



New York City Division of Early Childhood Education
Health and Safety Guidance for
Family Child Care Network & Affiliated Providers
2021-2022 School Year

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

Introduction: Promoting Health and Safety through Trauma-Informed Care

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

In alignment with NYSED, CDC and AAP guidance, the overall goals for the 2021-2022 school year are to keep children and staff healthy and safe, be responsive to children's needs and maximize in-person teaching and learning

As we begin the 2021-2022 school year, birth-to-five programs including Family Child Care Networks and affiliated providers need to recognize that a trauma-informed approach can support children, families, and staff's ability to cope with the unprecedented experience of the last year and half due to the COVID-19 pandemic. Understanding and sensitively responding to the individual experiences of families, children, and staff will support the well-being of our communities and programs. The Division of Early Childhood Education (DECE) will partner with you to provide support and resources to implement a trauma-informed approach as we fully return to in-person teaching and learning.

Having a "trauma-informed approach" means that every individual, 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, affiliated providers, 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 lean into the foundations of early childhood practices by engaging and prioritizing safe, nurturing, predictable, and responsive environments for everyone in our early childhood community.

Grounded in a trauma-informed approach, we strive to offer you clarity, predictability, and social-emotional support in the implementation of Health and Safety Guidance in responsive ways for your staff, affiliated providers, families, and children. Similarly, please keep in mind that families, children, affiliated providers, and staff may be in different places in their experience with the pandemic and the disparities it has highlighted in our communities, therefore it is essential to respond with care and sensitivity in meeting their individual needs. Keep in mind that we are your partners in helping you meet the needs of your community. The Trauma-Informed Care resources and suggestions in this document include:

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

Overview of COVID-19 FCC Health and Safety Requirements

This Health and Safety guidance outlines measures Networks and affiliated providers should establish to maintain a safe and healthy environment for staff, children, and families. This guidance is intended to align to and supplement the [New York State Health and Safety Guide for the 2021-2022 School Year](#), the [Centers for Disease Control \(CDC\) and Prevention's COVID19 Guidance for Operating Early Care and Education/Child Care Programs](#), and [American Academy of Pediatrics \(AAP\)](#).

In addition, we have also included some best practices for Networks to consider for their staff as they return to their Network offices. All NYC early childhood programs, including family child care affiliated providers must successfully complete all NYCDOE and licensing requirements, as well as other CDC, state, and federal requirements. Networks must ensure that their Network staff and affiliated providers understand this guidance.

These include:

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

Many of the standard practices and requirements for family child care affiliated programs will remain in place, while others will need to be modified during this time. FCC Networks should still refer to the [Family Child Care Network Handbook](#) and affiliated providers should refer to the newly released [Family Child Care Affiliated Provider Program Guide](#) for additional information and resources. However, where expectations differ, Networks must ensure that affiliated providers adhere to this Health and Safety guidance, guidance issued by New York State, Office of Children and Family Services (OCFS), and guidance issued by New York City 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.

Promoting and supporting the **mental health and emotional well-being** of your Network staff, affiliated providers, 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 and your affiliated providers for your continued partnership. Continuing to deliver in-person early care and education services through affiliated providers with the support of Networks is essential for the well-being and development of children. We value your input and feedback and want this to be an effective resource for Networks and affiliated providers during this time. If you have any questions or feedback, please contact your Network’s assigned Family Child Care Support Manager or send an email to fccsupportteam@schools.nyc.gov.

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Introducing Health & Safety Guidance for Network Staff, Affiliated Providers, and Families

Networks and affiliated providers continue to be asked to share health and medical knowledge in a deeper way than ever before. Sharing health and safety guidance clearly and accurately is critical to providing safe, nurturing, and predictable environments for children and families. Adults and children feel safe and more confident when they understand what is expected of them and why. We know that this can be challenging to message, especially when there are frequent updates. To promote the clear and accurate sharing of the health and safety guidance, Networks and affiliated providers should:

1. **Communicate clearly and often with staff, affiliated providers, and families about expectations.**
 - Provide written information to affiliated providers and families in their home language about the Health and Safety practices in this guidance document and other additional information including:
 - What the Network leadership and staff are responsible for, what affiliated providers and their staff are responsible for, and what families are responsible for
 - Use language that is easy to understand and hard to misinterpret, avoiding medical terminology if possible
 - Share health and safety guidance with families using this guidance or other relevant guidance documents. It is important to share some of the expectations for families and their children such as daily health screens, increased hand washing, and wearing of face coverings.
 - Be clear about what expectations are new or potentially unfamiliar to Network staff, affiliated providers, and families (i.e. how meals are served, daily health and safety expectations, etc.)
 - Encourage affiliated providers to use visual signage posted throughout the home and give handouts for adults to reinforce expectations; such as physical distancing, face covering, or meal-time expectations.
 - Provide affiliated providers and families with a point of contact to follow up with any questions or concerns regarding the Health and Safety guidance and procedures.
 - Consider hosting meetings for Network staff, affiliated providers, and families to introduce guidance and expectations upon re-opening and as things change.
2. **Support affiliated providers to give families and children the opportunity to see and practice any new guidance that pertains to them,** some examples include:
 - Physical Distancing: Encourage affiliated providers to create visuals showing physical distancing expectations for families and program staff.
 - Proper Use of PPE: Provide resources and guidance to affiliated providers in appropriate face coverings and how to adequately put on, take off, clean, and discard PPE.
 - Drop off and pick up guidance: Support affiliated providers in creating a simple checklist that reminds families of the drop off and pick up procedures. Consider reminding families about completing daily health screeners including temperature checks, at home each day to help expedite arrival and to avoid groups congregating unnecessarily at the programs' entrance.
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 exact 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](#)). 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 affiliated providers 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.
- Examples of translated and age-appropriate [Health Literate Information on COVID-19](#) is an optional resource developed by Harvard Health Publishing. *DOE is not responsible for the content contained therein.*

Required Documentation

Trauma Informed Care Considerations for Networks:

- As some Network staff, affiliated providers and their staff, families and children are returning to in person services after an extended period of remote learning and may have gone through individual and/or collective traumatic experiences, please **consider your Network staff, affiliated providers and their staff, children and families emotional needs.**
- Please be **extra mindful** that not only might circumstances for them have changed (which may include family illness or death), but the program will look completely different.

Required Child Documentation

Many families will begin the program for the first time or will be returning to on-site services and circumstances might have changed based on emergency contacts, immunizations, and family schedules. It is important that Networks 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.

Every child must have the following before returning to the program:

- Networks and affiliated providers must have current medical forms on site for all children resuming in-person services. If they do not have a current medical form, **families must complete and submit a [current medical form](#) (dated within 12 months of the date of entry).**
- Proof of completed Immunizations, based on the age.
- 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.
- Additional forms required can be found in the Family Child Care Network Handbook.

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

Visitor Protocols

To protect the health and safety of affiliated providers, staff and children in your programs, only required and/or necessary access is allowed. All individuals must complete a daily health screen, wear a face covering and follow all other applicable health requirements. Affiliated programs should also ensure that anyone entering their home for any amount of time, has signed the Sign In/Out log. This is information that will be requested of you in the case that there is a COVID-19 exposure in your program.

DOE and Network Support Staff

As part of your contractual monitoring and support, DOE staff such as Social Workers, FCC Support Managers, and DECE Visiting Nurses, as well as Network support staff, have been authorized to resume in-person support for the 2021-22 school year. This decision was not taken lightly and was made after consultation with DOHMH. All DOE staff and Network staff are following the vaccine mandate and as of September 27th will have received at least one dose of the COVID-19 vaccine and will complete their second dose within 45 days of their first dose. You can ask for proof of vaccination from these individuals if you would like to verify. We understand this is a transition for everyone and may take some adjustment. We will work to make sure that we contact you in advance of our visits whenever possible and we are open to feedback on how we can ensure that these visits are supportive to you and your program as we fully transition back to in-person visits in the coming months.

- Because DOE staff and Network staff could be traveling to multiple sites in a week, they will be trained on proper PPE usage (including changing between sites) and disease prevention practices.
- DECE ECHO Nurses will be available to guide programs with their health and safety practices, questions about COVID-19 symptoms, 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.

Related Service Providers and Special Education Itinerant Teachers (SEITS)

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

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

Family Members

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

Other Individuals

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

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

Physical Distancing Practices

Trauma Informed Care Considerations for Affiliated Providers:

- 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.
- 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 hugging and high-fives.
- Respond with **patience and care** when children need redirection; it is normal and expected that children want to be close to friends and caregivers.

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

Child Considerations:

There should be strategies in place that support children in physical distancing of 3 feet to the greatest extent possible. As a reminder the three feet expectations should not impact your ability to welcome all registered children in your program.

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

Adult Considerations: Adults should 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 break.
 - Additional guidance on strategies for drop-off and pick-up routines is below in the Daily Care Routines section.
- Affiliated providers should reduce the number of adults onsite at one time as much as possible, while maintaining responsiveness to the needs of children and families.
- Affiliated Provider staff 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 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
- **Network Staff** must wear a face covering at all times when in the family child care program and must complete health screenings prior to entering the home.
- The DECE encourages all **Network staff** to wear face coverings while at their Network office. However, Networks must check with their organization's HR department to understand Network face covering policy.

Use of Affiliated Program Space

- If possible, designate **separate entrances and exits** into and out of the program to keep all foot traffic flowing in the same direction.
- Creating **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.
- Affiliated providers can modify the use of work areas for 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 multiple people at a time when physical distancing cannot be maintained.
- 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.
- **Multipurpose Spaces:** Some family child care affiliated providers use designated child care spaces within the home for multiple purposes when children are not present. Affiliated providers must:
 - Minimize the number of people entering the home when the child care program is open;
 - Ensure that the Network and the DECE is notified if anyone who lives in the home, including children and affiliated provider, tests positive or develops symptoms of COVID-19; and
 - To the extent possible, retain the name and contact information of anyone entering the home, to enable tracking and tracing efforts by the NYC Department of Health and Mental Hygiene.

Off-site Space Usage

-
- Affiliated providers must have appropriate written permission from families prior to taking children off-site
- Affiliated providers, program staff, and children over the age of 2 must wear face coverings when travelling from program and while at off-site space
- Affiliated providers should have hand sanitizer readily available for use while off-site
- Affiliated providers must ensure that children and program staff are not mixing with other groups of children or adults while at off-site spaces.
- Affiliated providers must be able to demonstrate they are meeting all health code regulations as they pertain to traveling off-site, as well any additional city, state, and federal guidance pertaining to COVID-19.
- Programs are not prohibited from using off-site spaces (e.g., playgrounds, parks, open green spaces) for gross motor activities.

DAILY CARE ROUTINES

Trauma Informed Care Considerations for Networks:

- Some children and affiliated providers and their staff have not been together for several months and therefore are no longer familiar with the normal routines that they experienced previously. Therefore, it is important to support affiliated providers and their staff in considering 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.

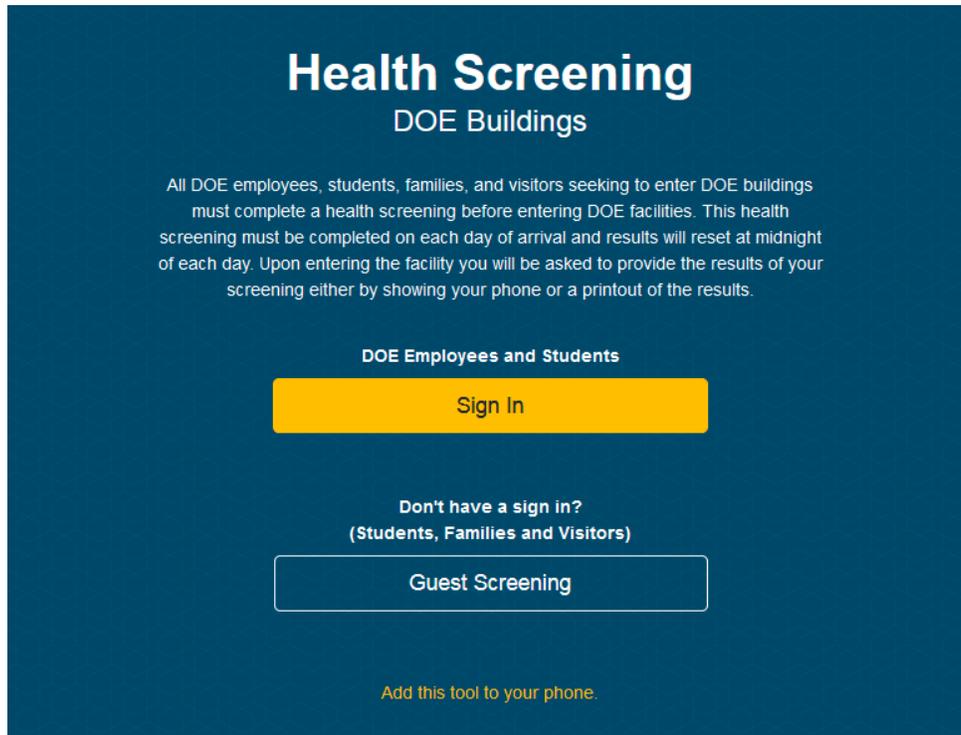
It is important to ensure that families are informed and feel comfortable leaving their children at your program at a time when there is a great deal of anxiety to COVID-19. It is equally as important that affiliated provider and Network staff feel informed of the most updated health and safety guidance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

Daily Health Screens for anyone entering or working at the program

Affiliated providers must ensure **daily health screens are completed prior to arrival for staff, children and their families if they must enter the program**, as well as track all people entering the home.

All affiliated providers, their staff, and Networks should use the [DOE's Online Health Screening Tool](#) which can be added to mobile phones. In cases where you wish to use a paper based option, English and translated versions can be found [here](#). The online screening tool or the paper-based questionnaire are used to determine if an individual has:

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



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

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

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

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

Program leaders must instruct 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 and this should be consistent with the Daily Health Screener they complete daily.
- **Note:** COVID symptoms may often look similar to other health diagnoses'. If COVID-like symptoms are observed and the family shares that the child has another health diagnosis', families must have medical documentation that details symptoms with the health diagnosis and should be encouraged to take their child to get lab-confirmed diagnostic COVID tested.
 - If a child is asked to isolate based on COVID-19 symptoms, the child cannot return back to care unless:
 - They provide a negative COVID test result along with documentation of an alternative diagnosis.
 - The affiliated provider must document and keep record of this alternative diagnosis. If the symptoms listed in the diagnosis re-emerge, there is no need to readdress. The child is able to remain in the program and is 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. Children must not return till they are fever free for 24 hours without the use of fever-reducing medications and the symptoms have improved.
 - If a child is asked to quarantine as a close contact of someone that has tested positive for COVID:
 - They must quarantine for 10 days from the date of last exposure to person who tested
- If any child (or staff member who supervises on the bus) is transported via school bus, the daily health screens must be completed prior to boarding the vehicle.
- Any program staff or child exhibiting symptoms of COVID-19, or affiliated provider household member exhibiting symptoms of COVID-19, must not be allowed to enter the program. Please see a list of symptoms on page 28.

Quarantine Exceptions

Individuals that meet the following criteria and do not have a known exposure to COVID-19 are exempt from the 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.
- Unvaccinated children and staff who are considered close contacts may test out of quarantine in order to return to their classrooms on the eighth day of quarantine. In order to do so, children should take a molecular COVID-19 test on their fifth day of quarantine in order to re-enter class on the eighth day.

Children that must quarantine, for any reason, should be provided the opportunity to participate in remote learning temporarily.

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

- In the event that a family member of a child must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, the family member must be advised that they cannot enter the program for any reason.
- If the family member – who is a member of the same household as the child – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, the program should have an emergency contact authorized by the parent to come pick up the child. As a close contact, the child must not return to the program for the duration of the quarantine.
- 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.

Network Staff Who Have COVID-19 or Symptoms of COVID-19

To ensure that Networks are taking the necessary precautions, the DECE encourages Network Staff to complete daily health screenings to check for the COVID-19 symptoms listed above. If a staff member is exhibiting symptoms, they should be asked to stay home. However, Networks must adhere to their organizations’ policies regarding COVID-19. Network must also follow the guidance outlined under “**Confirmed Cases in an FCC Program**” on [page 33](#).

Drop Off and Pick Up Routines

Trauma Informed Care Considerations for Networks:

- Dropping children off in a more public-facing environment might produce stress or anxiety for families.
- Support affiliated providers in clearly communicating the pick up and drop off expectations and why they must be followed.
- Encourage affiliated providers to explain to children that families are not allowed in the home for safety and health reasons, but that they will be watched and cared for as they transition to the program.
- Support affiliated providers in creating a simple checklist that reminds program staff and families of the drop off and pick up procedures. Networks may 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 the affiliated provider and the Network will stay in communication with them throughout the day, week, and in case of emergency.

Following the confirmation of a health check, children should be dropped off at the front of the home (or designated entrance) and escorted inside of the program by a staff member. This is to limit the number of non-essential adults accessing the home in an effort to mitigate against the spread of the disease.

- **At the start of the program year:** It is important to build trust by allowing family members to enter the home with their child. To do this safely, consider strategies such as:
 - Offering individual and/or virtual tours of the home 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 home, there will be fewer people inside
- After an initial period, once children are more comfortable, affiliated providers are encouraged to implement protocols so that drop-off and pick-up routines take place at the front of the home, so that most family members do not enter. 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, 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.
- Affiliated providers continue to be responsible for maintaining sign-in/sign-out records. Consider incorporating a sign-in procedure into your health check process at the entrance of the home.
 - All affiliated programs are reminded that Daily Health Checks are still required by the Department of Health and Mental Hygiene 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 affiliated provider immediately if they become aware of 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.

- Affiliated providers and their 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.
- Affiliated providers and their staff must monitor all children for signs of illness and fever, and 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 nap, during toileting, etc. These inspections do not need to include a temperature check or be documented.

DAILY HYGIENE

Trauma Informed Care Considerations for Affiliated Providers:

- 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 your program can, consider keeping clean bedsheets available in case of an emergency.
 - Remember general best practices for handwashing, take time to introduce why and how children should wash their hands in fun and engaging ways. For example, you might mix a little cinnamon with lotion and tell children it will show them the invisible germs on their hands. Have them wash off the mixture while singing a song that helps them wash for the needed 30 seconds.
 - With more frequent handwashing, there may be more time spent waiting in line. Consider ways to make waiting fun and engaging for children. Consider different songs, hand games, or other activities where children can safely move their bodies and play while waiting for their turn to wash. An adult should facilitate these activities and assist children in taking turns.
-
- Affiliated providers 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.
 - Please see the NYC DOHMH hand washing protocol [here](#) and OCFS's "[STOP THE SPREAD](#)" poster
 - Consider putting up additional signage promoting handwashing.
 - Affiliated providers should continue to support children who are still working towards full mastery of toileting skills.
 - Affiliated providers will be expected to ensure that children's bedding (blankets and sheets) must be cleaned weekly or more frequently as needed.
 - Individuals should cover mouths and noses with a tissue or sleeve when sneezing or coughing. Do not use hands.
 - Affiliated providers must post signage that reminds staff:
 - 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.

Hand Hygiene

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

- Upon arrival to the home and after breaks
- 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, must be alcohol-based and contain at least 60% alcohol 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.

PERSONAL PROTECTIVE EQUIPMENT

Trauma Informed Care Considerations for Affiliated Providers:

- Having caregivers in masks and other protective equipment may be a new experience for many young children. Children will need to be introduced to mask-wearing the same way they are introduced to other expectations and routines in the program- through repetition, playfulness, and practice.
- Families will have different needs and practices about mask-wearing for their children. Please do your best to understand the needs and preferences of each family and work with them to best maintain a healthy environment for everyone in your program. Create games and activities around wearing masks, including allowing children to try out their own masks if they want to. Consider encouraging families to leave extra masks in their child's cubby in case they forget theirs one day.

For more information on Face Coverings [see this guidance created for ECCs and FCC-ECCs over the Summer](#).

- It is important to comfort crying, sad, and/or anxious infants, toddlers, and children.

Face Coverings

Staff

All affiliated providers, program staff (and any other adults) **must** use a face covering while they are on-site at the affiliated program and off-site in outdoor public spaces.

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. Affiliated providers 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 Division of Early Childhood (DECE) will support teaching teams and families in introducing and reinforcing this expectation. **Children should not be isolated, suspended or expelled for not wearing a face covering.** The guidance below is based on DOE policy and OCFS regulation 416.11(i)(33).

- **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 must be expected to wear one.** FCC 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, affiliated providers and their staff, and Networks. Children who refuse to wear a face covering, are crying, or are dysregulated may be experiencing distress and should not be forced to wear a face covering. In these cases, affiliated providers and their staff, with the support of families, should use positive, nurturing strategies to prevent conflicts over face covering, and encourage the child to consistently use a face covering over time.
- Face covering breaks
 - For safety reasons, face coverings should be removed during meals, nap and rest time.
 - Children who request to remove their face coverings or staff identify that the child needs a mask break, must be permitted to for a short period of time. These “mask breaks” can also be offered through the day, at a school’s discretion. The frequency of mask breaks may vary.
 - Mask breaks should not last more than five minutes.
 - Mask breaks can only occur when:
 - Children are outdoors or in well-ventilated areas.
 - Children can remain at least six feet apart.

Medical Exemptions

Children and program staff who have a documented medical condition that makes them unable to tolerate a face covering may be exempted from this requirement. Networks and affiliated providers should implement the following procedure for families and program staff seeking a face covering exemption for medical reasons:

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

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. 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, 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.
 - Clear face shields cannot be worn unless accompanied by a face covering.
- Affiliated providers 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 must 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. Affiliated providers 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 should be stored in an container 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.

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 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 program, 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 on around the program, 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. Affiliated providers 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 affiliated providers 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.

MEALS

Trauma Informed Care Considerations for Affiliated Providers:

- 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, 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

Affiliated providers are expected to provide the required number of meals to their children according to their contract and the amount of time the child is in care. Affiliated providers are required to provide all meals and snacks in the home 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. Affiliated providers should arrange the seating arrangements during meals to provide as much space between individuals as possible to the extent that program staff can also still engage in conversations with the children and provide adequate supervision. Additionally, children and program staff should be reminded of the importance of not sharing food during this time.

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

Food must be served in individual portions (staff should prepare separate plates and individual utensils disposable and age appropriate or labelled with the child's name while wearing masks and gloves); 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 program day.

- When eating, children should maintain three feet of physical distance and should be seated in such a way that they are facing away from one another. For example, children may sit on one side of the table, three feet apart.
 - Programs may utilize other spaces, including but not limited to other classrooms, gyms, and outdoor spaces for lunch use.
 - Consider using clear table dividers if 3 feet of distance cannot be maintained
 - Consider staggering meal times

- Have some or all children eat picnic-style
- To the greatest extent possible, meals should be served to children in a space they are familiar with, such as their own classroom. However, when considering spacing constraints, precautions must be taken when using a space outside of their classroom to ensure that stable groups of children are maintained and groups do not mix with others.
- Clean and sanitize eating surfaces before and after meals.*
- Staff may choose to wear additional PPE at this time, such as double masks, face shields, aprons and gloves for additional protection.
 - Children should remove their face covering and properly store prior to beginning to eat.

Safe set up and serving (staff should prepare separate plates and individual utensils disposable and age appropriate or labelled with the child's name) should continue to be done by staff wearing face coverings and gloves. Food must be served in individual portions that include the required minimum NYC Food Standards and CACFP meal and snack components and to accommodate children with special dietary needs (e.g. food allergies and family preferences). In addition, staff should serve water to children individually during the meal as well as ensure children have access to water throughout the day.

Any children who wear face coverings while at the affiliated program should remove them during meals.

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

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

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

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

NAP/REST PROVISIONS

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

- Have children positioned to rest 6 feet apart and head-to-toe.
 - If not possible, a minimum of 3 feet of distance is required, and they should always be placed head-to-toe.
- Please reference the Family Childcare Network Handbook and/or FCC Affiliated Provider Guide for the typical expectations for nap and rest.

Children should remove face coverings during nap and rest time.

STAFF DOCUMENTATION/REQUIREMENTS

Trauma Informed Care Considerations:

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

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

- Staff must have a medical on file that is within 2 years of the current date.
- As of September 13th, all staff in the building must provide proof of their first dose of the COVID-19 vaccination or show a negative COVID-19 test in order to work.
- As of September 27th, all staff in the building must provide proof of their first dose of the COVID-19 vaccination and within 45 days after 9/27 must show proof of their second dose.

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 Network 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 affiliated providers and their staff must have completed the Comprehensive Background Clearance (CBC). The program must be able to provide proof of such clearance

Emergency COVID-19 Teaching Certificate

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

Who would be eligible?

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

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

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

HEALTH GUIDANCE

Trauma Informed Care Considerations:

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

The situation regarding COVID-19 continues to change, as is our knowledge of this new disease. The guidance below is based on the best information currently available. This guidance for DOE-contracted early childhood programs is intended to supplement all relevant city, state and federal law and guidance, including guidance issued by New York State, OCFS, and the DOHMH.

COVID-19 Vaccination

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

- Vaccination card
- NYS Excelsior Pass
- Other government record

Further information about exemptions or accommodations related to the vaccine are detailed later in this guidance.

Where to Get Vaccinated

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

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

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

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

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

Complete Site Attestation Survey

Programs must complete and submit the [Site Attestation Survey](#) if you have not done so.

Anticipation of Disruption to Services

If you anticipate that services to children will be disrupted due to this policy, please email earlychildhoodpolicy@schools.nyc.gov. We will work with you on a rapid response plan.

Medical and Religious Exemptions for COVID-19 Vaccine

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

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

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

DOE does not dictate your personnel policy. Your policy is defined by the agreements you have in place with your employees, including any collective bargaining agreements. However, DOE sets parameters for

reimbursement for costs associated with vaccine mandate compliance. Specifically, this means reimbursement for:

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

Staff who remain unvaccinated, without an approved accommodation, may choose to:

1. End their employment, with a separation package to be offered in accordance with the applicable collective bargaining agreement; Or
2. Go on unpaid leave, with health benefits, effective 10/1, in accordance with the applicable collective bargaining agreement.

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

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

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

Nursing Supports

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

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

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

- Programs must maintain a supply of medical and emergency equipment and supplies nearby the designated space, including go bags/kits and appropriate personal protective equipment (PPE), including, but not limited to face coverings/N95 respirators, gloves, gowns, and face shields.
- This space should have proper ventilation and allow for physical distancing.
- Your designation area should not be in storage closets or spaces that contain chemicals or cleaning materials.

- If programs still have enough space available, without impacting space that children use, DECE encourages still having an Isolation space using this [Isolation Checklist](#).

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 designated space while wearing appropriate PPE.
 - Staff member should identify if the child is in acute respiratory distress for 911 activation. Programs may consult the Nursing hotline at **212-287-0186** if needed.
 - If 911 is called, complete and submit a [DECE Occurrence Report](#).
 - If the child is stable enough (no changes in skin color, able to speak in full sentences subject to age-appropriate and normal speech, no visible signs of unusual rapid breathing), notify the child's parent/guardian to come and pick up the child. 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 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. 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 designated space, bathrooms, common areas, and shared equipment.
- After cleaning and disinfecting the affected areas, these areas can be used for other purposes.
- If a child or staff member is exhibiting COVID-19 symptoms, but there is no laboratory-confirmed positive test result, there is no requirement to take any action related to closure.
- 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.

Classroom Closure (Updated policy)

Children and staff are expected to adhere to physical distancing of three feet, to the greatest extent possible, in addition to adhering to masking guidelines. However, there may be situations where children are innately spaced within 6 feet from a positive case on a consistent basis. In those situations, the Situation Room will work with program leaders to confirm who is required to quarantine and who isn't. In certain circumstances, entire classrooms may no longer be required to close when there is a positive case. Absent such information, positive cases in early childhood classrooms will continue to result in full classroom quarantine.

Situation Room Hours:

Programs are reminded to immediately report COVID-19 cases among their staff and children to the DOE Situation Room for confirmation and guidance on next steps. The Situation Room can be reached at 212-393-2780, or by email at RTS@buildings.nyc.gov

The Situation Room's hours of operation will continue to be:

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

Please note that cases reported 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.

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

Networks

A best practice would be for Network leaders to ask all Network staff to be tested for COVID-19 at least seven days prior to resuming in-person duties. Participation in COVID-19 testing is entirely voluntary. Network staff members might also be encouraged to opt into monthly repeat surveillance COVID-19 testing. This guidance is intended to supplement, but not supplant guidance issued by your organization's Human Resources department. Please connect with your HR department to understand the policies they have put in place. Networks must adhere to their organizations policies related to COVID-19. However, the DECE encourages Networks to follow similar protocols as outlined above.

If a **Network staff member** tests positive for COVID-19 or is identified as a close contact, the Network staff member must immediately notify the DOE by completing [this intake form](#).

Confirmed Cases in an FCC Program

- A Network affiliated FCC program may hear about a positive COVID-19 case in one of the following ways:
 - The DOHMH alerts the program about a positive diagnostic test. (Note: The program should notify the DOE after receiving this information using [this intake form](#). The DOHMH will also notify the DOE about any confirmed cases at Network affiliated programs).
 - Staff member or parent/guardian self-reports to the affiliated provider and the affiliated provider notifies their Network and the DOE, which works with the DOHMH to confirm the positive test result.
- 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.
- A close contact is now defined as someone who was within 3 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.
 - More information can be found in this [FAQ About COVID-19 for Health Care Providers](#).
- Cases involving staff or students that are **not covered by your early childhood permit/certificate/license** should be reported to the DOHMH Provider Access Line (PAL) at 866-692-3641
 - Once a Network 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 affiliated program to the DOHMH Provider Access Line as well.**

- After confirming the case with the DOHMH, the DOE will reach out to the program with templates for letters to provide to all staff and families enrolled in their program, including families and staff in any classrooms not contracted by the DOE.
- **Close Contact**
 - 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 3 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.
 - 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.
 - More information can be found in this [FAQ About COVID-19 for Health Care Providers](#). 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 three 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.
- 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.

MAINTENANCE AND CLEANING SCHEDULE

Trauma Informed Care Considerations Affiliated Providers:

- Consider creating a daily checklist and schedules to ensure that cleaning responsibilities are shared with program staff. Check in with staff about their personal needs or concerns around cleaning and maintenance (ex. allergies to certain cleaning products). Support staff to consider personal preference and needs while evenly distributing cleaning responsibilities.

Affiliated providers 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](#).

[General guidelines for cleaning and/or disinfecting toys in child care settings](#)

Affiliated providers are encouraged to use toys and materials that are able to be easily disinfected. Affiliated providers should also put new practices into place to limit the amount of shared materials in the home. 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 program space. 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.
- Affiliated providers 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.
- 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.

Cleaning, sanitizing and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/ teachers from inhaling potentially toxic fumes.

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 proper sanitization/disinfecting. In addition, the bleach solution should be made daily as the mixture starts to degrade once mixed and exposed to light.

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

During this time, affiliated providers must create a safe and clean environment for children, families and program staff. Below are some general guidelines that may be helpful to determine adjustments to daily cleaning and disinfection and maintenance routines.

- Affiliated Providers should complete the following daily cleaning in the home:
 - Wipe down all exposed surfaces utilizing an antiviral cleaning product. Special attention is to be paid to horizontal surfaces in the home’s common areas, rooms, program materials, and bathrooms, including food surfaces, 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.
 - Cleaning and disinfection would need to happen throughout the day, especially in common areas such as shared bathrooms, onsite playgrounds, hallways, and on frequently touched surfaces; the staffing plan should account for this need.
- Operable windows and both supply and exhaust ventilation systems should be checked for proper operation. Windows are to be kept open where practical and HVAC equipment is to be operated with maximum airflow to ventilate and “air purge” buildings. Prioritize areas designated for separating ill children under direct adult supervision.
- 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.

ADDITIONAL RESOURCES

- [Self -Care Going Home Checklist](#) - consider using this before leaving for the day
- Table Cleaning and Sanitizing: <https://infohub.nyced.org/docs/default-source/default-document-library/tablecleaningandsanitizing.pdf>
- Hand cleaning Procedures: <https://infohub.nyced.org/docs/default-source/default-document-library/hand-cleaningprocedures.pdf>

ESCALATION PROTOCOLS

If concerns arise, please contact:

- Your Network
- Your assigned Family Child Care Support Manager; and/or
- fccsupportteam@schools.nyc.gov or support.

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 qu-estions 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).

NEXT, YOU MUST FOLLOW THESE STEPS

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.