



New York City Department of Education
Division of Early Childhood Education
District School including LYFE Centers and Pre-K
Centers
Health and Safety Guidance
(as of 10/14/2020)

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 3-K and pre-K programs in District Schools and Pre-K Centers, as well as children enrolled in our LYFE centers, 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 school leaders to have a trauma-informed approach to this pandemic. While the primary audience of this resource is school leaders, there may be information that is also helpful to share with classroom staff, custodial staff and other support staff as they support early childhood classrooms.

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

Just as we strive to meet you where you are and provide as much clarity, predictability, and social-emotional awareness as possible, we aim to provide 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.

Please note: Throughout this resource the term physical distancing adequate space, and enough space are used interchangeably to mean six feet.

Overview of COVID-19 Health and Safety Requirements

This Health and Safety guidance is intended to align to and supplement the current [New York State Interim for In-person Instruction at Pre-K to Grade 12 Schools during the COVID-19 Public Health Emergency](#) ("NYS August 2020 guidance"), [Recovering, Rebuilding, and Renewing: The Spirit of New York Schools: Reopening Guidance](#), and the [Centers for Disease Control and Prevention's Guidance for Operating schools during COVID-19: CDC Considerations](#) ("CDC September 2020 guidance"), all of which are subject to change.

Prior to reopening, all District Schools, Pre-K Centers and LYFE Centers (collectively referred throughout this document as "Schools") must successfully complete all New York City Department of Education (DOE) opening requirements, as well as other CDC, state, and federal requirements. These include:

- Review all DOE reopening guidance with staff, which can be found on the [Return to School 2020 page](#), and the [Early Childhood Fall 2020 Readiness page](#), if applicable, on the InfoHub;
- Review the [Playbook for Principals](#);

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.

- Review the [COVID-19 School Health Policy](#);
- Review the [Guidance for Entry, Dismissal, Circulation and Use of Public Assembly Spaces in School Buildings](#);
- Review the [Early Childhood Routines](#) and
- Conduct an in-person building readiness walkthrough of all Pre-K and 3-K classrooms
 - A DOE staff member will reach out to each school to schedule a readiness walkthrough beginning in late August
 - A DECE staff member will reach out to each Pre-K Center to schedule a readiness walkthrough beginning in late August
- For LYFE classrooms, staff should conduct an initial walkthrough to ensure readiness
- Begin to update your School Safety Plan for the 2020-21 school year and complete by September 18. (instructions and more information can be found [on the InfoHub here](#))

Many of the typical requirements for schools will remain in place, while others will need to be modified during this time. District Schools and Pre-K Centers should still refer to the [3-K for All and Pre-K for All Handbook](#) and LYFE centers can continue to use this as a reference. However, where expectations differ, you should adhere to this Health and Safety guidance, guidance found in the Principal's Playbook, content on the InfoHub, guidance issued by New York State, and guidance issued by the NYC Department of Health and Mental Hygiene (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; this would not be possible without our ongoing collaboration. We value your input and feedback and want this to be an effective resource during this time. If you have any questions or feedback, please 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 learning, schools are being asked to share health and medical knowledge in a deeper way than ever before. Sharing health and safety guidance clearly and accurately is critical to providing safe, nurturing, and predictable environments for staff, children, and families. Adults and children feel more confident and safe when they understand what is expected of them and why. Here are some suggestions for sharing:

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 building 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
- Be clear about what expectations are new or potentially unfamiliar to staff and families (e.g., no adult volunteers in the building, building visitor protocols, how meals are served, etc.)
 - Refer to existing protocols outlined in the resources above on pages 1-2.
- Use visuals posted throughout the building and given as handouts for adults to reinforce expectations, including physical distancing, face covering, or meal-time expectations.
 - Staff and children over the age of 2 must wear face coverings
- 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.
- Share information and tools to support families during blended learning, such as DECE's [Supporting Your Child with Blended Learning](#) document.
- Use the DOE's [Family Engagement Toolkit](#) to support family engagement and communications.
- Much of this information is included in your school's reopening plan that was submitted to the New York State Education Department.

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 showing 6 feet, as a guide.
- **Drop off and pick up guidance:** [Guidance for Entry, Dismissal, Circulation and Use of Public Assembly Spaces in School Buildings](#).

3. Provide families with clear information and options for completing and submitting documents such as updated emergency contact information, current medical forms, and immunizations:

- Share a calendar or visual with families outlining the expectations.
- What forms do they need to complete and where can they get them?
- Can school staff or 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](#)). 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.

- Examples of [Health Literate Information on COVID-19](#) written for children in the 3-6 age group are available from Harvard Health Publishing, 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 school after an extended period of time or starting school for the first 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/starting school will look completely different from when they were last in your building (if they are returning students).

Many families will be returning to buildings after several months and circumstances might have changed, including immunizations and family schedules. It is important that schools connect with families as soon as possible to ensure they have the appropriate documentation required to attend (including updated emergency contact information and proof of up-to-date immunizations, outlined below) before returning to/starting in-person learning.

Schools should work with all families to collect registration documents. Families must complete the following forms before resuming/starting in-person learning. Should families be able to provide some, but not all documents, they must be provisionally enrolled and allowed to start attending, while they work to provide you with completed documentation. Families must provide, at a minimum, a current medical form and emergency contact information on the first day. Digital versions of most forms can be found on the DOE Website: schools.nyc.gov/enrollmentforms.

- **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 calendar days of the first day of in-person or remote learning, and continue to obtain the next follow-up dose in each vaccine within 30 calendar days of the first day of the school, based on the “catch-up” schedule.”

- Families must give written consent for school 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 allergy(ies) and detailing the steps that need to be taken.

- **Contact Information**
 - Schools 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.

- **Student Registration Form**

- [Pre-K Language Needs Survey](#)

- **Proof of Age (e.g. scan/take picture of birth certificate)**

- **Proof of Residency (e.g. scan/take pictures of proofs of residency)**

Physical Distancing Practices

Trauma Informed Care Considerations:

- For eating, spending time in large groups, and napping, provide **visual markers for children** to help them create new habits about where they should put their bodies and to offer and practice **alternatives** to physical contact like hugging and high-fives.
- Respond with **patience and care** when children need redirection; it is normal and expected that children want to be close to friends and staff members.

In many schools staff members build relationships with families by maintaining “open-door” policies and offering a variety of large-group celebrations and special events. During this time, schools 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. Here are some general guidelines that must be followed:

Adult Considerations: Adults should maintain a physical distance of 6 feet from each other, whenever possible.

- Use strategies such as staggered schedules and multiple points of entry/exit 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 the DOE’s [Guidance for Entry, Dismissal, Circulation and Use of Public Assembly Spaces in School Buildings](#).
- Schools should reduce the number of adults in the building 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, 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 teletherapy or in-person services, depending on parents’ preference and applicable health and safety considerations.
 - Children with IEPs or IFSPs may require in-person specialized instruction or services during the school 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 into your building, 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.
 - Teletherapy will continue for families who wish to remain remote.
- Staff members must wear a face covering at all times when on school property.

Use of Facility Space:

- If possible, designate **separate entrances and exits** into and out of the building to keep all foot traffic flowing in the same direction.
- Per State Department of Health guidelines, appropriate signage, e.g., **directional markers** and physical distancing guidelines, must be displayed on walls and floors throughout all travel routes. Travel areas should be appropriately staffed to support students with physical distancing guidelines. Sample signage is available [here](#).

- Schools 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. Elevator use should be limited to individuals with special needs or in high-rise buildings and should be operated at no more than 50 percent capacity. Face coverings must be worn at all times.
- Wellness barriers will be provided by Central DOE, to be placed in the general office, and at the main school safety desk.
- **Open Layout Classrooms:** Some schools 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. Schools 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.
 - To maximize the number of children that can be accommodated onsite in small, stable groups, schools may consider converting space in the facility to serve as one or more smaller classrooms (e.g. cafeterias, gymnasiums, multipurpose rooms).
 - Cafeterias may be used for instructional spaces depending on school need. Cafeterias may only be used for food service or for students who are receiving their instruction there. Cafeterias must adhere to the same health and safety protocols in classroom settings.
 - For additional guidance on use of public assembly spaces, please consult the DOE's [Guidance for Entry, Dismissal, Circulation and Use of Public Assembly Spaces in School Buildings](#).
- **Multipurpose Buildings:** Some Pre-K Centers are located in buildings that are used for multiple purposes. Pre-K Centers 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 Pre-K Center is open;
 - Determine responsibilities for cleaning and disinfection between uses of shared spaces;
 - Ensure that the Pre-K Center 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.
- **Co-Located Schools:** Co-located school leaders must work collaboratively to ensure that policies and procedures impacting all building occupants are aligned. Co-located schools should ensure that spaces are shared equitably and safely.
 - Where feasible, co-located schools should have designated hallways, stairwells, and bathrooms. For co-located campuses, Building Council discussion should take place in order to norm student movement.

- Co-located schools should ensure that exterior spaces and play yards are shared equitably and safely.
- Co-located schools should use separate entrances and exits to the extent possible.
- Co-located schools must be aligned on policies governing how adults are allowed to enter and traverse the building.

Classroom Composition

Maximum group size and staff-to-child ratios in DOE- 3-K and pre-K classrooms and LYFE centers will be as follows, until further notice:

Age	Minimum Staff	Maximum Number of Children
LYFE Classrooms	2	No more than 12 children in total at any one time and within the class of 12 there can never be: <ul style="list-style-type: none"> ● More than 8 infants or ● More than 10 toddlers
3K and Pre-K	2 (at least one early childhood certified teacher)	15*

**Maximum number of children may differ based on the facility capacity determined by Space Planning, but should not exceed 15.*

- To reduce movement throughout the building, teachers should travel from class to class, with children remaining in the same room throughout the day to the extent possible. Where possible, children should remain with the same group of children, in a cohort, throughout the day.
 - These different groups must avoid coming into contact with each other during their time in the building.
 - Special area teachers (e.g., music, art, gross motor) are recommended to go to cohort classrooms to provide instruction to children. These teachers should pay particular attention to health and safety measures, including hand washing between classrooms changes.
 - Schools should consider incorporating a staggered schedule for the first few days of school that gradually introduces children and families to others in their cohort. Find additional guidance on staggered schedules [here](#).
- For public health reasons and to support responsive caregiving, children should have consistency in their teachers, such as a lead early childhood certified teacher who is regularly assigned to the same group of children. District Schools and Pre-K Centers 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, to the greatest extent possible.

- Staff members should take sanitary precautions, such as washing their hands and if possible, changing their personal protective equipment (including face covering and smock) any time they are transitioning between different groups of children.

Gross Motor and Outdoor Usage

- There should be separate gross motor play time allotted for each 3-K and pre-K classroom, while ensuring that physical distancing is maintained. In LYFE classrooms, the children should remain stable regardless of age grouping.
- Schools are not prohibited from using off-site spaces (e.g., playgrounds, parks, open green spaces) for gross motor activities.
- Schools must have appropriate written permission from families prior to taking children off-site.
- Staff and children 2 years and older must wear face coverings when travelling from school and while at off-site space unless they are having a mask break and maintaining physical distancing.
- Schools must have hand sanitizer readily available for use while off-site.
- Schools must ensure that children and staff are not mixing with other groups of children or adults while at off-site spaces.
- Schools 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.
- School leaders are encouraged to complete the [DOE Outdoor Learning Survey](#) to note their outdoor learning needs, and to request the use of additional nearby spaces like school yards, public parks, and adjacent streets.
- For additional guidance on off-site space usage, please refer to the [DOE's Outdoor Learning Guidance](#).

Daily Care Routines for In-Person Services

Trauma Informed Care Considerations:

- Most children and staff have not been learning in-person for several months and therefore are no longer familiar with the normal routines that they experienced previously. Many children are also entering school for the first time. 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.

Currently, the Department of Health and Mental Hygiene is strongly recommending that DOE schools follow the four tenets when schools reopen in September, specifically physically distancing (maintaining a distance of six feet), wearing face coverings while inside buildings, providing increased opportunities for handwashing or access to hand sanitizer, and staying home when sick. These tenets will affect how classroom routines, including nap/rest time, diapering and learning center times, are implemented.

This guidance is intended to align to and supplement the [Interim Guidance for In-person Instruction at Pre-K to 12 Schools during the COVID-19 public health emergency](#), [Recovering, Rebuilding, and Renewing: The Spirit of New York's Schools](#) and the [CDC September 2020 Guidance](#).

Daily Health Screenings for Children and Staff

Trauma Informed Care Considerations:

- Daily health screenings 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 screenings, 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.

For full guidance on health policy, including daily health screenings, protocol for symptoms while in school, and Isolation Room procedures, please refer to the DOE’s [COVID-19 School Health Policy](#).

Per the DOE’s [COVID-19 School Health Policy](#), and in alignment with NYS Department of Health guidance, students and school-based staff cannot report to school if they:

- Have experienced any symptoms of COVID-19, including a fever of 100.0 degrees F or greater, a new cough, new loss of taste or smell or shortness of breath within the past 10 days;
- Have gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab (not a blood test) in the past 10 days;
- Have been in close contact (within 6 feet for at least 10 minutes) with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19 in the past 14 days; and
- Have traveled internationally or from a state with widespread community transmission of COVID19 per the New York State Travel Advisory in the past 14 days. Daily health screenings, including temperature checks, must be completed at home by families and by school-based staff. School leaders must instruct staff members to **stay home if they are sick** and remind family members to keep sick children home.

To ensure that staff and students do not report to school if they have or potentially may have COVID-19 or are feeling ill, a health screening, including a temperature check, must be completed by all students, staff, and visitors before entering NYCDOE school facilities. Oral thermometers will be provided to all students’ families. This screening should be completed at home and must be completed each day.

School-based staff, students, and visitors can complete the health screening in the following ways:

Online Health Screening Tool:

- NYCDOE families/students are encouraged to use [the online health screening tool](#) to pre-screen themselves before entering a NYCDOE building.
 - Upon entering the school facility, families/students will be asked to provide the results of their screening either by showing the email on their smartphone or a printout of the results. Families should support

students as needed with this online screening questionnaire and should ensure students have proper documentation for morning entry.

- For students who travel via [school bus](#), families must complete the screening, including checking their child's temperature, prior to boarding a school bus to make certain that their child is well enough to ride on the bus and attend school. Bus personnel will not be conducting screenings of children prior to boarding the bus. School site designated staff will be checking for completion of student health screening at entry. Students who lack the screening clearance will need to be supported in completing this screening process at the school, particularly young children.
- For morning student drop off, every effort should be made to ensure that student health screenings are completed prior to families dropping off their children to school, especially for our younger students.

Taking Temperatures at School

Designated school staff, with the assistance of School Safety Agents, will be checking the temperatures of any students, staff, and visitors entering in the building who need to complete an in-person health screening, as well as checking temperatures at random.

- Face coverings and gloves must be worn by designated staff taking temperatures.
- Any student presenting with a temperature of 100.0 degrees F or higher from a temperature check must be assessed by the nurse or health professional in the Isolation Room. The student must stay in the building's Isolation Room until picked up and the principal should call the Situation Room at 212-393-2780.
- School-based staff members with a temperature of 100.0 degrees F or higher will be directed to leave the building if they are well enough to safely do so on their own. The school should advise the staff member to visit a doctor and get tested for COVID-19. The principal should call the Situation Room 212-393-2780.

Drop Off and Pick Up Routines

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 their child 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 schools will stay in communication with them throughout the day, week, and in case of emergency.
- The DOE has [communicated](#) that while families should not typically enter classrooms due to health concerns, there may be individual circumstances for young children at the beginning of the school year that require unique considerations. This should be determined on a case-by-case basis, based on discussions with families. If the

determination is made that this is necessary, a child can be escorted by one family member to their classroom door in the beginning of the school year. The following protocols should be followed:

- The family member escorting the child is required to follow all health and safety protocols, including health screening, physical distancing, and use of face coverings.
- Staggered arrivals should be implemented to ensure that family members dropping off their children at the classroom door are maintaining physical distancing of at least six feet from other families and staff.
- Principals should consider the easiest path to the early childhood classrooms, as well as the entrances that can be used to mitigate any contact with other age groups or staff. Since early childhood classrooms are often on the first floor, this should prevent the family member from greater access to the building.
- Children should be able to adjust at their own pace, and determine when they no longer need to be escorted to the classroom door. The teaching team and family should collaborate to develop this transition plan, following each child's lead. Additionally, the Division of Early Childhood Education is available to provide further guidance and coaching in cases where other support might be needed for entry and dismissal of 3-K and pre-K children.
- For additional suggestions, please view the DECE's guidance on [staggered schedules](#) and [sample schedules](#).

Throughout the Day:

- School 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

Trauma Informed Care Considerations:

- When families forget to return washed bedding or 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 possible, consider keeping clean bedsheets available in case of an emergency.
- Remember general best practices for handwashing, take time to introduce why and how children should wash their hands in fun and engaging ways. For example, you might mix a little cinnamon with lotion and tell children it will show them the invisible germs on their hands. Have them wash off the mixture while singing a song that helps them wash for the needed 30 seconds.
- With more frequent handwashing, there may be more time spent waiting in line. Consider ways to make waiting fun and engaging for children. Consider different songs, hand games, or other activities where children can safely move their bodies and play while waiting for their turn to wash. An adult should facilitate these activities and assist children in taking turns.

- Schools will be 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.
- Schools should continue to support children who are still working towards full mastery of toileting skills.
- Individuals should cover mouths and noses with a tissue or sleeve when sneezing or coughing. Do not use hands.
- Schools must post signage throughout the building 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/sneeze etiquette.
- Schools must follow all [CDC](#), [DOHMH](#) and [DOE](#) guidelines for social distancing, and school reopening policies and procedures including the use of face coverings, physical distancing and handwashing protocols. They should also post the [DOHMH hand washing protocol](#).

Hand Hygiene

- Hand washing is the most effective mechanism to properly clean hands to avoid getting sick and spreading germs to those around you. Handwashing should be done before eating food, after using the bathroom, after blowing nose coughing, or sneezing, after touching garbage, and when hands are visibly soiled. Hand sanitizer is allowed as an alternative if a handwashing station is not readily available.
- Hand washing must take place for at least 20 seconds for all children and staff:
 - Upon arrival to the classroom
 - Between all activities (i.e. from small group activity to learning centers)
 - Between all learning centers (i.e. from block area to dramatic play)
 - After using the restroom (staff and children) or after supporting a child with toileting (staff)
 - Before and after eating
 - Before leaving the classroom
 - 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 (i.e. door handle, faucet, book shelf)*
- The use of hand sanitizer should be supervised at all times. Any products appearing on the [FDA's do-no-use list of hand sanitizers](#) should not be used.
- Parents can inform the school that they do not want their child to use alcohol-based hand sanitizers by sending a written notice to the school. Schools must provide accommodations for students who cannot use hand sanitizer. If schools need support in figuring this out for 3-K or pre-K students, they can reach out to earlychildhoodpolicy@schools.nyc.gov.

Non-Congregating Routines

- Classroom staff should avoid congregating entire classes (for example, for a morning meeting), unless there can be adequate space allotted to limit physical closeness.
 - Consider having smaller meeting groups in separate parts of the classroom occurring simultaneously and allow for adequate spacing between children.
 - Where there is a need for an entire class gathering, consider placing a poly spot or large X with tape indicating the spaces where children can and cannot sit.
 - Where rugs or carpets are present in the classroom they should be cleaned regularly, according to the manufacturer's instructions and frequency of use. If these items are heavily soiled or difficult to clean they should be removed.
- Classroom staff should have management strategies in place that avoid all children using a single chart to select their learning centers, or jobs. Teaching teams should take care to limit the groups of children congregating when taking attendance, or when children are at their cubbies. Ideas to limit congregating include:
 - Locating Center Signs at each Learning Center
 - Sending children off by 2s to self-select their center choice
 - Having the teacher rotate throughout the classroom to take attendance (instead of having all children sit in one space while attendance is taken)
 - Asking children to volunteer for jobs throughout the day, or sending children off by 2s to select their jobs. Alternating cubbies according to a child's in-person schedule, so that no child's cubby is next to another child's cubby that is present the same day
- Also consider how to avoid creating long lines of children waiting to wash hands before a meal or to use the bathroom. For example:
 - Have children involved in another activity and transition children either one at a time or in small groups to complete such routines.
 - Place markers (such as stickers, X in masking tape) of physical distancing requirements where each child should wait, and keep them engaged by having them do a specific task while standing on a specific marker.
- Children should be expected to maintain a safe distance of 6 feet between one another if they walk as a group outside of their classroom, and should not be expected to hold hands.

Cubbies Usage

- Children should have their own individual spaces to store their belongings. Cubbies should not be shared, and schools should consider distancing cubbies when possible (e.g., have an empty cubby separating children's belongings).

Personal Protective Equipment

Trauma Informed Care Considerations:

- Having staff in face coverings 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. 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.
- It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often will need to be held.

Centrally Funded Health and Safety Purchases

Each school and central/field office has a Custodian Engineer or Building Captain, respectively, who will maintain their own health and safety supply inventory. There will be deliveries to schools and central/field offices as needed. The Custodian Engineer or Building Captain will facilitate health and safety supply requests with DSF.

- For escalations, principals can contact their BCO deputy director of facilities (DDF), email covidsupplies@schools.nyc.gov or call 718-349-5555.
- All of these health and safety supplies are provided free of charge to the school and central/field office.
- For full details on the PPE request process and supplies that are included, please refer to the [DOE's PPE Standard Operating Procedures](#).

Face Coverings

As DOE early childhood classroom staff and administrators begin to navigate how classrooms will function differently in September they must consider the new guidelines as they relate to physical distancing and increased health and safety practices as well as existing expectations without diminishing high quality education and care.

Center-based and small-group learning is a critical component of an early childhood instructional program, and maintaining a physical distance of six feet in any classroom is important to the health and safety of students and staff. While recognizing that young children learn through social interaction with other children and adults, experiences, and play, the following behavior changes are intended to reduce the spread of the virus while ensuring that children are at least six (6) feet away from other children and classroom staff. Some of these behavior changes include:

Personal Protective Equipment (PPE):

Children

- Mandatory use of face coverings must be enforced for all individuals while in the building. Exceptions to face covering usage are as follows:

- Students who have trouble breathing or other medical conditions as documented by a physician.
- Appropriate and consistent use of face coverings may be challenging for some students including:
 - Younger students, such as those in early childhood and early elementary school.
 - Students with severe asthma or other breathing difficulties.
 - Students with special education or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.
- Teachers can incorporate a wide variety of strategies to introduce children to this expectation, which may be accomplished over time. The DECE will support teaching teams and families in introducing and reinforcing this expectation.
- 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 coverings, and encourage the child to consistently use a face covering over time. Staff can also choose to use additional PPE during these times.
- **Early childhood children should not be isolated, suspended or expelled for failure to wear masks.** 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 ([Positive Behavior Planning for Young Children Wearing Face Coverings](#)) 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 that 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
 - Principals may reach out to DECEMHW@schools.nyc.gov for support to develop the positive behavior plan and may also consult the school nurse on the development of the plan
 - **Children who do not respond to a DECE-approved positive behavior intervention plan will be transitioned to remote learning.** To submit a request to transition a 3-K or Pre-K child to fully remote learning for consistently not wearing a face covering, principals should:
 - Notify the child’s parent/guardian and the superintendent of the request
 - Send an email to DECEMHW@schools.nyc.gov with the subject “Request for Temporary Transfer to Fully Remote Learning”. The request should include details of implementation of the positive behavior plan, including a description of the interventions that were made and the outcomes of the plan.
 - A member of the Division of Early Childhood Education will follow up with the principal to approve the request or ask for additional information. Absent a request from the child’s parent/guardian to change learning models, the child should not be transitioned to fully remote learning until the request is approved

- If this request for temporary removal is granted, the student must receive all instruction remotely. Principals should continue to communicate with families about the process for transitioning back to in-person learning, including strategies that the family can implement at home to support their child in acclimating to wearing face coverings.

Staff

- Staff must wear face coverings at all times. Where possible, schools and staff can consider utilizing clear masks but this is not required.
- Staff should wear gloves during health screening, meal times, and when supporting children with toileting, and during any other activities when in close contact with children or any frequently touched surfaces.
- Additional layers of protection can be worn when supporting diapering/toileting, meal time, nap time, student mask breaks, or during regular classroom activities.
- Staff can wear any additional PPE at any time, such as double masks and/or face shield with a face covering, an apron or smock over clothing, disposable gloves and/or sleeves.
 - Staff are encouraged to wear a smock or oversized button-down shirt while working throughout the day with children, which should be changed after use or any time it becomes contaminated.
 - If any PPE becomes contaminated, staff should remove and dispose of any disposable items in a covered trash receptacle and items that are reusable such as clothing or personal cloth face covering should be placed in a plastic bag, stored with staff's belongings and taken home for proper cleaning, and other reusable items such as face shields should be cleaned before reuse.

With the exceptions discussed above, face coverings are required for all individuals while on school property. DOE is procuring and distributing appropriate PPE, including face coverings, for students, staff and essential visitors to use when inside school buildings.

Students, staff, and essential visitors are able to bring their own face coverings, but if they are not able to or forget, all schools will have centrally provided face coverings readily available to be provided to anyone who requires a face covering.

DOE will communicate, educate, and reinforce personal protective behaviors, such as the required wearing of face coverings, with families engaged as full partners in this process. Signage will also be provided to remind students, faculty, and staff of the importance of wearing appropriate PPE, especially face coverings.

Additional Health and Safety Guidelines for Use of Face Coverings

- A face covering can include anything that covers your nose and mouth, including dust masks, scarves, bandanas, and homemade face coverings. Medical-grade PPE (e.g., N-95 respirators) remain a critical need for health care workers and first responders and, therefore, should be prioritized for those settings. Where possible, staff can consider utilizing clear masks but this is not required.
- 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 District School or Pre-K Center (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 the building must be wearing a face covering. Schools and Pre-K Centers are encouraged to keep a supply of additional face coverings in the building for distribution to anyone who needs one in order to enter.
 - When entering the building 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 building and one to wear while inside the building. Face coverings must also be changed any time a staff member switches to work with a different group of children.
- Face coverings should be stored in an airtight container (such as a plastic sandwich bag with a zip) and labeled with the individual's name.
- 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 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.
- 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.
- Reusable face coverings need to be washed using detergent between each use. Face coverings should be fully dry before using again.
- For safety reasons, face coverings should never be worn during nap/rest or mealtimes.
- Young children should have outdoor play time as often as possible.
 - Teachers can implement a time outdoors for children to remove their masks (with social distancing of a minimum of 6 feet). At the conclusion of the outdoor time children are required to put the mask back on.
- Children should not remove face coverings during vigorous indoor play; these activities should be planned so that children maintain physical spacing during and immediately after any vigorous activity.

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:
 - If teaching staff notice a rash of any sort, for example during meal or rest times when children are allowed to remove their face coverings, they should consult their nurse or health professional for further guidance.
 - Any signs or symptoms of a rash should be documented and families should be notified.
- 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

- Staff should have age-appropriate expectations of any child that wears a face covering. Be particularly mindful of children who are sensory sensitive or struggle with change.
- 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 is 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

- School staff are encouraged to wear a **smock or oversized button-down shirt** while working with children.
 - An additional layer of protection by the way of a disposable apron or gown can be worn when supporting diapering/toileting.
- Staff must wear **gloves** during temperature screenings, 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 temperature screenings 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 in the classroom. Schools 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 children who require help, staff are responsible for providing hands-on assistance to remove children's clothing, clean their body after toileting, and assist children with getting dressed. Other children may be able to perform these tasks with verbal reminders.
- For schools with infants that are bottle fed, staff should wash their hands before and after handling bottles prepared at home or prepared at the school.

- 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 school 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.

Meals

Trauma Informed Care Considerations:

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

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

On-Site Meals

Schools must provide students with a minimum of breakfast and lunch to ensure their nutritional needs are met and they are ready to learn. The DOE Office of Food and Nutrition Services is responsible for providing meals to children attending District Schools and Pre-K Centers.

Meal Service Practices

- Food must be served in individual portions (staff should prepare separate plates and individual utensils disposable and age appropriate or labelled with the child's name); family-style meal practices (i.e. children serving themselves using a shared set of serving utensils) must be suspended. Labelled utensils that are reusable should be stored in a secure place to be returned to the family or guardian to be cleaned and returned the following school day.
- To the greatest extent possible, meals should be served to children within their classrooms. If it is not possible to serve meals in the classroom, precautions must be taken when using a cafeteria to ensure that stable groups of children do not come into contact with each other. To the greatest extent possible, children should be spaced out at tables during meals. This could mean an open seat between each child. Tables used for meal service must be at least 6 feet apart from each other.
 - Children should remove face coverings during meals and store them appropriately.
 - Staff may choose to wear additional PPE at this time, such as double masks, aprons and gloves for additional protection.

Free Meals during Remote Learning

Families and children have access to free meals on their remote learning days. Please visit the [DOE website](#) for more details.

Nap/Rest Time

- During naptime, children should be spaced 6 feet apart.
- Children must be placed head-to-toe.
 - Children should be expected to remove face coverings during this time.
 - Staff may choose to wear additional PPE at this time, such as double masks, face shields and gloves for additional protection.
- A separate cot or mat must be provided and labelled for the exclusive use of each child and must be cleaned and sanitized daily.
 - Ideally, the nap or cot should be assigned to one child for the entire year.
- Children's bedding (blankets and sheets) are cleaned weekly or more frequently as needed.
- Each child should have 2 clean sheets or blankets. Bedding must not be shared, and one child's bedding should not come in contact with another child's bedding. Blankets should be kept in the school in non-porous containers (e.g. covered containers or plastic bag) labelled with the child's name in the child's cubby when not in use. Sheets and blankets should be washed at least weekly or when necessary.
- To avoid cross contamination, teaching staff should not store all children's shoes in a community "shoe bin" during nap/rest time.

Center Time

Center-based Learning

During center-based learning, an abundance of activities and play areas should be open and there should be a limited number of children that can use each space at any one time, in order to reduce physical closeness.

- For example, in the dramatic play center, have a maximum of two children in the space. Divide the space with a piece of furniture such as the kitchen table and chairs, and teach the children that they must stay on their side of the table to the greatest extent possible.
- Consider putting duplicates out of the same utensils, food, or accessories, so that children are less likely to want to cross into another child's play space.
- Sand and water tables are an integral part of the early childhood classroom experience and principals should encourage regular access, but both do not have to be made available to individual children every day (i.e. classrooms can offer sand one day, and water another day).
- In order to reduce the spread of germs schools are encouraged to offer water play more frequently than sand play, as this allows for easier maintenance since water can be discarded between uses. However, sand play should still be made available to children regularly.
- Additionally, teaching staff could choose to use smaller tubs for individual use, making it easier to set up and clean up water and sand stations.

Schools should consider establishing a protocol that allows for rotation of centers for children, while also considering how to inspect, clean, and sanitize any materials or areas between uses.

Learning Materials

Schools should 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.

- When this is not feasible, find ways to ensure that children are not sharing materials, or that materials are sanitized after use.

- Art materials that have been used should be placed in a separate container for cleaning and sanitizing. Materials should not be returned to the container they were taken from.
- To maintain appropriate health and safety expectations, toys must be cleaned and sanitized after use. Consider having the right amount of available toys in use for free choice and to avoid competition, but also allow staff to replenish materials that have been removed for cleaning.
- Soft toys and materials that cannot be sanitized in between uses should be removed from classrooms. This may include soft dolls, dress-up clothes, puppets, etc.
- Children’s belongings must be labelled and stored individually, and may not be shared with other children. Children may bring a transitional object from home, but this should not be shared with other children.
- Schools should also limit sharing of outdoor play or gross motor materials/equipment between groups (e.g., balls, tricycles, hula hoops), and clean any shared equipment between uses.

Staff Qualifications

Trauma Informed Care Considerations:

- While meeting staff qualifications are an essential requirement for employees, ensure that staff hired also show a high level of social emotional responsiveness to children’s needs.

For 3-K and Pre-K classrooms in District Schools and Pre-K Centers, classroom staffing requirements remain that each classroom be assigned an early childhood certified teacher and a paraprofessional for all parts of the day, including instructional lunch and rest time, which includes options for napping and engaging in quiet activities. For questions about staff qualifications, please refer to the [3-K for All and Pre-K for All Handbook](#). For additional information about teacher caseloads, please refer to the [DOE’s Instructional Guidance](#).

Emergency Readiness and the Building Response Team during COVID-19

Trauma Informed Care Considerations:

- Reinforce for families that the school 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.

Emergency Readiness and the Building Response Team

The safety and security of our students and staff is of the utmost importance. The DOE has established systems and protocols consistent with State Law and Federal recommendations, as well as some procedures that go beyond State mandates. We regularly assess our systems for effectiveness and make revisions as necessary, specifically aligned to any current conditions. Our emergency readiness training initiatives are based on State and local law and regulations, as well as the needs of our diverse learning communities.

A vital component of emergency readiness is the [School Safety Plan and Building Response Team \(BRT\)](#). In accordance with New York State Education Law Section 2801-a, all school buildings must have a “building-level emergency response plan” (School Safety Plan) that is updated annually, and a “building-level emergency response team” (Building Response Team). The [Building Response Team \(BRT\)](#) is a school-based team that is activated to manage health and safety incidents or emergencies. The BRT provides school communities with the necessary incident support required during an emergency, including managing school-related emergencies until first responders arrive (BRT members are not first responders). School Safety Plans must include the designation of individual BRT members. In a campus setting, each school must have one representative on the BRT. The BRT members are appointed by the principal.

For additional information, please refer to the DOE’s guidance on [Building Response Teams During COVID-19](#).

[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 school 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, that 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. [This guidance for District Schools and Pre-K Centers](#) is intended to supplement, but not supplant, all relevant City, State and Federal regulations, including guidance issued by New York State and DOHMH.

Complete and additional information on School Health Policy can be found [here](#) on the DOE InfoHub.

If Someone in the School Community Feels Sick

If a student or teacher is feeling sick, they are required to stay home and, if their symptoms are consistent with COVID-19, are asked to get tested. If a student begins experiencing symptoms in school, they will be isolated and monitored by a dedicated staff member until they are picked up by their family. Staff members who become symptomatic at school are asked to immediately leave the building.

Whether symptoms begin at home or in school, there will be a clear flow of information to facilitate fast action and prevent spread. A positive confirmed case will trigger an investigation by NYC Test + Trace and DOHMH to determine close contacts within the school. Schools will communicate to all families and students at school once a case is laboratory confirmed.

The DOE is working in tight coordination with DOHMH and the Test + Trace Corps to identify, isolate, and prevent spread of COVID-19. In the event that there is a laboratory-confirmed case in a school, all students and teachers in that class are assumed close contacts and will be instructed to self-quarantine for 14 days since their last exposure to that case.

Additionally, the DOHMH and Test + Trace Corps will begin an investigation into the risk of exposure to the school community and work with the DOE to issue clear guidance and decisions for next steps based on the outcome.

These protocols center the health of our students and staff at the very core of this school year, while pursuing the resumption of in-person learning and educational services. The City will continue to closely monitor health conditions, and if community transmission begins to rise across the boroughs, a decision may be made to close all schools and switch to full-time remote learning.

For full guidance on Testing and Tracing procedures, please refer to the [DOE's Health and Safety guidance page on the InfoHub](#).

Isolation Room

In order to accommodate a student who may exhibit symptoms of COVID-19, every building must designate space to be used as an Isolation Room. An Isolation Room is a place where a student with suspected COVID-19 symptoms can be safely isolated in the building until they are examined and can be picked up by a guardian. A building's Isolation Room must be large enough to house multiple students while maintaining physical distancing requirements of six feet. Each building must also designate a second space as a Back-Up Isolation Room, which can be used for other purposes until needed. Multiple students are permitted in the Isolation Room as long as they maintain physical distancing requirements of six feet and are wearing face coverings. Principals can view [this deck regarding Isolation Rooms](#).

Contacting the Situation Room: 212-393-2780

The Situation Room serves as a principal's primary contact any time a COVID-19 related incident arises in a school involving students or staff, including but not limited to:

- A notice of a positive COVID-19 test result for a staff member or student,
- A student or staff member reporting COVID-19 symptoms or sent home with COVID-19 symptoms, including:
 - Fever of 100.0 degrees F or higher or chills,
 - New cough,
 - New loss of taste or smell,
 - New shortness of breath.

A principal must always contact the Situation Room with alerts or questions related to COVID-19 incidents in a school. To report a COVID-19 incident, a principal must call 212-393-2780. The Situation Room's operating hours are:

- Monday thru Friday: 5:30am to 9:30pm
- Sunday: 11:00am to 9:30pm

- For overnight hours, a voicemail box will receive messages, which will be responded to once the Situation Room reopens the following day.

All cases called in will receive a response. Principals are the only staff who should call the Situation Room. Once a call is answered, principals will be asked [specific questions from this Intake Form](#) about the COVID19 case or event in school, including information about the student or staff member, last known location in the school, and possible close contacts. The Situation Room will issue automatic notifications to alert other NYCDOE offices.

For full guidance on Isolation Room and Situation Room procedures, please refer to the DOE's [COVID-19 School Health Policy](#).

Maintenance and Cleaning

Trauma Informed Care Considerations:

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

Cleaning Protocol

Current health guidance requires that we increase our standard cleaning protocols to include daily touch points and overnight disinfection.

General Cleaning Guidance

Routine cleaning is an important part of standard infection control practices. Please refer to the [State DOH guidance](#) for areas of focus. The State DOH guidance also outlines additional procedures to perform in the event of a confirmed case of COVID-19 in a school. DOE buildings will now perform these enhanced cleaning procedures everyday regardless of any confirmed case of COVID-19. Custodian engineers will continue to comply with instructions on building ventilation and opening of windows. Custodian engineers will continue to purchase EPA-registered anti-viral products as described in the State DOH guidelines. All products are to be used according to the label instructions.

The State DOH guidance specifies the following high-risk areas that should be cleaned and disinfected daily:

Health Office

- Cots, treatment tables, and laundry should continue to be handled by the school health staff.
- Custodian engineers should assist as required with providing disinfecting supplies and continue to clean these spaces as they usually do.

LYFE Centers

- Cribs, changing tables, and laundry should continue to be handled by the staff.
- Custodian engineers should assist as required with providing disinfecting supplies and continue to clean these spaces as they usually do.

3-K/Pre-K Classroom Needs

- Special attention should be paid by staff to toileting/diaper changing areas, in-classroom toileting/diapering waste receptacles, napping/resting surfaces (at least once daily), eating/food preparation surfaces, any other surfaces that may come in contact with bodily fluids, learning center toys and manipulatives, and outdoor play or gross motor equipment. For additional guidance, refer to policy guidance for [Daily Routines in Early Childhood Classrooms](#).
- Custodian engineers should assist as required with replacing soap in soap dispensers and paper towels in towel dispensers as needed, providing disinfecting supplies, and continuing to clean these spaces as they usually do. The cleaning and disinfecting of bathroom areas as well as other high touch areas in the classrooms may need to happen more frequently.
- If applicable, any classrooms that have portable sinks must be serviced/refilled as needed.

Lunchrooms (if required)

- Cafeteria lunch tables will continue to be cleaned by School Food staff.
- Custodian engineers should assist as required with providing disinfecting supplies.

Other Cleaning

- Floors and gross motor mats should be disinfected by custodian engineers daily.
- Other frequently touched surfaces should continue to be cleaned by custodian engineers:
 - Classroom desks and chairs
 - Lunchroom tables and chairs
 - Door handles and push plates
 - Handrails
 - Handwashing sink faucets
 - Light switches
- Equipment handles
- Buttons on elevators

Custodial Engineer Responsibility

Custodian engineers are key contributors in ensuring that our students and school communities remain healthy and safe. Custodian engineers are directed to be diligent in ensuring that all bathrooms are sufficiently stocked with soap and paper towels at all times. Additionally, custodian engineers are to ensure that all handwashing sinks are in a state of good repair. All custodian engineers must ensure that all buildings under their care have at least a 30-day supply of hand soap, paper towels, PPE, hand sanitizer, disposable gloves and anti-viral disinfectant in inventory. Supply orders for these products are to be placed immediately.

In an effort to minimize the potential transmission of the COVID-19 virus, custodian engineers are directed to implement the following cleaning and disinfecting protocols in all buildings:

- Nightly disinfecting of all exposed surfaces in all occupied spaces in their assigned buildings.
- Disinfecting of these areas must take place daily, utilizing electrostatic backpack sprayers with the approved disinfectant, a variety of which will be available in FAMIS from SDI.
 - A standard 2% bleach solution is also acceptable.
- All non-porous, frequently contacted surfaces such as desk/table tops, drinking fountains, faucet handles, door hardware, push plates, light switches and handrails are to be wiped down and disinfected throughout the day utilizing an antiviral disinfectant and cleaning product following the respective cleaning product's labels.
- Special attention is to be paid to horizontal surfaces in the building's common areas, classrooms and bathrooms.
- Custodian engineers are required to complete and maintain daily bathroom inspection and disinfection logs. The logs are to be kept onsite and are to be made available upon request.

- Vacuuming rugs on a daily basis and cleaning them as recommended by CDC [in this document](#). After cleaning and disinfection, the following is recommended when vacuuming:

Consider:

- Using a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available;
- Not vacuuming a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms;
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces, such as carpeted floors or rugs, clean the surface using soap and water or with cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate [EPA-registered disinfectant](#). Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on List N. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces;
- Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units;
- Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.

School Staff Responsibility

In an effort to minimize the potential transmission of the COVID-19 virus, school staff are encouraged to implement the following cleaning protocols in their buildings:

- We will make available either disinfectant wipes or spray bottles with disinfectant for all classrooms. Cleaning supplies should be stored in a safe space within the classroom so that younger children do not have access.
- Note that office equipment such as telephones, desktops and computers/peripherals will be cleaned by their users.
- School equipment (toys, items used for teaching, athletic equipment, etc.) will also be cleaned by their users.

School staff should contact their Custodian Engineer if they need additional supplies. For additional information, please see the [Cleaning Protocol on InfoHub](#).

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