New York City Department of Education
Division of Early Childhood Education
Health and Safety Guidance for
NYC Early Education Centers (NYCEECs)
(as of 04/14/2021)

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.

As we plan for what the 2020-2021 school year might look like for our birth-to-five programs, 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 retraumatization, 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.” 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. 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. Suggested Agenda for a Virtual Family Orientation Upon Reopening
3. Self-Care Checklist (located in Additional Resources)
4. Each section 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

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 current New York State Interim COVID-19 Guidance for Child Care and Day Camp Programs (“NYS Department of Health June 2020 guidance”), and the Centers for Disease Control and Prevention’s Guidance for Child Care Programs that Remain Open (“CDC March 2021 guidance”) which are subject to change.

Prior to reopening, all NYC early childhood programs must successfully complete all NYCDOE and licensing requirements, as well as other CDC, state, and federal requirements. These include:
- Carefully review of the DECE Fall 2020 Staffing Readiness Planning Tool, and complete the required follow-up survey (deadline was August 7; programs should complete as soon as possible)

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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.
Carefully review the DECE Fall 2020 Program Readiness Checklist; a DECE readiness staff member will reach out to walk through this checklist with your program this summer

- Train staff in the NYS Department of Health June 2020 guidance, and complete an affirmation online, and
- Complete and post the NYS Department of Health Business Reopening Safety Plan.

Many of the typical requirements for programs will remain in place, while others will need to be modified during this time. Programs should still refer to the 3-K and Pre-K for All Policy Handbook. However, 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, and this would not be possible without our ongoing collaboration. 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.
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Introducing Health & Safety Guidance to Staff and Families

As we return to in-person services, programs are being asked to share health and medical knowledge and 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 more confident and safe when they understand what is expected of them and why. 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 the Family Health and Safety Resource with families that outlines some of the relevant guidance as it pertains to in-person services. Translated versions located [here](#). The Family Health and Safety Guidance is a resource that must be backpacked and/or shared electronically with all families that are participating in any form of in-person services in your DOE-contracted classrooms. Information in this resource includes some of the expectations for families and their children such as daily health screens, increased hand washing, and wearing of face coverings.
     - Share Suggestions for Implementing COVID-19 Guidance in Early Childhood Programs with staff.
     - Share NYC COVID-19 Testing Recommendations with program staff, and families to help them understand the importance of getting tested for COVID.
     - Be clear about what expectations are new or potentially unfamiliar to staff and families (e.g., no adult volunteers in the building, how meals are served, 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 virtual meetings for staff and families to introduce guidance and expectations upon re-opening and 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 6 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 how to model the procedures (such as daily health screens) in-person or in a short video that can be shared with staff and families.

3. **Provide families with clear information and options for completing and submitting documents** such as updated emergency contact information, current medical forms, and immunizations:
   - What is the typical timeline for these documents and how have they been extended if at all? Share a calendar or visual with families outlining the expectations.
   - What forms do they need to complete and where can they get them?
   - Can community partners help families complete these forms? Provide contact information for someone who can answer their questions about these requirements or support them in filling out the documents.

4. **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](https://www.cdc.gov/healthliteracy/)). 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 families are returning to programs after an extended period of time and may have gone through individual 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 coming back to school will look completely different from when they were last in your program.
Many families will be returning to on-site services after several months and circumstances might have changed based on emergency contracts, immunizations, and family schedules. It is important that programs connect with families as soon as possible to ensure they have the appropriate documentation required to include updated emergency contact information, and proof of up-to-date immunizations, outlined below, before returning to on-site learning.

Stay-at-home orders and physical distancing practices have resulted in declines in outpatient pediatric visits and fewer vaccine doses being administered, leaving children at risk for vaccine-preventable diseases. As states develop plans for reopening, healthcare providers are being encouraged to work with families to keep or bring children up to date with their vaccinations.

Every child must have the following before resuming in-person or remote learning:

- **Medical Documentation**
  - Submit a current medical form (within 18 months of the date of re-entry)
  - Proof of completed immunizations, based on the age.
    - Children must meet at least the provisional requirements (1 dose from each series) within 14 calendars days of the first day of school to begin services, and within 30 calendar days of the first day of school, show proof of age-appropriate scheduled appointments for the next follow-up in each vaccine series. Follow-up doses to complete the immunization series must be in accordance with the Advisory Committee on Immunization Practices (ACIP) catch-up schedule (here).
    - Parents/guardians of children who are not in compliance should be sent warning and exclusion letters. Please see links to the letters below.
      - Child Warning Notice
      - Child Notice of Exclusion
  - Programs are responsible for ensuring compliance with immunization requirements, including exclusion of children who are not properly immunized; programs observed to be out of compliance are subject to violations and fines.
  - The New York State Department of Health has extended the suspension of enforcement of school immunization requirements until **June 30, 2021**, only for children attending programs exclusively remotely. The requirements apply to all children between the ages of 2 months and 18 years, as long as the child intends to obtain the required vaccinations in the coming 30 days. **This does not include the mandatory influenza vaccine that is still required under Article 47 and Article 43 as per the NYC Health Code.**
    - Families must give written consent for program staff to act and obtain appropriate health care in the event of an emergency.
      - If applicable, families should provide an individualized health care plan indicating specific emergency medications (i.e., an epinephrine auto-injector, asthma inhaler and/or nebulizer) to be administered for the child.
    - If applicable, children must have an Allergy Response Plan identifying their allergies and detailing the steps that need to be taken.
    - If applicable, children must have an Asthma Action Plan and detailing the steps that need to be taken.
    - DOE Visiting nurses will support programs in reviewing child health files and can work with the education director to develop a system for managing and maintaining current records.

- **Contact Information**
Programs must confirm that they have an up-to-date Emergency Contact Card ("blue card") for each family that includes:

- At least 2 emergency contacts, approved escorts, home language and health related information.

**Physical Distancing Practices**

<table>
<thead>
<tr>
<th>Trauma Informed Care Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Physical distancing looks different for young children than for adults. Children can play together in smaller groups, with a focus on washing hands and washing toys, instead of keeping children apart.</td>
</tr>
<tr>
<td>● For eating, spending time in large groups, and napping, provide <strong>visual markers for children</strong> to help them create new habits about where they should put their bodies and to offer and practice <strong>alternatives</strong> to physical contact like hugging and high-fives.</td>
</tr>
<tr>
<td>● Respond with <strong>patience and care</strong> when children need redirection; it is normal and expected that children want to be close to friends and caregivers.</td>
</tr>
</tbody>
</table>

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. During the pandemic, programs will need to change these practices to prevent 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:

**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 in Daily Care Routines for in-person services
- Programs should reduce the number of adults onsite as much as possible, while maintaining responsiveness to the needs of children and families. Non-essential adults (e.g., delivery persons) should not be permitted indoors at the site, whenever possible.
  - Children with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) must receive services as recommended on their IEPs and IFSPs, either through remote, teletherapy or in-person services, depending on parents’ preference and applicable health and safety considerations. This fall, teletherapy will continue for parents who wish to remain remote, and for families who would like in-person sessions with Special Education Itinerant Teachers (SEITs), services can be provided at childcare locations in alignment with health and safety regulations.
  - 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. During this time, related service providers, SEITs, and EI providers may provide in-person services at any sites authorized to open. You are encouraged to allow these providers in your site, provided they follow all appropriate health and safety guidelines, including maintaining social distance. Providers must adhere to regular background clearance expectations. In addition, you are encouraged to communicate your site’s health precautions to all providers upon entry.
  - DOE visiting nurses must be allowed into the building in order to provide support for the health and safety of staff, families and children.
Nurses will provide support for programs through calls and in-person visits over the course of the year to ensure all programs have appropriate processes and practices in place, and to respond to program-specific needs. Because nurses are traveling to multiple sites in a week, nurses are trained on proper PPE usage (including changing between sites) and disease prevention practices, and are regularly tested. They will be available to guide programs with their health and safety practices, questions about COVID-19 symptoms, set-up of isolation rooms and use of PPE. 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 Department of Education’s Office of Student Health will be exempt from in-person nurse visits. If you have questions or concerns about this, please email DECENurse@strongschools.nyc.

- Consider whether there are any administrative staff members who are able to work remotely while continuing to fulfill all of their responsibilities.
- Staff members must wear a face covering at all times when in the child care facility. The only exceptions are when they are eating or during their breaks outside of the classroom where they are able to maintain the required six feet distance apart from another individual. DOHMH recently released guidance about wearing two face coverings. Wearing a cloth face covering over a disposable mask may better protect you and others against COVID-19 by adding layers and helping to ensure a snug fit over the mouth and nose. It is not required that staff wear two face coverings, however, if they decide to, consider posting this poster in your program, which shows the proper way to do so.

Use of Facility Space:
- If possible, designate separate entrances and exits into and out of the program to keep all foot traffic flowing in the same direction.
- Create distance and directional 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.
- Programs can modify the use of work areas for non-classroom staff and break spaces, so that individuals are at least six feet apart in all directions (e.g. side-to-side and when facing one another) and are not sharing work areas without cleaning and disinfection between use.
- Discourage the use of small spaces (e.g. supply closet, kitchen, or restrooms) by more than one staff member at a time, unless all staff in these spaces are wearing face coverings.
- If possible, install barriers in reception areas, security desks, and similar spaces. Barriers should be made from class A or B flame-retardant polycarbonate (light transmitting) plastics. Plexiglass should not be used as it is considered a fire hazard.
- 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, stable groups, with added precautions. Programs must ensure that traffic does not overlap within the spaces, and the staffing and child groupings are stable.
  - Additional non-porous barriers may be needed to prevent contact between groups of children.
  - Materials and supplies should not be shared between small, stable groups of children.
  - Air ventilation should be maximized to the greatest extent possible.
  - To maximize the number of children that can be accommodated on-site in small, stable groups, programs may consider converting space in the facility to serve as one or more smaller classrooms (e.g. cafeterias,
gymnasiums, multipurpose rooms). Licensed child care programs should consult with their DOHMH Sanitarian prior to changing the use of space in the building, and ensure that all space used for childcare is listed on their permit.

- **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;
  - Minimize the number of people in the building when the child care program is open;
  - Determine who is responsible for cleaning and disinfection between uses of shared spaces;
  - Ensure that the child care program is notified if a member of a group that uses the building tests positive or develops symptoms of COVID-19;
  - 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 NYC Department of Health and Mental Hygiene.

**Classroom Composition**

In alignment with the [NYS June 2020 guidance](#), maximum group size and staff-to-child ratios in DOE-funded classrooms will be as follows, until further notice:

<table>
<thead>
<tr>
<th>Age</th>
<th>Minimum Staff</th>
<th>Maximum Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (under 12 months)</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Younger Toddlers (12-24 months)</td>
<td>2</td>
<td>10 (8 for Early Head Start classes)</td>
</tr>
<tr>
<td>Older Toddlers (24-36 months)</td>
<td>2</td>
<td>12 (8 for Early Head Start classes)</td>
</tr>
<tr>
<td>Preschoolers (3- and 4-year-olds)</td>
<td>2</td>
<td>15</td>
</tr>
</tbody>
</table>

- Classrooms that are typically staffed by more than two adults may continue to be staffed this way, as long as physical distancing between adults can be maintained in the classroom space.

- **Children should stay in stable groups not to exceed the maximum number of children, as listed above.** Classrooms may reach the permitted capacity if they do not exceed the maximum group size for the specific age group. These different groups must avoid coming into contact with each other during their time on-site. For the most part, there is not an expectation that young children will maintain physical distancing within their stable groups. However, during certain activities (e.g. meals, naptime), NYS health requirements mandate more physical space between children. For example, during naptime, children should be positioned to rest 6 feet apart and head-to-toe, where possible.
● For public health reasons and to support responsive caregiving, children should have consistency in their teachers, such as a primary caregiver who is regularly assigned to the same group of children. Programs should **limit the number of classrooms** that are supported by any single staff member, including non-lead teachers.
  ○ For example, to cover staff breaks, ensure that the same person is providing coverage each day, and that they only provide this support for a maximum of two classrooms. Another solution to mitigate movement of adults between groups of children may be to involve a parent volunteer to support in covering breaks, when possible.
  ○ Staff members should take sanitary precautions, such as washing their hands and changing their personal protective equipment (including face covering and smock) any time they are transitioning between different groups of children.
  ○ If children typically receive instruction from enrichment teachers who support multiple classes with activities such as art, music, yoga etc., consider if that instruction can be delivered by the primary teaching staff, or as part of your program’s remote learning plan.

● 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.
● 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.

**Off-Site Space Usage**

● Programs are discouraged from taking excursions away from child care facilities (e.g., field trips)
● Programs must have appropriate written permission from families prior to taking children off-site.
● Staff and children over the age of 2 must wear face coverings when travelling 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 FOR IN-PERSON SERVICES**
Trauma Informed Care Considerations:

- Most children and staff have not been in a program for several months and therefore are no longer 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.

Transitioning Back to Program for Children and Families and Staff

Virtual Family Orientation upon Reopening
As we welcome families back to in-person services, having a Family Orientation continues to be a best practice for providing a responsive environment for families and their children. While these events should happen virtually, not in person, 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. Programs should emphasize the priority on 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.

Please see here for a suggested agenda for this orientation.

Staff Orientation upon Reopening
It is equally important to ensure that all staff, those returning to on-site services and those continuing to work remotely, gather for an opportunity to learn of all new updated practices and procedures and have the opportunity to ask questions. This event can be conducted virtually; however, if conducted in person physical distancing measures must be put in place and all staff must wear face coverings.

Daily Health Screens for Children and Staff

Trauma Informed Care Considerations:

- Daily health screens and new and intensified hygiene routines will be new procedures for most children and families. Helping everyone know what to expect prior to re-opening will help everyone to be at ease.
- For health screens, prepare staff to ask for permission from children and to narrate procedures as they occur: “We are keeping everyone healthy by checking on our temperatures- how warm your body is. Can I point this thermometer at your head? It won’t hurt and will only take a second.” You might add thermometers and checklists to your dramatic play area to help children acclimate to seeing and using these materials at school.
Programs must identify a **Site Safety Monitor to oversee daily staff and child health screens** and track all people entering the facility. Child health screens must be completed and documented either prior to arrival, or before families leave the program in the morning. Staff screens must also be documented and completed prior to arrival or upon staff’s arrival for their shift. In programs that have existing nursing staff, nurses may be best qualified to fulfill this role, but this role can also be combined with other staff duties.

All programs now have access to the DOE’s [Online Health Screening Tool](#) which can also be added to mobile phones. This tool provides an alternate way of completing the mandatory daily health screen; individuals may also continue to use a paper-based health screen form. English and translated versions can be found [here](#).

![Health Screening DOE Buildings](#)

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).

Please make sure that if you are using paper copies of the daily health screen that you are utilizing the most updated version, found here.

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

**Upon Entry:**
- Children and staff must not exhibit symptoms of COVID-19 in order to attend the program.
- Staff and family members should look out for signs and symptoms of COVID-19 in themselves and children.
  - Staff should make a visual inspection of a child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child does not have a fever, is not coughing or experiencing shortness of breath.
  - **Note:** COVID symptoms may often look similar to other health diagnoses. If symptoms including those listed above, except for a fever, are observed and the family shares that the child has another health diagnosis, families must have medical documentation that details symptoms and the health diagnosis and should be encouraged to take their child to get lab-confirmed diagnostic COVID tested.
  - Child cannot return back to care unless a negative COVID test result is shared along with documentation of an alternative diagnosis.
    - The provider must be provided the medical documentation and keep record of this alternative diagnosis. If the symptoms listed in the diagnosis re-emerge, there is no need to readdress. Child is able to remain in the program and not required to get another COVID test.
    - Any symptom not detailed on the child’s diagnosis must be treated as a COVID symptom.
  - If the family chooses not to get their child tested, the child must quarantine for 10 days and must not return till there has been no fever for 24 hours without the use of fever-reducing medications, and the symptoms have improved.
- At a minimum, **daily health screenings** must be completed prior to entering the program to determine whether each individual has:
  - Been knowingly in close or proximate contact (within 6 feet for at least 10 minutes over a 24 hour period) in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;
  - Received a lab-confirmed positive result from a COVID-19 diagnostic test that was your first positive result or
  - Received a lab-confirmed positive result from a COVID-19 diagnostic test after 90 days from your previous diagnosis date
    - Please note that 10 days is measured from the day you were tested, not from the day you got the test result.
    - The 90 days count should start from your symptom onset date, or, if you had no symptoms, the 90 days should start from your positive test date.
  - Experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 10 days; and/or
Considered fully vaccinated against COVID-19 by CDC guidelines; or
- Please note to be considered fully vaccinated, two weeks must have passed since you received the second dose in a two-dose series or two weeks must have passed since you received a single-dose vaccine.
- Recently diagnosed with COVID-19 and finished isolation in the past 90 days and has not traveled internationally in the past 10 days
- Traveled (or has a visitor who is staying in the home with them) internationally in the past 10 days.

As part of the daily health screenings, programs are strongly encouraged to perform random temperature checks using non-contact thermometers (such as an infrared forehead thermometer or infrared scanner) for both adults and children prior to them entering the building. These checks must follow protocols in the [CDC July 2020 guidance](https://www.cdc.gov).  
- The person using the non-contact thermometer should strictly follow the manufacturer’s instructions for use. Additional guidance regarding use of non-contact infrared thermometers can be found [here](https://www.fda.gov) (search for “non-contact thermometer”) such as the location on the body the temperature can be taken on.
- When non-contact thermometers are used and the screener does not have physical contact with the screened individual, gloves do not need to be changed before the next check. However, the thermometer should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual. You can reuse the same wipe as long as it remains wet. Screening areas should have a supply of alcohol wipes to sanitize equipment that inadvertently touches someone. Clean after each person is screened if there is contact.
- Do not use oral (inserted into the mouth) or tympanic (inserted into the ear) thermometers.
- Adults with a temperature of 100.0°F or higher will be directed to leave the building. Children with a temperature of 100.0°F or higher should be released back into their family member’s care. The program should strongly encourage the adult or child to visit a doctor and get tested for COVID-19.

In addition to the random temperature checks on-site, programs may either:
- Request program staff and family members take their own or their child’s temperature each day and report the results to the program before arriving in person at the facility, or
- Designate a staff member to take the temperature of all persons entering the facility using a non-contact thermometer.
- Any individual that has a fever of 100.0°F or above should not be admitted to the facility.

Health screenings should be conducted in a location that is not a confined space (for example, do not use a small office with a closed door). If possible, perform screenings outdoors.

Staff, children, family members, and any other person who enters the program must maintain at least six feet of distance from others while awaiting health screenings.

Screeners and individuals being screened (except for children two years of age and under) must wear face coverings if they can medically tolerate them.

Programs should design a way to screen that prevents others from hearing what is being said and to minimize others from observing screenings. Additionally, wherever possible, programs should incorporate physical distancing (maintaining at least six feet between screeners and others), or physical barriers, to minimize the screener’s and the screened individual’s exposure during the screening.

If any child (or staff member who supervises on the bus) is transported via school bus, the daily health screens should be completed prior to boarding the vehicle.
Children should board buses and be seated at first from the back of the bus to the front of the bus to eliminate crossing seated individuals.

When disembarking, children in the front should get off the bus first to eliminate crossing seated individuals.

Any program staff, child or a child’s household member wishing to enter the building exhibiting symptoms of COVID-19, must not be allowed to enter the program. Symptoms may include:

- Fever of 100.0°F or higher 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.

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, utilize an emergency contact authorized by the parent to come pick up the child. As a close contact, the child must not return to the program for the duration of the quarantine.
  - A close contact is now defined as someone who was within 6 feet of someone who tested positive for COVID-19 for a cumulative total of at least 10 minutes over a 24-hour period, starting from two days before symptoms begin (or, for individuals without symptoms, two days prior to the positive test result) until the time the patient is isolated.
- 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.

Quarantine Requirements for Domestic and International Travel

Domestic Travel

- Travelers who are asymptomatic do not need to quarantine following domestic travel (U.S. states, the District of Columbia, and Puerto Rico). However, the quarantine requirements for international travel are still recommended for domestic travel if you are not fully vaccinated or have not recovered from laboratory confirmed COVID-19 during the previous 3 months. Symptomatic travelers must immediately self-isolate and contact a healthcare provider to determine if they should seek COVID-19 testing.

- All travelers entering New York from a state that is not a contiguous state who have been outside of New York for more than 24 hours must continue to complete the Traveler Health Form. Contiguous states to New York are Pennsylvania, New Jersey, Connecticut, Massachusetts and Vermont.

International Travel
All individuals traveling internationally must follow current [CDC guidelines](https://www.cdc.gov) for returning to the United States. This includes:

- Showing documentation of having recovered from COVID-19 within the previous three months, or a negative COVID-19 test result that is no more than three days before boarding a flight to return to the U.S.; and
- After arrival in the U.S., travelers must either quarantine for seven days and take a COVID-19 test three to five days after travel, or quarantine for the full ten days without a test.

The above quarantine requirements apply to all international travelers entering the United States, whether they were tested before boarding, have recovered from a previous COVID-19 infection, or are fully vaccinated.

**Quarantine Exceptions**

Individuals that meet the following criteria and do not have a known exposure to COVID-19 are exempt from the travel quarantine requirements above:

- Asymptomatic Individuals who have been vaccinated against COVID-19 do not need to quarantine if they were vaccinated within the past three months and have been fully vaccinated for two or more weeks.
- Asymptomatic individuals who have previously been diagnosed with COVID-19 and have since recovered are not required to retest and quarantine for three months after first contracting COVID-19.

Children that must quarantine, for any reason, should be provided the opportunity to participate in remote learning opportunities. Programs must follow their own HR policies, which align to City, State and Federal guidelines regarding travel related absences.

Please consider posting this [COVID-19 Travel Poster](https://www.cdc.gov)
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. Consider how to model the procedures (such as daily health checks) in-person or in a short video that can be shared with staff and families.
- Let families know about how teachers and the program will stay in communication with them throughout the day, week, and in case of emergency.

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

- **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:
  - Offering individual and/or virtual tours of the building before the program begins;
  - 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 6 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 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.

**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.
● These 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.

**Daily Hygiene**

<table>
<thead>
<tr>
<th>Trauma Informed Care Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● 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 bed sheets available in case of an emergency.</td>
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<tr>
<td>● 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.</td>
</tr>
<tr>
<td>● 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.</td>
</tr>
</tbody>
</table>

● Programs are expected to ensure there are protocols in place for increased handwashing while using the appropriate procedure throughout the day and enough time to do so.
● Programs should 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 children’s bedding materials should be stored separately and not touching.
● Individuals should cover mouths and noses with a tissue or sleeve when sneezing or coughing. Do not use hands.
● Programs must 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](#) and OCFS's “STOP THE SPREAD” poster.
Hand Hygiene

Handwashing or hand sanitizing must take place for all children and program staff:

- Upon arrival to the building, the classroom and after breaks
- Upon arrival to the first program activity
- Before departing the last program activity
- Between all program activities
- Before and after administering medication or medical ointment
- After coming in contact with bodily fluid
- Before and after diapering
- After using the restroom and supporting children with toileting
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- 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 for areas where handwashing facilities are not available or practical. 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
Promoting good oral health and the prevention of tooth decay is of importance for all young children. However, to reduce the risk of COVID-19, it is recommended that tooth brushing be suspended in the programs until it is considered safe again. Programs should continue to encourage families to brush their children’s teeth with fluoride toothpaste before they come to the program and before bedtime. The program can also share resources about tooth brushing with their families.

**Personal Protective Equipment**

**Trauma Informed Care Considerations:**

- Having caregivers in masks and other protective equipment will 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 and toddlers, and they often will need to be held.

**Face Coverings**

**Staff**

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

**Face Covering Guidance for 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.
- For safety reasons, face coverings should never be worn during nap/rest or meal times.

Medical Exemptions

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.
- Program Leader can elect to contact the Nurse Hotline (855-876-0635) for consultation if they have questions regarding a requested face covering exemption.
- Program Leader must approve or deny the face covering exemption request.

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 if requested.

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 not be required to participate in remote-only instruction as they progress towards compliance.

Parent disagreement with the face covering requirement is not an acceptable basis for relaxation of the face covering requirement. Children who do not comply with the face covering requirement for reasons not based on a documented medical, social-emotional, or developmental impairment, and notwithstanding the program's provision of a face covering and support towards compliance, may be required to participate in remote-only instruction as described below.

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 or for additional questions on implementation.

Children who do not respond to a DECE-approved positive behavior intervention plan may be transitioned to remote learning. Prior to making this change for any child due to lack of progress in wearing face coverings in the program, the program leader must gain approval from the DECE by sending a request to DECEMHW@schools.nyc.gov.

Additional Health and Safety Guidelines for Use of Face Coverings

- A face covering can include anything that covers your nose and mouth, including 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 not 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 2), if social distancing cannot be maintained, such as on public transportation.
- All family members or other adults (e.g., delivery personnel, etc.) 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.
  - 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.
- 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 or 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, etc).

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 should make efforts to 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 (for use only in isolation rooms as needed), disposable gloves, disposable gowns, 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 FY21 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.
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.

On-site Meals

Programs are expected to provide the required number of meals to their children according to their contract. In EarlyLearn programs that is two meals and a snack and in 3K and PreK programs that is, at a minimum, a meal and a snack or two meals. Programs are required to provide all meals and snacks in the classroom and temporarily the meals cannot be served family style. Children should not be serving themselves any food or pouring any drinks to avoid any spreading of germs. 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.

Any children who wear face coverings while at child care programs should remove them during meals and store them appropriately.

Meals for remote learning children (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 programs. Since all families may not feel comfortable to return to programs for in-person learning at this time, you may want to apply for this option to ensure your enrolled children can continue to receive nutritious and well-balanced meals and snacks daily, even when they are not on-site.

As a CACFP-participating child care center, if you would like to use this option to continue feeding your regularly enrolled children, please complete this application by following this guidance with information about options, how to obtain approval, general requirements for non-congregate feeding, and logistical considerations.

Programs must offer children breakfast, lunch, and an afternoon snack using the USDA/CACFP nutrition guidelines. Programs should continue to pay for food expenses using CACFP funds and submit invoices for reimbursement under normal protocols.

For sites that do not participate in CACFP, more information is forthcoming about meals for children during remote learning days.

Grab & Go Meals
New York City is committed to making free meals available daily for all New Yorkers in more than 200 locations across the five boroughs.

- Meals can be picked up from 3:00 pm - 5:00 pm, Monday to Friday.
- Vegetarian and halal options available at select sites.
- All adults and children can pick up three meals at one time.
- No one will be turned away.
- There is no registration or identification required.

Families can find a location near them by visiting schools.nyc.gov/freemeals or by texting “NYC FOOD” to 877-877. Please share this information with your families.

**STAFF QUALIFICATIONS**

**Trauma Informed Care Considerations:**

- In addition to ensuring hired 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.

Programs should plan to continue to employ all staff currently on their DOE budgets, but you may need to make adjustments to your current staffing plan in order to provide accommodations for certain staff. All program staff must meet the applicable laws and regulations specific to their titles (e.g. group teacher, assistant teacher).

At a minimum, programs should have on-site the following staffing:

- **Program/education director**
- Two (2) **teaching staff** in each in-person classroom; programs are strongly urged to designate and train one certified lead teacher to act as the designee for the education director when s/he is offsite
- **Education Director Designee:**
  - Meet group teacher qualifications (including teachers who have completed 2 years of their study plan; allowed to cover for the Education Director for longer than 5 business days)
- **Administrative support** to meet food service and security needs (some clerical and/or fiscal staff may be able to work partially or fully remotely)
- **Custodial support** to clean the program thoroughly at least once per day (ideally, scheduled to be available throughout the program day)
- Staff member who holds **certificate of fitness** available during all hours of operation
- At least one individual who is trained in **First Aid & CPR**
- At least one individual who is trained to administer an epinephrine auto injector
- At least one person certified in food handling must be onsite during all food service
If available, family support worker
Programs must develop a substitute staffing plan that accounts for absences for all essential onsite staff.

Additional information on staffing expectations for remote learning is being developed and will be released shortly.

**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). Reprinting or existing staff, (hired before September 25th, 2019) will begin in February 2021. Programs will be contacted by the DECE to discuss next steps. DOE-contracted programs do not need to begin sending their staff to get fingerprinted at IdentoGO.

**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, 2020**, 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](https://www1.education.gov.ny.us/). For further clarification and/or support in this application process, please reach out to the Early Childhood Policy Team at earlychildhoodpolicy@schools.nyc.gov.
SAFETY PLAN GUIDANCE

Trauma Informed Care Considerations:

- Reinforce for families that the program is prepared to care for their children and keep them safe, even in an emergency. Explain to families that it is very important for families to update all blue card information for emergency contacts and for authorization of the person to pick the child up from school due to an emergency.

- With so many emotional and health needs to juggle, revisiting emergency plans with staff can provide structure and a reassurance that they will know what to do in case of an emergency. As you train staff in new health and safety expectations, also revisit and practice emergency safety plans to ensure everyone feels knowledgeable about what to do in moments of crisis.

There must be written policies and procedures in place related to the safety of staff and children, circulated to all staff on the premises on how the health and medical requirements of the NYC Health Code are implemented.

All programs must prepare a NYS Business Reopening Safety Plan and post it where it can be easily seen and read. This is in addition to your existing safety plan as an Article 43, Article 47 or group family day care provider. Please ensure both safety plans are up-to-date and accurately reflect protocols and staff currently within your program.

Programs should provide in-depth staff training on all safety plans and emergency plans before resuming onsite services.

HEALTH GUIDANCE

Trauma Informed Care Considerations:

- Being sick in 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.

- Consider how you can reduce fear around the isolation space. This might include adding child-friendly materials. In small groups, show children where the isolation space is and explain that it is a safe place to go when someone does not feel well and is waiting for help from their family or doctor to feel better. Explain to children what happens in the isolation space. Reinforce the same ideas for staff, this is a safe place to come while their colleagues get them help and/or care.
The situation regarding COVID-19 is rapidly changing, 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

The State recently announced that additional frontline employees will be eligible to receive the COVID-19 vaccine in Phase 1B of vaccine distribution, including education and school staff. Phase 1B of vaccination will begin tomorrow, Monday, January 11, and eligible employees include staff working in-person at DOE-contracted early childhood programs, Learning Bridges programs, and family child care programs affiliated with DOE-contracted Family Child Care Networks, as well as Family Child Care Network staff who are visiting programs in-person.

Please distribute this letter to all staff working in-person at your DOE-contracted or affiliated site(s) as soon as possible. The letter includes details on where, when, and how eligible individuals can get vaccinated, and what forms they need to fill out and bring to show proof of eligibility. Please also send staff the attached “DOE/DYCD Contracted Program Employee Verification for COVID-19 Vaccine” form, which they will need to show their eligible status. Eligible staff can begin signing up for vaccination appointments immediately. We encourage you to proactively inform your staff if there is any flexibility for staff to make vaccine appointments during work hours.

The COVID-19 vaccine has been shown to be safe and effective, and we strongly encourage all leaders, teachers, family child care providers and staff working in-person to get vaccinated. There is no cost for the vaccine.

Where to Get Vaccinated

Vaccines at pharmacies for child care workers

Pharmacies are now offering the COVID-19 vaccine to child care workers. Please note that this access is to all child care workers in Article 47 s, Article 43s, Group Family Day Cares and Family Child Care Network Affiliated Providers. To find a vaccination location and make an appointment, visit NYC COVID-19 Vaccine Finder. The COVID-19 vaccine has been shown to be safe and effective, and there is no cost to be vaccinated.

For more information about the vaccine, visit the NYC Health Department’s COVID-19 Vaccine web page.

Vaccination Sites for City employees and contractors only.

The City of New York is pleased to announce five COVID-19 vaccination sites specifically for City employees and contractors only. All these sites are ADA accessible.

- **The Bronx**: [https://www.somosvaccinations.com/](https://www.somosvaccinations.com/)
  Taft High School Campus
  240 E 172nd St, Bronx, NY 10457
  Hours of Operation: Monday-Saturday, 10 am - 10 pm
- **Brooklyn**: [https://somosvaccinations.com/](https://somosvaccinations.com/)
George Wingate High School
600 Kingston Ave, Brooklyn, NY 11203
Hours of Operation: Monday-Saturday, 10 am - 10 pm

- **Manhattan:** [https://www.somosvaccinations.com/](https://www.somosvaccinations.com/)

Louis D. Brandeis High School
145 W 84th St, New York, NY 10024
Hours of Operation: Monday-Saturday, 10 am - 10 pm

- **Queens:** [https://vaccinepod.nyc.gov/home](https://vaccinepod.nyc.gov/home)

John Adams High School
101-01 Rockaway Blvd, Queens, NY 11417
Hours of Operation: Monday-Sunday, 12 pm - 8 pm

- **Staten Island:** [https://vaccinepod.nyc.gov/home](https://vaccinepod.nyc.gov/home)

Susan E. Wagner High School
1200 Manor Rd, Staten Island, NY 10314
Hours of Operation: Monday-Sunday, 12 pm - 8 pm

If you have questions about COVID-19 vaccination sites, please email covid19virus@schools.nyc.gov. For the most up-to-date information on vaccine locations and logistics, please visit the NYC vaccines page. If you have questions regarding staff who are not providing DOE-contracted services, please refer to communications from the Department of Health and Mental Hygiene or the NYS Office of Children and Family Services. We will continue to share updates on the City’s vaccine efforts as they become available.

**Nursing Supports**

The DECE established a telenurse hotline that programs may call for nursing support. The new number for the telephone hotline is 855-876-0635. The new extended hours are Monday-Friday from 7am-7pm, 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, set-up of isolation rooms, 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, and Learning Bridges programs.
<table>
<thead>
<tr>
<th>Frequency of Telephonic Monitoring</th>
<th>Frequency of On-site support</th>
<th>Following Closure</th>
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</table>
| Initial call at the start of the year. Follow-up calls as needed (ex: positive COVID tests, follow-up from in person visits) | Every 4-6 weeks to support COVID & general health practices. Include file review and other supports, as applicable | **Required Closure:** Nurse on-site for children’s first day back post-closure.  
**Voluntary Closure:** Nurse will call to check in |

**Expedited COVID-19 Testing**

To ensure the health and safety of all children, staff, and families, we are encouraging everyone coming into our school and program buildings to get tested for COVID-19. It’s safe, free, and easy for everyone regardless of immigration or insurance status, and your test results are confidential. To find a testing site nearest you, visit [nyc.gov/covidtest](http://nyc.gov/covidtest).

As a reminder, all staff at DOE-contracted early childhood programs, Learning Bridges programs contracted by the DOE, Learning Lab programs contracted by the NYC Department of Youth and Community Development (DYCD), or a family child care home affiliated with a DOE-contracted Network receive priority testing at 22 Health and Hospital (H+H) testing sites.

DOE students in grades 3-K through 12 also receive priority testing at these 22 H+H testing sites. DOE students are not required to bring a student ID or proof of enrollment. Parents and guardians of students are encouraged to bring their insurance card, but with or without an insurance card, there is no cost for students to get tested.

Please see the [COVID-19 Testing for Students and Staff](#) page for a list of the 22 priority sites and additional details.

Please share the information below with your program staff. As noted below, all staff will need a **verification letter** from their employer to receive expedited testing. It is imperative that you provide them with a copy of this letter for them to receive expedited results.

**Know Before You Go**

- H+H sites are walk-in only. There is no need to make an appointment prior to your visit.

**What to Bring**

- Staff at contracted programs must bring a **verification letter** from their employer specifically indicated for this purpose.
- Insurance card (insurance will be billed for testing services where possible; cost to employees with or without insurance will remain $0).

**Upon Arrival**
When you arrive, you should check in with the designated staff navigators at each site. These navigators will be able to answer any questions you have.

You will be asked to show your verification of employment (see “What to Bring” above). At walk-in sites, your verification of employment will allow you to skip to the front of the line or join the priority testing line. Please note that not all facilities have a priority testing line.

During the patient registration process, you will be encouraged to provide your email address as this will streamline the test result reporting process.

Test Results

If you test positive:

○ You must stay home and isolate for 10 days. You cannot attend your program, or any other child care program, until all the following are true:
  ■ It has been at least 10 days since your symptoms started; AND
  ■ You have not had fever for the last 24 hours without the use of fever-reducing medication; AND
  ■ Your overall illness has improved.

○ You should notify your program leader about your positive test result and absence.

○ If you are not a program-based employee, you should notify your supervisor about your absence, and notify a central administrator (e.g., Human Resources Director) about your positive test result.

○ If your program has already resumed in-person services at the time of the positive test, your program must immediately contact the DOE by completing this intake form.

○ You will receive a phone call from H+H and will be contacted by a Test & Trace Corps contact tracer.

If you test negative, no additional steps are needed.

H + H Sites and DOHMH Sites

Results will be reported via MyChart where possible. You should create a MyChart account using the email address you registered with during your visit, if you do not already have one.

After the visit, you will receive an email prompt to create a MyChart account or to link to an existing MyChart account. If you do not create a MyChart account your results will be mailed to you at the address provided to H+H during your visit.

Results will be available in the “Test Results” section of MyChart within 24-48 hours from the time your results reach the lab.

In order to make a PDF version of results, take a screenshot of the test result in the MyChart app or Print/Save as PDF from the MyChart website.

COVID-19 Post-Positive Testing Policy

Any student or staff member showing symptoms of COVID-19 can only return to your program when all of the conditions under each alternative scenario are met.

Scenario 1: - Received a positive COVID-19 test

○ Isolated for 10 days; and

○ The individual has been fever-free for 24 hours, without the use of medication and overall symptoms are improving.
• **Scenario 2: Symptomatic, but received a negative test**
  - The negative result must have been from a saliva test or use a nose or throat swab, not a blood test; and
  - The individual has been fever-free for 24 hours without the use of medication and overall symptoms are improving.

• **Scenario 3: Symptomatic, but did not take a COVID-19 test**
  - At least 10 days have passed since symptoms began; and
  - The individual has been fever-free for 24 hours without the use of medication and overall symptoms are improving.

• Please note that individuals who test positive for COVID-19 may continue to test positive for the virus after their isolation period ends. Patients who have recovered can continue to test positive for up to 12 weeks; these individuals are not required to isolate, and may return for in-person learning or work. The NYC Test & Trace takes previous COVID-19 test results into consideration when they provide guidance on positive-test cases.

• For more information, please review this guidance from the Centers for Disease Control and Prevention (CDC). For questions, email earlychildhoodpolicy@schools.nyc.gov.

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**Isolation Space**

Your program must have a private area (such as an enclosed room, but at a minimum a cot in a private area) 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 isolation 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 signage indicating that it is an Isolation Space.
- This space should have proper ventilation and allow for physical distancing.
- Your isolation area should not be in storage closets or spaces that contain chemicals or cleaning materials.
- Please consider using this Isolation Checklist.

**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.

**Symptomatic Children and Staff**

- All program staff must be familiarized with the symptoms of COVID-19. These symptoms may include:
  - Fever 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 isolation 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 site safety monitor should make this observation. Programs may consult the Nursing hotline at 855-876-0635 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. 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, the staff member must be separated 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 in the designated isolation space. 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 2 hours).
  ○ Clean and disinfect all areas used by the person with COVID-19 symptoms, such as the isolation 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 there is no laboratory-confirmed positive test result, there is no requirement to close the classroom or program building.

● If the symptomatic individual gets tested, the person must stay home while waiting for their test results for at least 10 days and cannot attend the program (or any other child care program).
  ○ If a positive case is confirmed, programs must follow the protocols in the next section.
  ○ If a negative laboratory-confirmed test result is received, the individual may return to the program if they have been fever-free for 24 hours without the use of fever-reducing medication AND their overall illness has improved.
● If the symptomatic individual does not get tested, then the individual cannot return to the program until:
  ○ 10 days have passed since the first symptom; 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 (as long as the case is not confirmed). 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 for at least 10 days (unless they receive a negative lab-based test).
  ○ All other children may continue to attend the child care program.
  ○ 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.
● If after answering the daily health screen, an individual is not permitted into the building due to having contact with someone who has tested positive for COVID-19, that individual must quarantine for 10 days from that daily health screen. This individual may not test out of the 10 quarantine period.

One Confirmed Case in a Program
● Programs do not need to report positive COVID-19 cases for family members or close contacts of students/staff members. Similarly, programs do not need to report cases where an individual may be symptomatic, but has not tested positive. In either of these scenarios, the student or teacher should remain home per our published COVID-19 Case Reporting and Tracing guidance, and are strongly encouraged to get tested for COVID-19.
  ○ If the individual tests positive, please then submit the case information to the DECE through this intake form.
● If a family member in a Group Family Day Care (GFDC) tests positive for COVID-19, the provider must immediately contact the DOE by completing this intake form.
● If a staff member or parent/guardian reports a positive COVID-19 case to the program, the program must immediately contact the DECE Situation Room by completing this intake form.

Situation Room Hours:
● Open Monday through Friday from 7:00AM - 6:30PM and Sunday from 11:00AM - 5:30PM.
  ○ Positive COVID-19 cases should be immediately submitted to the DOE using this intake form. This intake form can also be accessed at bit.ly/DECEreport. Programs may also report cases by calling the DECE nurse hotline (855-876-0635) Monday through Friday from 7:00AM - 7:00PM.
● The Situation Room will be closed for the following dates:
  ■ Thanksgiving Eve - 11/25: 9:00AM - 2:00PM
  ■ Thanksgiving - 11/26: CLOSED
  ■ Post-Thanksgiving - 11/27, 9:00AM - 2:00PM
  ■ Christmas Eve - 12/24, 9:00AM - 2:00PM
  ■ Christmas - 12/25: CLOSED
  ■ Winter Recess - 12/28-12/30, 9:00AM - 2:00PM
  ■ New Year's Eve - 12/31, 9:00AM - 2:00PM
  ■ New Year's Day - 1/1: CLOSED
● DOE spring recess: 3/29 – 4/2 (DOE Spring Recess, including Good Friday) – Condensed Hours (9:00am - 4:00pm)
• Please note that cases submitted too close to the end of Situation Room hours may be processed the following business day. Once a program reports a positive case, the DOE works directly with DOHMH and NYC Test & Trace Corps to confirm the positive test result and share back next steps with the program. Prompt and thorough reporting is crucial to our shared goal of keeping children, families, and staff safe in your programs, and we thank you for your commitment to this important safety measure.

• **You do not need to report cases in your DOE-contracted classrooms to the DOHMH Provider Access Line.**
  The DECE will share this information directly with DOHMH after you report it through our intake form.
  
  o DOE-contracted programs must use this form for staff or child cases in both DOE-contracted AND non-DOE contracted classrooms.

• Each program must identify two contacts who are authorized to notify the DOE of self-reported cases and receive information back about confirmed cases. This information must be treated as confidential and identifying information on cases should not be shared with the program community or others.

• When reporting a positive case at your program over the phone, you are required to provide the following information about any individual who has tested positive: full name, address, date of birth, contact number, and email. Please be sure to have this information on hand when you call, as it is essential for contact tracing and next steps cannot be completed without it.

• The DOHMH will investigate whether the person is a confirmed case of COVID-19, and share the results back with the DOE. Programs can expect to hear back from the DOE whether the case is confirmed by DOHMH within approximately three hours.

• In the event that there is one or more confirmed positive COVID-19 case(s) in a program, the program must adhere to the protocols outlined in the table below, titled **Summary of Confirmed COVID-19 Case Outcomes For DOE-Contracted Programs.**

  • The person who has a confirmed case of COVID-19 cannot attend the program, or any other child care program, until all the following are true:
    o It has been at least 10 days since their symptoms started; AND
    o They have not had fever for the last 24 hours without the use of fever-reducing medication; AND
    o Their overall illness has improved.

  • If the person never had symptoms, they cannot attend the program for 10 days from the date that the specimen was obtained for their positive COVID-19 test.

  • After confirming the case with the DOHMH, the DOE will reach out to the program with next steps.

• **Close Contact**
  
  o The DOHMH and NYC Test & Trace Corps have updated their definition of a “close contact” for schools and child care programs. A close contact is now defined as someone who was within 6 feet of someone who tested positive for COVID-19 for a cumulative total of at least 10 minutes over a 24-hour period, starting from two days before symptoms begin (or, for individuals without symptoms, two days prior to the positive test result) until the time the patient is isolated.

  o This definition of close contact in a community setting is being used by the NYC Test & Trace Corps, in keeping with NYS guidance. The change specifies that the 10 minutes of contact within 6 feet is now to be calculated cumulatively.

  o More information can be found in this [FAQ About COVID-19 for Health Care Providers](mailto:EarlyChildhoodPolicy@schools.nyc.gov). For questions, please contact EarlyChildhoodPolicy@schools.nyc.gov.
● If any children or staff who are presumed close contacts are currently on site when the case is confirmed, programs should follow their existing isolation protocol, contact the parents/guardians of any children who are presumed close contacts for immediate pick-up, and send home any staff members who are presumed close contacts immediately.

● After a case is confirmed by DOHMH, the NYC Test & Trace Corps will determine the person’s likely “infectious period,” which is the time period when they can spread the virus, to determine whether the child or staff attended the program facility during the infectious period.
  ○ If Test & Trace determines that the person was not in the program during their infectious period, unless DOHMH or DOE direct the program otherwise, there is nothing else to do.
  ○ If Test & Trace determines that the person was in the program during their infectious period, they will work with the program to create a confirmed list of everyone who would have been a close contact (within six feet for at least 10 minutes) of the person in the program during their infectious period.
  ○ This list of confirmed close contacts will likely include all of the presumed close contacts (staff and children from the same classroom or home care setting as the individual who tested positive).

Depending on the program’s schedule, there may be other close contacts identified. For example, if children or staff move between groups, there may be close contacts in these other groups.
  ■ DOE will provide letter templates with further information to confirmed close contacts.
  ■ All close contacts must quarantine and cannot attend the program, or any other child care program, for 10 days after their last contact with the infectious person.
    ● This is true even if the close contact receives a negative COVID-19 test result themselves during the quarantine period.
  ■ The DOHMH will provide the list of close contacts to NYC Test and Trace Corps for contact intake and ongoing monitoring during the 10-day quarantine.
  ■ Learning must continue remotely for all children from DOE-contracted classrooms who are in quarantine.

● You must never reveal the identity of the person with COVID-19 with families in your program, or share information about the person with COVID-19. That information is confidential. Maintaining confidentiality will help encourage other people to disclose when they have COVID-19.

● Whenever a case of COVID-19 is confirmed by the DOHMH, programs must close off any areas used by the person confirmed to have COVID-19, and follow the Centers for Disease Control and Prevention guidelines on “Cleaning and Disinfecting Your Facility” when cleaning and disinfecting those spaces.

● The DOE is publicly reporting information regarding any positive COVID-19 cases at schools, Learning Bridges programs, contracted early childhood programs, and affiliated family child care homes. The public reporting includes the program/school name and whether the building was required to close and close contacts required to quarantine. This information lives in an online portal that is updated Sunday through Friday at 6:00 PM. Personal information regarding any individuals with positive cases will not be shared in this public reporting.

Two or More Confirmed Cases in a Program
● If there are two or more confirmed COVID-19 cases in a program within seven days of each other:
  ○ If the cases are in the same or different classrooms: The program stays open for in-person services, but the affected classroom must remain closed for 10 days; all students and staff in close contact with the positive cases must quarantine for 10 days. It is strongly encouraged that all program staff get tested at that time as a precaution.

● If there are four or more confirmed COVID-19 cases in a program within seven days of each other:
○ If the cases are in the same classroom: The program stays open for in-person services, but the affected classroom must remain closed for 10 days; all students and staff in close contact with the positive cases must quarantine for 10 days.
○ If the cases are in different classrooms: The program must close the entire program as instructed by the Situation Room. It is strongly encouraged that all program staff get tested at that time as a precaution.

- The DOE will provide the program with the letter template for presumed close contacts described above, as well as a letter template for all other staff and families, notifying them of the closure.
- All DOE-contracted classrooms are required to transition to remote learning services for the duration of any classroom or program closure.

Summary of Confirmed COVID-19 Case Outcomes For DOE-Contracted Programs

**Note:** DOE will provide specific guidance to your program based on the conclusion of the investigation

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Next Steps</th>
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</thead>
<tbody>
<tr>
<td><strong>A. One confirmed case</strong></td>
<td>Classroom remains closed for 10 days; all children and staff in close contact with positive case quarantine for 10 days.</td>
</tr>
<tr>
<td><strong>B. Two or more cases in the same classroom</strong> (cases within seven days of each other)</td>
<td>Individual classroom closures</td>
</tr>
<tr>
<td></td>
<td>*We strongly encourage all program staff to get tested as a precaution.</td>
</tr>
<tr>
<td><strong>B. Two or more cases in different classroom</strong> (cases within seven days of each other)</td>
<td>Individual classroom closures</td>
</tr>
<tr>
<td></td>
<td>*We strongly encourage all program staff to get tested as a precaution.</td>
</tr>
<tr>
<td><strong>C. Four or more confirmed cases in same classrooms</strong> (cases within seven days of each other)</td>
<td>Classroom remains closed for 10 days; all children and staff in close contact with positive case quarantine for 10 days.</td>
</tr>
<tr>
<td></td>
<td>Program is not closed</td>
</tr>
<tr>
<td><strong>D. Four or more confirmed cases in 4 different classrooms, traced to a known exposure within the program</strong> (cases within seven days of each other)</td>
<td>DOHMH will investigate to determine if cases originated inside our outside of the program. If cases originated inside program, close all contracted classrooms in program for 10 days (strongly encourage closing non-contracted classrooms).</td>
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**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, including Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19 and NYC DOHMH General Guidance for Cleaning and Disinfecting. Program staff should expect to clean, sanitize and disinfect toys and materials in the classroom throughout the day using registered disinfectants.

**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. Programs should also put new practices into place to limit the amount of shared materials in the class. For example, an individual set of art materials may be purchased for each child, and labelled and stored separately.

- Toys and materials that cannot be sanitized in between uses should be removed from classrooms. This may include soft dolls, dress-up clothes, puppets, pillows, etc.
  - Machine washable cloth toys should be used by one child at a time or not used at all. These toys should be laundered before being used by another child.
- Programs should also limit sharing of outdoor play or gross motor materials/equipment between stable groups (e.g., balls, tricycles, hula hoops), and clean any shared equipment between uses.
- Children's belongings must be labelled and stored individually, and may not be shared with other children.
- 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.

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.

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

**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.
  - A cleaning log must be maintained and completed daily for inspection by DOHMH. A sample cleaning log is available [here](#) (if using this sample, maintain a separate log for each room/area).

**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.

If you have any classrooms that you plan to use for 3-K, Pre-K, EarlyLearn, or Learning Bridges services that do not have at least one of the features listed above, please reach out to DECEfacilities@schools.nyc.gov by Tuesday, Sept. 15. You will receive a follow up with technical support. In your email, please include your site name and site ID, and the number of classrooms. If you are an EarlyLearn contracted site that is already operating, please indicate that so we can prioritize the review of your submission.

- All bathrooms:
  - Are regularly cleaned and disinfected. The frequency of the cleaning and disinfesting 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.

- On-site playground equipment should be cleaned and disinfected at least daily, and high-touch surfaces disinfected after each group’s use.

Upon re-opening the facility to provide in-person services, 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.

**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](mailto: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.