsior Pass
- Other government record

Staff should be encouraged to get the booster.

Programs should maintain records and be able to provide upon request proof of vaccination for all staff working at their program.

Where to Get Vaccinated

The COVID-19 vaccine is free, safe and effective, and there is no cost to be vaccinated. Please encourage staff at your site to get the COVID-19 vaccine as soon as possible in order to meet this requirement.

Information about locations where New Yorkers can receive a vaccine for COVID-19 can be found at vaccinefinder.nyc.gov or by calling 877-VAX-4-NYC. Staff can also request home vaccination appointments by visiting nyc.gov/homevaccine or calling 877-VAX-4-NYC. Please encourage staff at your site to get the COVID-19 vaccine as soon as possible in order to meet this requirement.

For more information about the vaccine, visit the [NYC Health Department's COVID-19 Vaccine web page](#).

If you have questions about COVID-19 vaccination sites, please email covid19virus@schools.nyc.gov. We will continue to share updates on the City's vaccine efforts as they become available.

To support you to implement this new requirement, we have also prepared this [COVID-19 Vaccination Mandate Implementation Guidance](#).

Medical and Religious Exemptions for COVID-19 Vaccine

In situations where a staff member requests a medical or religious exemption, you, as the program, must be prepared to handle these in a manner consistent with any laws, the Department of Health's order, and any union agreements your program is subject to unless your program chose to utilize the Day Care Council of New York (DCCNY) as a third-party support.

In all instances, please consult with your legal counsel to ensure your personnel policies reflect these applicable laws and requirements.

If you plan to make exemption determinations yourself, you are strongly encouraged to designate a program administrator or human resources professional to operate your program's exemption process. We strongly encourage you to consult with legal and medical professionals to develop your program's policy. If you are reviewing cases internally, we recommend that those professionals advise on implementation and individual cases. Please track any costs incurred in implementing this policy. These costs will be considered eligible costs under your contract. Please review the [COVID-19 Vaccination Mandate Implementation Guidance](#) for more information on medical and religious exemption requests.

DOE does not dictate your personnel policy. Your policy is defined by the agreements you have in place with your employees, including any collective bargaining agreements. However, DOE sets parameters for reimbursement for costs associated with vaccine mandate compliance. Specifically, this means reimbursement for:

- Substitutes or backfills to take on the duties of staff who qualify for approved religious or medical exemptions, subject to relevant labor management agreements. Please note these staff should be reassigned to roles where they are not on site during program hours when we provide DOE-contracted childcare.
- Substitutes or backfills to take on the duties of staff who are unvaccinated, subject to relevant labor management agreements.
- Administrative costs of handling vaccination monitoring and exemption handling (e.g. overtime for staff processing exemption requests or legal consultation).

Staff granted a temporary exemption may remain on payroll and benefits, provided they are reassigned to work where they are not on-site during program hours that DOE-contracted child care is provided.

Staff granted a full medical exemption or religious exemption may remain on payroll and benefits, provided they are reassigned to work where they are not on-site during program hours that DOE-contracted child care is provided.

As a reminder, any new hired staff must comply with the vaccination mandate. Medical and religious accommodations are not allowable.

Nursing Supports

The DECE established a telenurse hotline that programs may call for nursing support. **The number for the telephone hotline is 212-287-0186. The hours are Monday-Friday from 8am-4pm, staffed by trained nurses.** The hotline can accommodate calls in languages other than English via support from Language Line. Program staff are encouraged to call this number for support with general health questions as well as questions specifically about COVID-19 symptoms, daily health screenings for children and staff, and use of PPE. Programs may also call this number to report positive COVID-19 cases in staff or children. This service is available to NYCEECs, Family Child Care Networks and their affiliated providers.

Designated Space *for those who become ill or present COVID like symptoms*

Your program must have a designated space provided for separating symptomatic children under direct adult supervision until a family member can pick up the child, or symptomatic staff members until they can safely leave the facility.

- Programs must maintain a supply of medical and emergency equipment and supplies nearby the designated space, including go bags/kits and appropriate personal protective equipment (PPE), including, but not limited to face coverings/N95 respirators, gloves, gowns, and face shields.
- This space should have proper ventilation and allow for physical distancing.
- Your designation space should not be in storage closets or spaces that contain chemicals or cleaning materials.
- If programs still have enough space available, without impacting space that children use, DECE encourages still having an Isolation space using this [Isolation Checklist](#).

Flowchart for Symptomatic, Isolating, and Quarantining Children

This flowchart, released by NYC DOE, provides families of children in LYFE, Earlylearn (Infants and Toddlers), 3K, Pre-K and 4410 programs with step-by-step guidance on when their child can return to school in each of the three scenarios listed below:

- 1) Their child tested positive for COVID-19
- 2) Their child feels sick
- 3) Their child was exposed to COVID-19

Translations of the flowchart will be posted [in this folder](#) as soon as they become available.

Symptomatic Children and Staff

- All program staff must be familiarized with the symptoms of COVID-19. These symptoms may include:
 - Fever of 100.0 degrees F or chills,
 - Cough, shortness of breath or difficulty breathing,
 - Fatigue,
 - Muscle or body aches,
 - Headache,
 - Loss of taste or smell,
 - Sore throat, congestion or runny nose,
 - Nausea or vomiting,
 - Diarrhea.
- If a child is showing any symptoms of COVID-19, program staff should:
 - Escort the child to the designated space while wearing appropriate PPE.
 - Nurse should assess if the child is in acute respiratory distress for 911 activation:
 - If the program does not have an on-site nurse, the identified staff member should make this observation. Programs may consult the Nursing hotline at **212-287-0186** if needed.
 - If 911 is called, complete and submit a [DECE Occurrence Report](#).
 - If the child is stable enough (no changes in skin color, able to speak in full sentences subject to age-appropriate and normal speech, no visible signs of unusual rapid breathing), notify the child's

parent/guardian to come and pick up the child. If the child is at least two years old, they should be sent home with a DOE-issued at-home testing kit. If the child is under two years old, advise the family to visit a doctor and get the child tested for COVID-19, and provide the information of the [closest testing site](#).

- Upon completing the supervision of the child (transferring custody to the parent/guardian), the staff member should remove gloves (taking care to touch only the inner surface of the glove) and wash hands. Then remove the following in this order taking care to touch only the back of the items: face covering, smock, then wash hands. Hands should be washed after removing each item. All items should be disposed of in a regular garbage bin, or washed for reuse, as appropriate.
- If a staff member is symptomatic upon arrival at work, or becomes sick with COVID-19 symptoms while at work, they must be separated, provided with an at-home test kit, and sent home immediately. If the employee does not feel well enough to leave on their own, the program leader should assist with arrangement of ambulance services, if appropriate, or other safe transportation home, such as calling a family member to accompany the staff member home. If 911 is called, complete and submit a [DECE Occurrence Report](#). Any adults waiting with the employee should stay at least six feet away from the employee. Advise the staff member to visit a doctor and get tested for COVID-19, and provide the information of the [closest testing site](#).
- Immediately close off areas used by any person with COVID-19 symptoms.
 - Thoroughly clean and disinfect any affected areas according to the CDC guidance on [Cleaning and Disinfecting Your Facility](#).
 - Open outside doors and windows to increase air circulation in the affected areas, to the extent practicable while maintaining all health and safety standards.
 - Wait 24 hours before you clean and disinfect the affected areas. If 24 hours is not feasible, wait as long as possible (at least two hours).
 - Clean and disinfect all areas used by the person with COVID-19 symptoms, such as the designated space, bathrooms, common areas, and shared equipment.
 - After cleaning and disinfecting the affected areas, these areas can be used for other purposes.
- If a child or staff member is exhibiting COVID-19 symptoms, but has not tested positive for coronavirus, there is no requirement to quarantine individuals or notify the Situation Room.
- Symptomatic individuals must isolate following the onset of symptoms. If the symptomatic individual gets tested, they must stay home while waiting for their test results, and cannot attend the program (or any other child care program) in the meantime..
 - If a positive case is confirmed, programs must follow the protocols in the **Isolation Guidance (Staff and Child Positive Cases)** section below.
 - Symptomatic children should quarantine for ten (10) days since the onset of symptoms, unless they have tested negative using a lab-based test, or two (2) negative at-home tests, AND they have been fever-free for 24 hours without the use of fever-reducing medication, AND their overall symptoms have improved.
 - Home tests must be taken at least twenty-four (24) hours apart
 - Home tests are not considered to be reliable for children under the age of two, unless administered at the direction of a health care provider.

- Symptomatic staff must isolate for five (5) days since the onset of symptoms, unless they receive a negative lab-based test, or two (2) negative at-home tests taken 24 hours apart, AND they have been fever-free for 24 hours without the use of fever-reducing medication, AND their overall symptoms have improved.
- If the symptomatic individual does not get tested, then the individual cannot return to the program until:
 - 10 days (children) or 5 days (adults) have passed since the onset of symptoms; AND
 - The individual has been fever-free for 24 hours without the use of fever-reducing medication; AND
 - Their overall illness has improved.
- You are not required to notify families when someone in the program has symptoms of COVID-19 until the individual has tested positive using a lab-based test or at-home test. If you want to communicate something to families about a symptomatic staff member or child, you may let them know that:
 - The person has symptoms, does not currently have a confirmed case of COVID-19, and is not attending the program (unless they receive a negative lab-based test or two (2) at-home tests).
 - All other children may continue to attend the child care program as long as they can pass the daily health screener.
 - If they are concerned, they should talk to their health care provider.
 - The symptoms of COVID-19 are very nonspecific, and are often similar to other respiratory viral diseases, including influenza.

Quarantine vs. Isolation

Programs can use this [DOHMH resource](#) that describes in detail the differences between quarantine and isolation. It provides information on why you should do one versus the other as well as the many of the frequently asked questions.

Isolation Guidance (Staff and Child Positive Cases)

- If a child tests positive for COVID-19 they can return to the program only after:
 - Isolating for 10 days since the onset of symptoms, or the date they were tested if asymptomatic; **AND**
 - The individual has been fever-free for 24 hours without the use of fever-reducing medication; **AND**
 - Their overall illness has improved.
- If a **fully vaccinated** staff member tests positive for COVID-19, they can return to the program only after:
 - Isolating for 5 days since the onset of symptoms, or the test date if asymptomatic; **AND**
 - The individual has been fever-free for 24 hours without the use of fever-reducing medication; **AND**
 - Their overall illness has improved, and the individual does not have a runny nose or a productive cough

Please note: Staff members returning on Day 6 must wear a high quality (e.g. KN95) mask through the end of Day 10.
- If a child or staff member tests positive for coronavirus and follows the isolation guidance outlined above, they should not be required to produce a negative test result before being allowed to return to the program. A person may continue to receive a positive COVID-19 test result for up to three months even though they are no longer infectious.

Quarantine Guidance

- Children in Infant, Toddler, 3K and Pre-K programs who share a classroom, or come in close contact, with an infectious* COVID-positive, person should be instructed to quarantine. "Close contact" means being less than 6 feet away for at least 15 minutes over a 24-hour period from a person who tested positive for COVID-19 while that person was infectious. The quarantine period **begins on the date of last exposure** to the COVID-positive person and can last up to ten (10) days.
 - *The infectious period begins two (2) days prior to the onset of symptoms, or the test date if asymptomatic, and extends through the COVID-positive person's isolation period.
- **Children two (2)-5 years old:** All children ages two(2) to five (5) years old must quarantine **for at least five (5) days** since their last exposure. If the quarantining child tests negative for COVID-19 using a lab-based test on day five (5) they can return to the program on day six (6). These children can also use DOE-issued at-home tests on day four (4) and day five (5) to the program on day six (6).
- **Children under 2:** All children under 2 years old must quarantine **for at least eight (8) days** since their last exposure. If the quarantining child tests negative for COVID-19 using a lab-based test on day five (5) they can return to the program on day eight (8).
- Children that become symptomatic, or that test positive for COVID-19, while in quarantine must begin a new isolation period. Day 0 if this new isolation period will be the date of symptoms onset, or the test date if the child was asymptomatic.
- Children that do not get tested can return to the program on day eleven (11) after completing a ten (10) day quarantine.
- Children that must quarantine, for any reason, should be provided with remote learning opportunities
- **Adults** that are asymptomatic and fully vaccinated against COVID-19 do not need to quarantine. Instead, vaccinated staff should use at-home test kits following a classroom exposure, preferably on the day of exposure, and on day five (5) following the exposure, to confirm they are negative for COVID.
 - Note: Staff don't need to wait for the second home test on day 5 to return to work. As long as their first test is negative, and they are asymptomatic, staff can report to work following an exposure.
 - If a staff member tests positive on either home test, they should begin isolating for at least five (5) days, follow the guidance outlined in the Isolation Guidance (Staff and Child Positive Cases) section above, and report the case to their Program Leader.

Quarantine Exceptions

- Individuals that have had, and recovered from, COVID within the last 90 days do not need to quarantine following an exposure to a COVID-positive person.
- Individuals that were exposed to a COVID-positive person outside of their infectious period* do not need to quarantine
 - *The infectious period begins two (2) days prior to the onset of symptoms, or the test date if asymptomatic, and extends through the COVID-positive person's isolation period.

Isolation/Quarantine Calculations

The DECE has developed an Isolation/Quarantine calculator that can be used to determine when children and staff should return to a program based on their symptom onset, last exposure or positive test date. Instructions for how to access and use this calculator can be found [here](#). Please note: In order for this calculator to work, it must be downloaded onto your computer and macros must be enabled.

If you would prefer to calculate isolation and quarantine periods manually, please refer to the instructions below.

Calculating Isolation Periods:

Individuals that test positive for COVID-19 must isolate from the date they first manifested symptoms, or from their test date (whichever came first). To calculate a COVID isolation period, you can use the "jumping method" on the calendar.

Example Isolation Period Calculator:

- Day 0 - 1/1/2022 - Test Date/first day of symptoms (whichever came first)
- Day 1 - 1/2/2022
- Day 2 - 1/3/2022
- Day 3 - 1/4/2022
- Day 4 - 1/5/2022
- Day 5 - 1/6/2022
- Day 6 - 1/7/2022 (If subject is a fully vaccinated staff member, they can return on Day 6 after 5 days out)
- Day 7 - 1/8/2022
- Day 8 - 1/9/2022
- Day 9 - 1/10/2022
- Day 10 - 1/11/2022
- Day 11 - 1/12/2022 (If the subject is a child age 0-5, they can return on day 11 after 10 days out)

Calculating Quarantine Periods:

Preschool age children who share a classroom, or come in close contact, with a COVID-positive person should be instructed to quarantine. "Close contact" means being less than 6 feet away for at least 15 minutes over a 24-hour period from a person who tested positive for COVID-19 while that person was infectious. The quarantine period begins on the date of last exposure to the COVID-positive person and can last up to ten (10) days.

Please note that when calculating a preschool age child's quarantine period, the first day of quarantine should be based on the date of last exposure to a COVID-positive individual, during that individual's isolation period. For example, if a preschool age child's vaccinated parent tested positive on 1/1/2022, and that parent was instructed to isolate for five days, the child's quarantine period would begin on day five (1/6/2022), which is the final day of the parent's isolation period.

Example Quarantine Period Calculator:

- Day 0 - Last exposure to infectious individual occurred on 1/6/2022
- Day 1 - 1/7/2022
- Day 2 - 1/8/2022
- Day 3 - 1/9/2022
- Day 4 - 1/10/2022 - Quarantining children taking an at-home COVID-19 test on this day, and on day 5, can return from quarantine on day 6, rather than on day 11)
- Day 5 - 1/11/2022 - Quarantining children taking a lab-based COVID-19 test, or their second home test, on this day can return from quarantine early)
- Day 6 - 1/12/2022 - Children ages **2-5** that tested negative can return to the program
- Day 7 - 1/13/2022
- Day 8 - 1/14/2022 - Children **under 2 years old** that tested negative can return to the program
- Day 9 - 1/15/2022
- Day 10 - 1/16/2022

- Day 11 - 1/17/2022 (Children can return on day 11 after 10 days out, if they haven't been tested following exposure)

Situation Room Hours:

Programs are reminded to immediately report COVID-19 cases among their staff and children to the DOE Situation Room for confirmation and guidance on next steps. Cases can now be reported based on results from lab-based or age-appropriate at-home tests. All cases should be called into the Situation Room, rather than emailed. The Situation Room hotline - 212-393-2780 - is open:

- **Monday-Friday: 7:00am-4:30pm**
- **Sundays: 11:00am-3:30pm**

You may also contact the situation room at RTS@buildings.nyc.gov if you are having trouble getting through via the Hotline.

Please note that cases reported too close to the end of Situation Room hours may be processed the following business day.

Cases involving staff or children that are not covered by your early childhood permit/certificate/license should be reported to the **DOHMH Provider Access Line (PAL) at 866-692-3641**.

MAINTENANCE AND CLEANING SCHEDULE

Trauma Informed Care Considerations:

- Consider creating a daily checklist and schedules among teaching teams to ensure that cleaning responsibilities are shared evenly among teacher/assistant/aide. Check in with staff about their personal needs or concerns around cleaning and maintenance (e.g. allergies to certain cleaning products). Support staff to consider personal preference and needs while evenly distributing cleaning responsibilities.

Programs must ensure adherence to cleaning and disinfection requirements as advised by CDC, NYS DOH, and DOHMH, This guidance is intended to align to and supplement the NYCDOE Health and Safety Guidance, [NYSED Health and Safety Guide for the 2021-2022 School Year](#), [CDC's COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#), and [AAP Guidance](#).

General guidelines for cleaning and/or disinfecting toys in child care settings

Programs are encouraged to use toys and materials that are able to be easily cleaned and sanitized.

- Toys that cannot be cleaned and sanitized should not be used in child care settings.
- Indoor toys should not be shared between groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.
- All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in

their mouths during play or eating, or after toileting with inadequate hand hygiene.

- Play with plastic or play foods, play dishes and utensils, should be closely supervised to prevent shared mouthing of these toys.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried. You may also clean in a mechanical dishwasher.
- Children’s books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. It is recommended that anyone that touches these items wash their hand thoroughly before and after use.

Please consult the Department of Environmental Conservation's (DEC) [list of products](#) registered in New York State and identified by the EPA as effective against COVID-19.

When using bleach and water to sanitize or disinfect surfaces, different concentration amounts and saturation times are required to effectively sanitize or disinfect. Ensuring the correct concentration is important to ensure that we do not leave toxic residue on tables for eating or mouthed toys and to ensure adequate sanitizing/disinfecting. In addition, the bleach solution should be made daily as the mixture starts to degrade once mixed and exposed to light.

Surface	Mixture	Time Required
Food Surface: tables that children eat at, high chair trays, counters food is served on, etc.	1/2 teaspoon bleach and 1 quart of water	The solution should be sprayed on and must remain on the surfaces for at least 2 minutes
Surfaces in contact with bodily fluids: changing tables, mats/cots that children may drool on or have toileting accidents, etc.	1 tablespoon bleach and 1 quart of water	The solution should be sprayed on and must remain for at least 2 minutes
Toys: Mouthed toys/Toys in classrooms	1 teaspoon bleach and 1 gallon of water	Soaked for at least 5 minutes

Facilities and Custodial Staff Guidance

During this time, programs will rely on facilities and custodial staff to create a safe and clean environment for children, families and staff. Below are some general guidelines that may be helpful to determine adjustments to daily cleaning and disinfection and maintenance routines.

- Daily cleaning in all buildings should include:
 - Wiping down all exposed surfaces utilizing an antiviral cleaning product. Special attention is to be paid to horizontal surfaces in the building’s common areas, classrooms, classroom materials, and bathrooms, including food surfaces, outdoor gross motor equipment, diaper changing areas, and napping surfaces. Frequently contacted items, such as drinking fountains, faucet handles, door hardware, push plates and light switches are to be wiped down regularly.
 - Carpets and rugs should be cleaned daily. If rugs are heavily soiled or cannot be cleaned they should be removed.

All bathrooms:

- Are regularly cleaned and disinfected. The frequency of the cleaning and disinfecting should be dependent on the frequency of use.
- Remain sufficiently stocked with liquid hand soap and paper towels.
- All handwashing sinks are in a state of good repair.
- Cleaning and disinfection should happen throughout the day, especially in common areas such as shared bathrooms, hallways, and on frequently touched surfaces; the staffing plan should account for these needs.
- Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public.
 - Existing cleaning and hygiene practices should be maintained for outdoor areas. If practical, high touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundcovers (e.g., mulch, sand) is not recommended.

Programs should ensure that all faucets are flushed 5-10 days prior to resuming any child care. All faucets should be flushed at the same time starting with the outlet farthest from the water main for a minimum of 10 minutes using cold water first and then hot water. Additionally, programs should consider, as an extra precautionary measure, implementing a routine practice of flushing all faucets any time water has been stagnant for over 18 hours.

Ventilation

As you know, good ventilation is required of all child care centers permitted by the NYC Department of Health and Mental Hygiene (DOHMH). Out of an abundance of caution, we are asking that all providers confirm the ventilation strategies they have for each primary classroom that will be serving children this fall.

It is expected that in each primary classroom serving children, you have at least one of the following:

- At least one window that can be opened; or
- A supply fan: a mechanical device (fan) that delivers air to a space; or
- An exhaust fan: a mechanical device (fan) that forces out stale indoor air so it can be replaced by fresh air; or
- A unit ventilator: a mechanical device that circulates conditioned air to desired spaces.

ADDITIONAL RESOURCES

[Self-Care Going Home Checklist](#) - consider using this before leaving for the day

Escalation Protocol

If concerns arise, please contact:

- Your assigned Policy Support Specialist; and/or
- Earlychildhoodpolicy@schools.nyc.gov for support.

As you know, this year we are providing services to children and families in an unprecedented time and will be adhering to new policies and protocols to ensure the health and safety of children, staff and families. Based on the City's response to COVID-19, the DOE's legal division has issued the [Preservation Notice](#) below. It is imperative that all paper documents and electronically stored information related to your contract with the DOE and concerning COVID-19 be preserved. This notice is being issued to all organizations with DOE contracts, including DOE-contracted early childhood programs, in anticipation of possible litigation that could involve contracts with the NYC DOE. At this time, this is only a precautionary measure.

Please read this notice carefully and reach out to Susan Dombrow at sdombro@schools.nyc.gov if you have questions on this matter.

PRESERVATION NOTICE – PLEASE READ – ACTION REQUIRED

You are receiving this preservation notice because your organization may have documents that are relevant to potential future litigation related to the City's response to COVID-19 arising from your contract with the NYC DOE. This preservation notice outlines what steps your organization must take to preserve potentially relevant information. We appreciate your cooperation.

If you have any questions about the preservation requirements or about whether certain documents are relevant to this matter, please contact Susan Dombrow at sdombro@schools.nyc.gov.

SCOPE OF PRESERVATION

Subject Matter Covered -

Preserve any and all paper and electronic records relating to your contract with the NYC DOE including, but not limited to:

- Documentation related to goods and/or services provided to the agency;
- Contracts or agreements with the agency;
- Communications with the agency; and
- All Covid-19 related documentation.

Time Frame -

Until further notice, this obligation covers both existing paper documents and electronically stored information, and any documents or information created in the future.

Actions Required & Prohibited -

Your organization is required to preserve all paper documents and electronically stored information related to the subject matter noted above.

- Do not delete or alter those documents in any way.
- Do not move or copy electronically stored information from its existing location, as this may alter the metadata associated with it. However, you may continue to file electronically stored information as you would in the

normal course of business (*e.g.*, you may move relevant email messages from your inbox into a project folder in your mailbox).

Please disseminate this preservation notice to those within your organization as is necessary to ensure compliance.

Failure to take the necessary steps to preserve evidence could lead to the imposition of serious sanctions by the court in potential future litigation.

Please note all content in this guidance document can be amended, edited or supplemented at any time.